

1 IN THE COURT OF COMMON PLEAS

2 CUYAHOGA COUNTY, OHIO

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4 RICHARD RICHNAFSKY,

5 Executor of the Estate

6 of Susan Richnafsky, et al.,

7 Plaintiffs,

8 vs.

CASE NO. CV05-55908

9 UNIVERSITY HOSPITALS OF CLEVELAND,

10 et al.,

11 Defendants.

12 * * *

13 Deposition of GLENN C. HAMILTON, M.D.,

14 Witness herein, called by the Defendants for

15 cross-examination pursuant to the Rules of Civil

16 Procedure, taken before me, Angela S. Moore, a

17 Notary Public in and for the State of Ohio, at the

18 offices of Glenn C. Hamilton, M.D., 3525 Southern

19 Boulevard, Dayton, Ohio, on Thursday, April 20,

20 2006, at 11:35 a.m.

21 * * *

1 APPEARANCES:

2 On behalf of the Plaintiffs:

3 Becker & Mishkind

4 By: Pamela Pantages
5 Attorney at Law
6 134 Middle Avenue
Elyria, Ohio 44035

7 On behalf of the Defendants:

8 Roetzel & Andress

9 By: Beverly Sandacz
10 Attorney at Law
11 One Cleveland Center, 10th Floor
12 1375 East Ninth Street
13 Cleveland, Ohio 44114

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1 GLENN C. HAMILTON, M.D.
2 of lawful age, Witness herein, having been first
3 duly cautioned and sworn, as hereinafter
4 certified, was examined and said as follows:

5 CROSS-EXAMINATION

11:27:08 6 BY MS. SANDACZ:

11:36:02 7 Q. Please state your full name for
11:36:04 8 the record.

11:36:04 9 A. Glenn Charles Hamilton.

11:36:06 10 Q. You are a physician, Dr. Hamilton?

11:36:08 11 A. Yes.

11:36:08 12 Q. And you specialize in emergency
11:36:10 13 room medicine?

11:36:10 14 A. Emergency medicine, yes.

11:36:14 15 Q. You are here pursuant to a
11:36:16 16 subpoena I issued to you?

11:36:16 17 A. Yes.

11:36:18 18 Q. You received that?

11:36:18 19 A. Yes, I did.

11:36:20 20 Q. Okay. And you understand that
11:36:24 21 I -- on the subpoena it requested you come to
11:36:26 22 my office for the purposes of the deposition?

11:36:28 23 A. Yes, it did.

11:36:28 24 Q. I will tell you, I didn't find out
11:36:30 25 until today we were going to be doing this by

11:36:34 1 phone, so you are now in, is it Dayton, Ohio?

11:36:36 2 A. Yes.

11:36:38 3 MS. PANTAGES: That's not true. I
11:36:38 4 told you yesterday this was going to be by
11:36:42 5 phone because he couldn't appear.

11:36:44 6 MS. SANDACZ: And I told you the
11:36:44 7 subpoena stood and you never engaged in any
11:36:48 8 discussion after that.

11:36:48 9 MS. PANTAGES: You said we will
11:36:50 10 talk about that at a later date. You did not
11:36:52 11 say the subpoena would stand.

11:36:54 12 MS. SANDACZ: Oh, yes, I did. I
11:36:56 13 am not going to argue with you, Pam.

11:37:04 14 THE WITNESS: I was out of town;
11:37:06 15 my wife signed for the subpoena. And then I
11:37:08 16 had a conversation with Ms. Pantages, who said
11:37:12 17 she would talk with you about it. So here I
18 am.

11:37:16 19 BY MS. SANDACZ:

11:37:16 20 Q. So here we are. You are down in,
11:37:18 21 as I understand, Wright State University
11:37:22 22 emergency room there?

11:37:22 23 A. Yeah. Actually I'm in my office,
11:37:26 24 which is the offices of the department of
11:37:28 25 emergency medicine at Wright State University,

11:37:32 1 that's an academic department. I am not in an
11:37:36 2 emergency department right now.

11:37:36 3 Q. I do not have the benefit of your
11:37:40 4 CV, that is something I have requested and have
11:37:42 5 not received. So is there some time you can
11:37:44 6 provide me with a copy of your curriculum
11:37:48 7 vitae?

11:37:48 8 A. Absolutely. If you want to give
11:37:50 9 Ms. Pantages your e-mail address, I can have
11:37:54 10 that sent to you any time.

11:37:54 11 Q. Okay. Thank you so much, Doctor.
11:37:58 12 Doctor, you have been identified as an expert
11:38:02 13 in a lawsuit that is captioned Richard
11:38:06 14 Richnafsky, et al. versus University Hospital
11:38:10 15 of Cleveland; is that correct?

11:38:12 16 A. That's my understanding, yes.

11:38:12 17 Q. I understand you have issued a
11:38:14 18 report dated November 30, 2005; is that
11:38:18 19 correct?

11:38:18 20 A. Yes.

11:38:18 21 Q. You have received some materials
11:38:20 22 in order to outline and complete the report,
11:38:24 23 which outlines your opinions in this case; is
11:38:28 24 that correct?

11:38:28 25 A. Yes.

11:38:28 1 Q. All right. Tell me what you have
11:38:30 2 reviewed in order to render your opinions in
11:38:34 3 this case.

11:38:34 4 A. What I had are really two things.
11:38:38 5 I had the medical records, at least the
11:38:40 6 hospitalization, as I had it, I think it was
11:38:44 7 forty-eight pages from the University Hospital
11:38:48 8 Health Systems, from that admission. And then
11:38:52 9 I also had, I think it's Dr. Kranitz's
11:38:56 10 deposition and that's all.

11:39:00 11 Q. Okay. I just want to be clear,
11:39:04 12 the hospital records you had from Bedford
11:39:06 13 Medical Center, those are dated November 18,
11:39:10 14 2001 to November 20, 2001?

11:39:12 15 A. Yes. And what I have in front of
11:39:14 16 me right now is actually an incomplete copy,
11:39:16 17 which I have downloaded what I thought were
11:39:20 18 sort of key elements off of the Internet that
11:39:24 19 they sent to me. So I don't have the full
11:39:26 20 thing in front of me, but I have things I
11:39:28 21 downloaded today.

11:39:30 22 Q. Okay. I'm confused. You had a
11:39:32 23 complete set of records but then at some point
11:39:36 24 of time somebody has sent you some additional
11:39:38 25 records or some piece of records, or what?

11:39:40 1 A. Right. Exactly. I mean, the
11:39:42 2 circumstance was, I was evaluating this case, I
11:39:46 3 guess from the perspective of the plaintiff,
11:39:50 4 and so when I looked at these two records, I
11:39:54 5 said that I did not feel specifically related
11:40:00 6 to the emergency physician, when I reviewed the
11:40:02 7 records, I conveyed to Mr. Burnett, who was on
11:40:06 8 the case at that time, and that's why -- I
11:40:10 9 didn't feel that the emergency physician had
11:40:12 10 made any errors or fallen below the standard of
11:40:16 11 care, so I really couldn't serve as a
11:40:18 12 plaintiff's witness. He actually then said
11:40:20 13 will you send me a letter to that effect.
11:40:22 14 Which I did. And then now I'm in this
11:40:26 15 conversation from a different perspective. So
11:40:28 16 I actually, as I explained to Ms. Pantages,
11:40:32 17 once having thought I stepped away from the
11:40:34 18 case, I have all of the materials shredded,
11:40:38 19 which is just routine for me. And then it
11:40:40 20 comes back suddenly now I'm back in this case
11:40:46 21 and so I had the materials resent to me last
11:40:48 22 night where I redid a review and downloaded
11:40:52 23 some selected portions just so I have them with
11:40:56 24 me in the room.

11:40:56 25 Q. All right. In addition to the

11:41:08 1 records that you reviewed, you have Dr.
11:41:12 2 Kranitz's deposition?

11:41:14 3 A. Yes, I do.

11:41:16 4 Q. And you understand Dr. Kranitz was
11:41:18 5 the emergency room physician?

11:41:18 6 A. Yes. And I apologize, would you
11:41:20 7 give me one moment, my administrative
11:41:24 8 assistant, who is supposed to be picking up my
11:41:26 9 daughter because of this circumstance we are in
11:41:28 10 right now, can't find her at the school.

11:41:30 11 Q. Do you want to take a break?

11:41:32 12 A. If you would give me five minutes
11:41:34 13 to remedy this. I apologize but first thing's
11:41:36 14 first.

11:41:38 15 Q. I understand.

16 (Thereupon, there was a brief
17 interruption.)

11:41:38 18 BY MS. SANDACZ:

11:43:18 19 Q. What we can do, because of time,
11:43:20 20 we will go through and we will figure out what
11:43:22 21 we can do. And then maybe see if we need to
11:43:24 22 suspend it, then we will do that and then we
11:43:28 23 will complete it at a later point in time.

11:43:30 24 A. Just so you know, if -- I don't
11:43:32 25 know what your timing is, I do have this

11:43:34 1 afternoon, which wasn't supposed to be open, I
11:43:38 2 was supposed to be in Columbus, but I cancelled
11:43:40 3 it. So with that one half hour break from
11:43:44 4 12:15 to 12:45, I can then be yours as long as
11:43:48 5 you need. So I don't know if that fits your
11:43:50 6 schedule or not.

11:43:50 7 Q. Unfortunately, it does not.

11:43:52 8 A. Okay.

11:43:54 9 Q. So I apologize, I hoped we could
11:43:56 10 stay in line with the time frame that I had
11:44:00 11 provided pursuant to subpoena, but obviously
11:44:02 12 things happen.

11:44:04 13 All right. What I was asking you
11:44:06 14 before you stepped away, was whether or not you
11:44:08 15 had reviewed Dr. Kranitz's deposition?

11:44:10 16 A. Yes, I did.

11:44:12 17 Q. And did you review it again in
11:44:14 18 addition to the materials you reviewed last
11:44:16 19 night?

11:44:16 20 A. Yes.

11:44:18 21 MS. SANDACZ: Okay. Angie, would
11:44:20 22 you be so kind to mark the items that Dr.
11:44:26 23 Hamilton has.

11:46:04 24 (Thereupon, Defendant's Exhibit A-C
25 were marked for purposes of identification.)

11:46:04 1 BY MS. SANDACZ:

11:46:04 2 Q. Doctor, I am going to hand you
11:46:04 3 what has been marked as Defendant's Exhibit A.
11:46:08 4 Can you identify that for me, please?

11:46:08 5 A. Yeah, what I have, it starts with
11:46:12 6 the dictated material from Dr. Kranitz from the
11:46:18 7 emergency department.

11:46:18 8 Q. And my records indicate that the
11:46:22 9 dictation includes through pages -- or two and
11:46:26 10 a half pages, is that what you have before you?

11:46:28 11 A. Yes.

11:46:28 12 Q. Do you have any other documents in
11:46:30 13 Exhibit A, other than the dictated report or
11:46:32 14 dictated summary of the emergency room visit by
11:46:36 15 Dr. Kranitz?

11:46:36 16 A. Yes. I have the, I think the
11:46:40 17 request for the CT, the preliminary CT report
11:46:44 18 from Dr. Young. I do also have the nursing
11:46:50 19 records and the handwritten chart. And then I
11:46:54 20 have the admitting note as well as the sort of
11:47:02 21 length of stay notes, the daily notes. And
11:47:04 22 then I do have a copy of the CT exam, sort of
11:47:10 23 final reading by Dr. Debaz, and that's what I
11:47:14 24 got.

11:47:14 25 Q. All right. Since I can't hand it

11:47:20 1 to you, please pick up Defendant's Exhibit B
11:47:24 2 and identify that for the record?

11:47:26 3 A. All right. What I have got for B
11:47:28 4 is a one-page handwritten note, which of
11:47:32 5 course, I can copy, it's my notation of reading
11:47:38 6 Dr. Kranitz's deposition and just taking notes
11:47:42 7 and reminder information. It's just a memory
11:47:46 8 device for me.

11:47:46 9 Q. And I understand Defendant's
11:47:48 10 Exhibit C is your report, but it's not the
11:47:52 11 complete report?

11:47:52 12 A. Correct. What it does, it
11:47:56 13 stops -- it was turned sideways when it was
11:47:58 14 sent but it had specifically one, two, three,
11:48:02 15 four components on it, but does not continue to
11:48:04 16 that last paragraph. But I have a pretty good
11:48:08 17 idea what I said.

11:48:10 18 Q. Okay. Doctor, do you believe in
11:48:12 19 your additional review of these materials you
11:48:16 20 were provided with last night and the notations
11:48:18 21 that you made, you have all of the materials
11:48:20 22 that you need to support your opinions that you
11:48:22 23 have outlined in your November 30, 2005 report?

11:48:26 24 A. Yeah, I think so. That's what I
11:48:28 25 started with, and so that's what I completed.

11:48:30 1 Again, my focus was on the emergency
11:48:34 2 department. So I'm comfortable with that.

11:48:36 3 Q. I understand. And based upon your
11:48:38 4 review of the medical records for Susan
11:48:42 5 Richnafsky at Bedford Medical Center during the
11:48:46 6 November 18, 2001 admission, and your review of
11:48:50 7 Dr. Kranitz's deposition, it's my understanding
11:48:52 8 you do not have any criticisms of Dr. Kranitz's
11:48:56 9 care; is that correct?

11:48:58 10 A. That's correct.

11:48:58 11 Q. In your review of Dr. Kranitz's
11:49:10 12 deposition, did you see where Dr. Kranitz has
11:49:14 13 testified that he believes he told Mrs.
11:49:16 14 Richnafsky about the two masses in her right
11:49:20 15 lower lobe as evidenced in the CT scan?

11:49:22 16 A. Yes, I saw where he said that. He
11:49:26 17 was kind of vague about that specific point,
11:49:28 18 but I saw where I thought he may have done so.

11:49:30 19 Q. Well, I think he said a little
11:49:34 20 more than I may have.

11:49:34 21 A. Okay.

11:49:36 22 Q. Dr. Kranitz said, based upon my
11:49:38 23 custom and practice, I believe I told her.

11:49:40 24 A. Not a problem. That's fine.

11:49:42 25 Q. Do you have any reason to

11:49:42 1 disbelieve he told her?

11:49:44 2 A. No.

11:49:44 3 Q. Okay. And, in fact, you read in
11:49:48 4 Dr. Kranitz's deposition that he felt that the
11:49:52 5 information about the lung masses needed to be
11:49:58 6 conveyed to Mrs. Richnafsky; did you see that
11:50:02 7 in his deposition?

11:50:02 8 A. Right.

11:50:02 9 Q. And, in fact, Dr. Kranitz has
11:50:04 10 testified he believed it was important to
11:50:06 11 communicate the results of that CT scan, and
11:50:10 12 specifically the two lung nodules, to the
11:50:14 13 patient so she could get appropriate care; did
11:50:16 14 you see that in his deposition?

11:50:18 15 A. Could you -- you know, obviously
11:50:20 16 I'm at a slight disadvantage in that I don't
11:50:24 17 have that deposition sitting in front of me,
11:50:26 18 and just the nature of how this thing has
11:50:28 19 evolved, could you give me a page number on it,
11:50:32 20 being important, it was on.

11:50:36 21 Q. Page 19.

11:50:36 22 A. Page 19. Yeah, I thought that was
11:50:42 23 coming from -- I put a note down, which was no
11:50:44 24 specific reference in his dictated notes that
11:50:46 25 the information was conveyed back to the

11:50:48 1 patient, would judge by his routine practice.

11:50:50 2 Q. Okay. And that happens sometimes,
11:50:54 3 does it not, Doctor?

11:50:54 4 A. In fact, actually I would say that
11:50:56 5 it might be unusual that he would go to that
11:51:00 6 level of detail, since his focus was really
11:51:02 7 something else, to dictate that specific
11:51:06 8 exchange or what at that point in time might be
11:51:08 9 viewed as an incidental finding.

11:51:10 10 Q. Okay. We know, based upon Dr.
11:51:14 11 Kranitz's testimony, he believed the
11:51:16 12 information about the two lung masses seen on
11:51:18 13 the CT scan was important enough to be conveyed
11:51:20 14 to Mrs. Richnafsky?

11:51:22 15 A. I'll have to accept that without
11:51:24 16 the deposition in front of me. The key word
11:51:28 17 there I'm just cautious about is important, but
11:51:32 18 if that is the statement on page 19, different
11:51:34 19 than my notation, then that's fine.

11:51:36 20 Q. Well, let's just assume for
11:51:38 21 purposes of my question that Dr. Kranitz
11:51:42 22 believed that it was important to convey the
11:51:46 23 information about the two lung masses to Mrs.
11:51:48 24 Richnafsky while she was in the emergency room,
11:51:52 25 that would be appropriate, would it not,

11:51:54 1 Doctor?

11:51:54 2 A. Yeah, I don't have a problem if he
11:51:56 3 chose to do that at all.

11:51:58 4 Q. And you are not critical of him
11:52:00 5 for telling her about that; is that correct?

11:52:02 6 A. If that's all that exactly
11:52:06 7 happened, as he said it did, by his usual
11:52:08 8 practice; then, no, I am not critical of him.

11:52:10 9 Q. And you can accept that
11:52:12 10 proposition on reliance of your usual practice
11:52:14 11 to say that he may have, in fact, may have done
11:52:18 12 something?

11:52:18 13 A. Correct.

11:52:18 14 Q. Okay. I note you mentioned in
11:52:22 15 your review of the records, Dr. Kranitz did not
11:52:24 16 document that he told Mrs. Richnafsky about the
11:52:30 17 two lung masses as seen on the CT scan?

11:52:34 18 A. That's right.

11:52:34 19 Q. And you are not critical of Dr.
11:52:36 20 Kranitz for not documenting that, correct?

11:52:38 21 A. No. No, like I said, I think that
11:52:40 22 would actually be sort of over and above. I
11:52:44 23 wouldn't view that as a standard of care issue.

11:52:46 24 Q. Okay. Based upon your statement,
11:52:56 25 are there occasions when there is important

11:52:58 1 information that is conveyed to the patient but
11:53:00 2 it is incidental for what they are there for
11:53:02 3 that may not be documented in the record?

11:53:06 4 A. That's true. Now, remember
11:53:10 5 documented in the record -- if you take the
11:53:12 6 record broadly, obviously there is
11:53:14 7 documentation in the record; so I guess what
11:53:18 8 I'm saying is, sometimes you'll see something
11:53:22 9 like they may have a mole or a wart or
11:53:26 10 something, it's your gauge on what degree of
11:53:28 11 importance that incidental finding might have
11:53:32 12 as far as your own documentation of the
11:53:34 13 records. So my answer to your question is it
11:53:36 14 sort of varies, depends upon the clinical
11:53:40 15 judgment of the portions of the incidental
11:53:42 16 finding.

11:53:42 17 Q. Right. And in this particular
11:53:44 18 case, if you believe -- if Dr. Kranitz
11:53:48 19 testified that he believed that this
11:53:50 20 information was important to convey to the
11:53:52 21 patient, but did not document that, you are not
11:53:56 22 critical of him for that, right?

11:53:58 23 A. Correct.

11:53:58 24 Q. So there are occasions when
11:54:00 25 important information can be conveyed to the

11:54:02 1 patient but not necessarily documented in the
11:54:06 2 chart?

11:54:06 3 A. That may certainly occur.
11:54:10 4 Certainly out of the emergency department.

11:54:12 5 Q. And you are not -- the absence of
11:54:16 6 that important information being -- or the
11:54:18 7 discussion with the patient about the important
11:54:22 8 information not being in the chart is not a
11:54:26 9 deviation from the standard of care; is that
11:54:28 10 correct?

11:54:28 11 A. Yeah, not specifically. And also
11:54:30 12 there is supporting documentation in Dr.
11:54:32 13 Kranitz's chart that shows that he did share
11:54:34 14 that information with others.

11:54:36 15 Q. I understand that. But as it
11:54:38 16 relates to the patient.

11:54:38 17 A. Yeah, I don't have a problem with
11:54:42 18 that out of the emergency department, no. No.

11:54:44 19 Q. So you don't have a problem with
11:54:46 20 Dr. Kranitz conveying important information to
11:54:48 21 the patient but not documenting the discussions
11:54:52 22 that he conveyed that information to her,
11:54:56 23 that's correct?

11:54:56 24 A. Correct. Since it was incidental
11:54:58 25 information, specific to the case. And also,

11:55:02 1 as I wrote, you know, timing is everything.
11:55:04 2 And here is a woman who comes in, and she is
11:55:08 3 headed for surgery, and rather than giving her
11:55:10 4 a double hit, sometimes it's better to, you
11:55:14 5 know, even though -- to just go ahead and share
11:55:18 6 that with someone else and say you have to talk
11:55:22 7 to somebody later about this, because you want
11:55:24 8 them to go into the surgery with the most
11:55:26 9 positive mindset possible.

11:55:28 10 Q. In this particular instance, Dr.
11:55:30 11 Kranitz made adjustments that he thought this
11:55:34 12 information was important, and he conveyed that
11:55:36 13 to the patient based upon his belief it was
11:55:38 14 important, and you are not critical of that?

11:55:40 15 A. Right. And based upon what he
11:55:42 16 calls his routine practice; so, no, I am not.

11:55:46 17 Q. You are not critical of Dr.
11:55:48 18 Kranitz for relying on his custom and practice
11:55:50 19 to support his belief that he told the patient,
11:55:54 20 correct?

11:55:54 21 A. Right.

11:55:54 22 Q. And you are not critical of Dr.
11:55:56 23 Kranitz for not documenting the discussion of
11:56:00 24 that important information to the patient,
11:56:02 25 correct?

11:56:02 1 A. Correct.

11:56:02 2 Q. All right. Has there been
11:56:10 3 occasions, Doctor, where you have conveyed
11:56:14 4 important information to the patient and
11:56:18 5 instructed them for the need of follow-up and
11:56:22 6 the patient is discharged. Has there been
11:56:32 7 occasions like that, Doctor?

11:56:32 8 A. When you say discharged, from the
11:56:34 9 emergency department?

11:56:36 10 Q. Right.

11:56:36 11 A. Well, sure. A perfect example is,
11:56:40 12 you know, a kid with -- a little kid with head
11:56:42 13 trauma, you'll convey important information
11:56:44 14 about getting a pad on the coffee table or seat
11:56:48 15 belt information, or hell, even tell them,
11:56:50 16 please stop smoking, and most of all, that's
11:56:54 17 just not documented, and then they are
11:56:56 18 discharged, but you have had a conversation
11:56:58 19 with them about that. But it's not part of the
11:57:00 20 routine discharge information from the
11:57:04 21 emergency department, no.

11:57:06 22 Q. All right. Let me give you a
11:57:08 23 scenario, we are going to talk about adults,
11:57:12 24 because Mrs. Richnafsky was an adult.

11:57:14 25 A. It's fine, my example crosses all

11:57:16 1 ages.

11:57:16 2 Q. Okay. Have you had an occasion
11:57:18 3 where an adult patient comes in, you have
11:57:22 4 performed various tests and there is a finding
11:57:26 5 on a various -- on a particular test that needs
11:57:28 6 to have follow-up outside of the emergency
11:57:32 7 room, and then you have this -- you discharge
11:57:36 8 this patient and have told the patient about
11:57:38 9 the important information and the need for
11:57:40 10 follow-up; have you had an occasion like that?

11:57:42 11 A. Sure.

11:57:42 12 Q. And in those instances where you
11:57:44 13 have an occasion, is it your expectation that
11:57:48 14 the patient is going to follow your direction
11:57:50 15 for follow-up?

11:57:52 16 A. Yes.

11:57:52 17 Q. All right.

11:57:56 18 A. A good example is hypertension as
11:58:00 19 an incidental finding. They come in for one
11:58:04 20 thing, you find hypertension, that might be
11:58:08 21 documented on the chart, but you may not send
11:58:10 22 them out for hypertensive follow-up. You say,
11:58:14 23 please, you need to follow up and get this
11:58:16 24 checked and you expect they will.

11:58:18 25 Q. You agree with me, Doctor,

11:58:20 1 hypertension can be a life-threatening
11:58:24 2 situation if it gets too high or unchecked for
11:58:26 3 a period of time; is that correct?

11:58:28 4 A. Correct.

11:58:28 5 Q. So in those instances, where there
11:58:30 6 is a life-threatening observation, whether it's
11:58:34 7 blood pressure or something else, where you
11:58:38 8 conveyed it to the adult patient, and you have
11:58:42 9 told at the emergency room -- you told them
11:58:44 10 about the important information, you told them
11:58:46 11 to follow-up with their primary care physician,
11:58:50 12 you, as the emergency room physician, expect
11:58:52 13 that patient, if he or she chooses, to follow
11:58:56 14 up with your instructions, correct?

11:58:58 15 A. That's right. Though, I have to
11:59:00 16 temper your comment, you said life-threatening.
11:59:04 17 And, you know, life-threatening at what point
11:59:06 18 in time. I guess what I'm saying, obviously if
11:59:08 19 it was truly life-threatening at the moment,
11:59:12 20 you wouldn't be sending them out, et cetera.
11:59:14 21 So you added a term there.

11:59:16 22 Q. Let me make sure the example is
11:59:18 23 clear. You have a patient who comes into the
11:59:20 24 emergency room who has a stomach problem, and
11:59:24 25 in the course of your workup, you determine

11:59:28 1 that a patient has something on a CT scan that
11:59:32 2 needs to be followed up.

11:59:32 3 A. Correct.

11:59:34 4 Q. And it could potentially be a
11:59:36 5 life-threatening problem and it could
11:59:38 6 potentially be nothing, but you have instructed
11:59:40 7 the adult patient to follow up with their
11:59:44 8 primary care provider, you treat them for what
11:59:48 9 the presenting problem is, their stomachache,
11:59:50 10 whatever, and you send the patient home. In
11:59:54 11 that scenario, do you expect the patient to
11:59:56 12 follow up with whomever to evaluate that
12:00:00 13 finding on the CT scan?

12:00:00 14 A. Correct. The emergency room
12:00:04 15 department, certainly.

12:00:04 16 Q. Absolutely. That's how you do it.
12:00:06 17 Otherwise, you, as the emergency room
12:00:08 18 physician, can't -- you can't go to the
12:00:12 19 patient's home, you can't make sure they do all
12:00:14 20 of that. You expect to put some responsibility
12:00:16 21 on the patient, do you not?

12:00:18 22 A. Yes.

12:00:42 23 Q. Doctor, I'm just looking at my
12:00:44 24 notes, we might be done. Hopefully we'll get
12:01:40 25 you out of here.

12:02:06 1 I just have a couple more
12:02:08 2 questions.

12:02:08 3 A. Sure.

12:02:08 4 Q. My understanding is, just so we
12:02:12 5 are clear, and whoever reads this deposition is
12:02:14 6 clear, you were contacted by the attorney who
12:02:18 7 represents the estate of Susan Richnafsky,
12:02:22 8 correct?

12:02:22 9 A. Correct.

12:02:22 10 Q. And you were asked to review the
12:02:24 11 emergency room care of Dr. Kranitz, correct?

12:02:26 12 A. Yes.

12:02:28 13 Q. And you believe that it was
12:02:28 14 appropriate?

12:02:30 15 A. Yes.

12:02:30 16 Q. And you have told me about your
12:02:32 17 opinions as it relates to Dr. Kranitz, correct?

12:02:34 18 A. Correct.

12:02:34 19 Q. And you have told me about your
12:02:38 20 opinions with regard to patient's
12:02:40 21 responsibilities and things like that, correct?

12:02:42 22 A. Correct.

12:02:42 23 MS. SANDACZ: I'm all done. Thank
12:02:44 24 you, Doctor.

12:02:44 25 MS. PANTAGES: Thank you, Dr.

12:02:46 1 Hamilton.

12:03:16 2 MS. SANDACZ: Dr. Hamilton, you
12:03:16 3 have a right to review your deposition
4 transcript --

12:03:20 5 THE WITNESS: Routinely, I just
12:03:20 6 do, all right?

12:03:22 7 MS. SANDACZ: I would just say,
12:03:22 8 since this is a telephone deposition, I will
12:03:24 9 generally suggest that that is probably a good
12:03:26 10 idea.

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

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1 STATE OF OHIO)

2 COUNTY OF MONTGOMERY) SS: CERTIFICATE

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

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

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

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

21
22 Angela S. Moore / TM

23 ANGELA S. MOORE

24 NOTARY PUBLIC, STATE OF OHIO

25 My commission expires 2-28-2011

A	B	5:15	D	9:22 10:6,15,18,23
about 4:10,17 12:14,17 13:5 14:12,17,23 15:5,16 17:7 18:7 19:14,19,23 20:8 21:10 23:16,19	B 11:1,3 back 7:20,20 13:25 based 12:3,22 14:10 15:24 18:13,15 Becker 2:3 Bedford 6:12 12:5 before 1:16 9:14 10:10 behalf 2:2,6 being 13:20 17:6,8 belief 18:13,19 believe 11:18 12:23 16:18 23:13 believed 13:10 14:11 14:22 16:19 believes 12:13 below 7:10 belt 19:15 benefit 5:3 better 18:4 Beverly 2:8 blood 21:7 Boulevard 1:19 break 8:11 9:3 brief 8:16 broadly 16:6 Burnett 7:7	clinical 16:14 coffee 19:14 Columbus 9:2 come 3:21 20:19 comes 7:20 18:2 20:3 21:23 comfortable 12:2 coming 13:23 comment 21:16 commission 26:23 commissioned 26:4 COMMON 1:1 communicate 13:11 complete 5:22 6:23 8:23 11:11 completed 11:25 components 11:15 concluded 24:12 confused 6:22 contacted 23:6 continue 11:15 contract 26:16 conversation 4:16 7:15 19:18 convey 14:22 16:20 19:13 conveyed 7:7 13:6,25 14:13 16:1,25 17:22 18:12 19:3 21:8 conveying 17:20 copy 5:6 6:16 10:22 11:5 correct 5:15,19,24 11:12 12:9,10 15:5 15:13,20 16:23 17:10 17:23,24 18:20,25 19:1 21:3,4,14 22:3 22:14 23:8,9,11,17 23:18,21,22 COUNTY 1:2 26:2 couple 23:1 course 11:5 21:25 court 1:1 26:15 critical 15:4,8,19 16:22 18:14,17,22 criticisms 12:8 crosses 19:25 cross-examination 1:15 3:5 CT 10:17,17,22 12:15 13:11 14:13 15:17 22:1,13 curriculum 5:6 custom 12:23 18:18 CUYAHOGA 1:2 CV 5:4 CV05-55908 1:8	daily 10:21 date 4:10 dated 5:18 6:13 25:8 daughter 8:9 day 26:20 Dayton 1:19 4:1 26:19 Debaz 10:23 Defendants 1:11,14 2:6 Defendant's 9:24 10:3 11:1,9 defined 26:16 degree 16:10 department 4:24 5:1,2 10:7 12:2 17:4,18 19:9,21 22:15 depends 16:14 deposition 1:13 3:22 6:10 8:2 9:15 11:6 12:7,12 13:4,7,14,17 14:16 23:5 24:3,8,11 detail 14:6 determine 21:25 deviation 17:9 device 11:8 dictate 14:7 dictated 10:6,13,14 13:24 dictation 10:9 different 7:15 14:18 direction 20:14 disadvantage 13:16 disbelieve 13:1 discharge 19:20 20:7 discharged 19:6,8,18 discussion 4:8 17:7 18:23 discussions 17:21 Doctor 5:11,12 10:2 11:18 14:3 15:1 19:3 19:7 20:25 22:23 23:24 document 15:16 16:21 documentation 16:7,12 17:12 documented 16:3,5 17:1 19:17 20:21 documenting 15:20 17:21 18:23 documents 10:12 doing 3:25 done 12:18 15:11 22:24 23:23 double 18:4 down 4:20 13:23 downloaded 6:17,21 7:22 Dr 3:10 6:9 8:1,4 9:15	duly 3:3 26:4,7 during 12:5
	C			E
about 4:10,17 12:14,17 13:5 14:12,17,23 15:5,16 17:7 18:7 19:14,19,23 20:8 21:10 23:16,19	C 1:13,18 3:1 11:10 25:1 26:7 called 1:14 calls 18:16 cancelled 9:2 captioned 5:13 care 7:11 12:9 13:13 15:23 17:9 21:11 22:8 23:11 case 1:8 5:23 6:3 7:2,8 7:18,20 16:18 17:25 cautioned 3:3 cautious 14:17 Center 2:9 6:13 12:5 certainly 17:3,4 22:15 CERTIFICATE 26:2 certified 3:4 certify 25:2 26:6,12 cetera 21:20 Charles 3:9 chart 10:19 17:2,8,13 20:21 checked 20:24 chooses 21:13 chose 15:3 circumstance 7:2 8:9 Civil 1:15 26:16 clear 6:11 21:23 23:5,6 Cleveland 1:9 2:9,10			East 2:10 effect 7:13 either 26:13 elements 6:18 Elyria 2:5 emergency 3:12,14 4:22,25 5:2 7:6,9 8:5 10:7,14 12:1 14:24 17:4,18 19:9,21 20:6 21:9,12,24 22:14,17 23:11 engaged 4:7 enough 14:13 errors 7:10 estate 1:5 23:7 et 1:6,10 5:14 21:20 evaluate 22:12 evaluating 7:2 even 18:5 19:15 event 26:14 everything 18:1 evidenced 12:15 evolved 13:19 exactly 7:1 15:6 exam 10:22 examined 3:4 example 19:11,25 20:18 21:22 exchange 14:8 Executor 1:5 Exhibit 9:24 10:3,13 11:1,10 expect 20:24 21:12 22:11,20 expectation 20:13 expert 5:12 expires 26:23 explained 7:16 e-mail 5:9
				F
				fact 13:3,9 14:4 15:11 fallen 7:10 far 16:12 feel 7:5,9 felt 13:4 figure 8:20 final 10:23

find 3:24 8:10 20:20 finding 14:9 16:11,16 20:4,19 22:13 fine 12:24 14:19 19:25 firm 26:15 first 3:2 8:13,14 26:7 fits 9:5 five 8:12 Floor 2:9 focus 12:1 14:6 follow 20:14,23 21:13 22:7,12 followed 22:2 follows 3:4 follow-up 19:5 20:6,10 20:15,22 21:11 foregoing 25:2 forty-eight 6:7 four 11:15 frame 9:10 from 6:7,8,12 7:3,15,17 9:3 10:6,6,18 13:23 17:9 19:8,20 front 6:15,20 13:17 14:16 full 3:7 6:19 FURTHER 26:12	headed 18:3 Health 6:8 hell 19:15 her 8:10 12:14,23 13:1 15:5 17:22 18:3 hereinafter 3:3 hereunto 26:18 high 21:2 him 15:4,8 16:22 hit 18:4 home 22:10,19 hoped 9:9 Hopefully 22:24 hospital 5:14 6:7,12 hospitalization 6:6 HOSPITALS 1:9 hour 9:3 hypertension 20:18,20 21:1 hypertensive 20:22	11:6,7 13:18 14:17 14:20 18:5 19:17 22:23 23:1,4 24:5,7 <hr/> K <hr/> key 6:18 14:16 kid 19:12,12 kind 9:22 12:17 know 8:24,25 9:5 13:15 14:10 18:1,5 19:12 21:17 Kranitz 8:4 10:6,15 12:12,22 13:9 14:21 15:15,20 16:18 17:20 18:11,18,23 23:11,17 Kranitz's 6:9 8:2 9:15 11:6 12:7,8,11 13:4 14:11 17:13	maybe 8:21 mean 7:1 medical 6:5,13 12:4,5 medicine 3:13,14 4:25 memory 11:7 mentioned 15:14 Middle 2:5 might 14:5,8 16:11 20:20 22:24 mindset 18:9 minutes 8:12 Mishkind 2:3 mole 16:9 moment 8:7 21:19 MONTGOMERY 26:2 Moore 1:16 26:3,22 more 12:20 23:1 most 18:8 19:16 much 5:11 M.D 1:13,18 3:1 25:1 26:7	Oh 4:12 Ohio 1:2,17,19 2:5,10 4:1 26:1,4,19,23 Okay 3:20 5:11 6:11,22 9:8,21 11:18 12:21 13:3 14:2,10 15:14 15:24 20:2 once 7:17 one 2:9 8:7 9:3 11:14 20:19 one-page 11:4 open 9:1 opinions 5:23 6:2 11:22 23:17,20 order 5:22 6:2 other 10:12,13 others 17:14 Otherwise 22:17 out 3:24 4:14 8:20 17:4 17:18 20:22 21:20 22:25 outline 5:22 outlined 11:23 outlines 5:23 outside 20:6 over 15:22 own 16:12
<hr/> G <hr/> gauge 16:10 generally 24:9 gets 21:2 getting 19:14 give 5:8 8:7,12 13:19 19:22 giving 18:3 Glenn 1:13,18 3:1,9 25:1 26:7 go 8:20 14:5 18:5,8 22:18 going 3:25 4:4,13 10:2 19:23 20:14 good 11:16 20:18 24:9 guess 7:3 16:7 21:18	<hr/> I <hr/> idea 11:17 24:10 identification 9:25 identified 5:12 identify 10:4 11:2 importance 16:11 important 13:10,20 14:13,17,22 15:25 16:20,25 17:6,7,20 18:12,14,24 19:4,13 20:9 21:10 incidental 14:9 16:2,11 16:15 17:24 20:19 includes 10:9 incomplete 6:16 indicate 10:8 information 11:7 13:5 13:25 14:12,23 16:1 16:20,25 17:6,8,14 17:20,22,25 18:12,24 19:4,13,15,20 20:9 21:10 instance 18:10 instances 20:12 21:5 instructed 19:5 22:6 instructions 21:14 interested 26:14 Internet 6:18 interruption 8:17 issue 15:23 issued 3:16 5:17 items 9:22	<hr/> L <hr/> last 7:21 9:18 11:16,20 later 4:10 8:23 18:7 Law 2:4,9 lawful 3:2 lawsuit 5:13 least 6:5 length 10:21 Let 19:22 21:22 letter 7:13 let's 14:20 level 14:6 life-threatening 21:1,6 21:16,17,19 22:5 like 15:21 16:9 19:7 20:10 23:21 line 9:10 little 12:19 19:12 lobe 12:15 long 9:4 looked 7:4 looking 22:23 lower 12:15 lung 13:5,12 14:12,23 15:17	<hr/> N <hr/> name 3:7 nature 13:18 necessarily 17:1 need 8:21 9:5 11:22 19:5 20:9,23 needed 13:5 needs 20:5 22:2 never 4:7 night 7:22 9:19 11:20 Ninth 2:10 nodules 13:12 Notary 1:17 26:3,23 notation 11:5 14:19 notations 11:20 note 10:20 11:4 13:23 15:14 notes 10:21,21 11:6 13:24 22:24 nothing 22:6 26:8 November 5:18 6:13,14 11:23 12:6 number 13:19 nursing 10:18	<hr/> P <hr/> pad 19:14 page 13:19,21,22 14:18 pages 6:7 10:9,10 Pam 4:13 Pamela 2:4 Pantages 2:4 4:3,9,16 5:9 7:16 23:25 paragraph 11:16 part 19:19 particular 16:17 18:10 20:5 party 26:13 patient 13:13 14:1 16:1 16:21 17:1,7,16,21 18:13,19,24 19:4,6 20:3,8,8,14 21:8,13 21:23 22:1,7,10,11 22:21 patient's 22:19 23:20 perfect 19:11 performed 20:4 period 21:3 perspective 7:3,15 phone 4:1,5 physician 3:10 7:6,9 8:5 21:11,12 22:18 pick 11:1 picking 8:8 piece 6:25
<hr/> H <hr/> half 9:3 10:10 Hamilton 1:13,18 3:1,9 3:10 9:23 24:1,2 25:1 26:7 hand 10:2,25 26:19 handwritten 10:19 11:4 happen 9:12 happened 15:7 happens 14:2 having 3:2 7:17 head 19:12	<hr/> J <hr/> judge 14:1 judgment 16:15 just 6:11 7:19,23 8:24	<hr/> M <hr/> made 7:10 11:21 18:11 make 21:22 22:19 manner 26:13 mark 9:22 marked 9:25 10:3 masses 12:14 13:5 14:12,23 15:17 material 10:6 materials 5:21 7:18,21 9:18 11:19,21 may 12:18,20 15:11,11 16:3,9 17:3 20:21	<hr/> O <hr/> observation 21:6 obviously 9:11 13:15 16:6 21:18 occasion 20:2,10,13 occasions 15:25 16:24 19:3,7 occur 17:3 off 6:18 office 3:22 4:23 26:19 offices 1:18 4:24	

<p> plaintiff 7:3 Plaintiffs 1:7 2:2 plaintiff's 7:12 PLEAS 1:1 please 3:7 10:4 11:1 19:16 20:23 point 6:23 8:23 12:17 14:8 21:17 portions 7:23 16:15 positive 18:9 possible 18:9 potentially 22:4,6 practice 12:23 14:1 15:8,10 18:16,18 preliminary 10:17 presence 26:10 presenting 22:9 pressure 21:7 pretty 11:16 primary 21:11 22:8 probably 24:9 problem 12:24 15:2 17:17,19 21:24 22:5 22:9 Procedure 1:16 proposition 15:10 provide 5:6 provided 9:11 11:20 provider 22:8 Public 1:17 26:3,23 purposes 3:22 9:25 14:21 pursuant 1:15 3:15 9:11 put 13:23 22:20 p.m. 24:12 </p> <hr/> <p style="text-align: center;">Q</p> <p> qualified 26:5 question 14:21 16:13 questions 23:2 </p> <hr/> <p style="text-align: center;">R</p> <p> rather 18:3 read 13:3 reading 10:23 11:5 reads 23:5 really 6:4 7:11 14:6 reason 12:25 received 3:18 5:5,21 record 3:8 11:2 16:3,5 16:6,7 records 6:5,12,23,25 6:25 7:4,7 8:1 10:8 10:19 12:4 15:15 16:13 redid 7:22 reduced 26:9,11 </p>	<p> reference 13:24 regard 23:20 related 7:5 relates 17:16 23:17 relative 26:12 reliance 15:10 relying 18:18 remedy 8:13 remember 16:4 reminder 11:7 render 6:2 report 5:18,22 10:13 10:17 11:10,11,23 reporting 26:15 represents 23:7 request 10:17 requested 3:21 5:4 resent 7:21 responsibilities 23:21 responsibility 22:20 results 13:11 review 7:22 9:17 11:19 12:4,6,11 15:15 23:10 24:3 reviewed 6:2 7:6 8:1 9:15,18 Richard 1:4 5:13 Richnafsky 1:4,6 5:14 12:5,14 13:6 14:14 14:24 15:16 19:24 23:7 right 5:2 6:1,16 7:1,25 8:10 9:13 10:25 11:3 12:14 13:8 15:18 16:17,22 18:15,21 19:2,10,22 20:17 21:15 24:3,6 Roetzel 2:7 room 3:13 4:22 7:24 8:5 10:14 14:24 20:7 21:9,12,24 22:14,17 23:11 routine 7:19 14:1 18:16 19:20 Routinely 24:5 Rule 26:17 Rules 1:15 </p> <hr/> <p style="text-align: center;">S</p> <p> S 1:16 26:3,22 Sandacz 2:8 3:6 4:6,12 4:19 8:18 9:21 10:1 23:23 24:2,7 saw 12:16,18 saying 16:8 21:18 scan 12:15 13:11 14:13 15:17 22:1,13 scenario 19:23 22:11 </p>	<p> schedule 9:6 school 8:10 seal 26:19 seat 19:14 see 8:21 12:12 13:6,14 16:8 seen 14:12 15:17 selected 7:23 send 7:13 20:21 22:10 sending 21:20 sent 5:10 6:19,24 11:14 serve 7:11 set 6:23 26:18 share 17:13 18:5 shows 17:13 shredded 7:18 sideways 11:13 signed 4:15 since 10:25 14:6 17:24 24:8 sitting 13:17 situation 21:2 slight 13:16 smoking 19:16 some 5:5,21 6:23,24,25 7:23 22:20 somebody 6:24 18:7 someone 18:6 something 5:4 14:7 15:12 16:8,10 21:7 22:1 sometimes 14:2 16:8 18:4 sort 6:18 10:20,22 15:22 16:14 Southern 1:18 specialize 3:12 specific 12:17 13:24 14:7 17:25 specifically 7:5 11:14 13:12 17:11 SS 26:2 stand 4:11 standard 7:10 15:23 17:9 started 11:25 starts 10:5 state 1:17 3:7 4:21,25 26:1,4,23 statement 14:18 15:24 stay 9:10 10:21 stenographically 26:10 stepped 7:17 9:14 stomach 21:24 stomachache 22:9 stood 4:7 stop 19:16 stops 11:13 </p>	<p> Street 2:10 subpoena 3:16,21 4:7 4:11,15 9:11 suddenly 7:20 suggest 24:9 summary 10:14 support 11:22 18:19 supporting 17:12 supposed 8:8 9:1,2 sure 19:11 20:11 21:22 22:19 23:3 surgery 18:3,8 Susan 1:6 12:4 23:7 suspend 8:22 sworn 3:3 26:7 Systems 6:8 </p> <hr/> <p style="text-align: center;">T</p> <p> table 19:14 take 8:11 16:5 taken 1:16 taking 11:6 talk 4:10,17 18:6 19:23 telephone 24:8 tell 3:24 6:1 19:15 telling 15:5 temper 21:16 term 21:21 test 20:5 testified 12:13 13:10 16:19 testify 26:8 testimony 14:11 25:3 26:9 tests 20:4 Thank 5:11 23:23,25 their 21:11 22:7,9 thing 6:20 13:18 20:20 things 6:4,20 9:12 23:21 thing's 8:13 think 6:6,9 10:16 11:24 12:19 15:21 though 18:5 21:15 thought 6:17 7:17 12:18 13:22 18:11 three 11:14 through 8:20 10:9 Thursday 1:19 time 5:5,10 6:24 7:8 8:19,23 9:10 14:8 21:3,18 timing 8:25 18:1 today 3:25 6:21 told 4:4,6 12:13,23 13:1 15:16 18:19 20:8 21:9,9,10 23:16 23:19 </p>	<p> town 4:14 transcript 24:4 transcription 25:3 trauma 19:13 treat 22:8 true 4:3 16:4 25:2 truly 21:19 truth 26:8,8,9 turned 11:13 two 6:4 7:4 10:9 11:14 12:14 13:12 14:12,23 15:17 typewriting 26:11 </p> <hr/> <p style="text-align: center;">U</p> <p> unchecked 21:2 under 26:16 understand 3:20 4:21 5:17 8:4,15 11:9 12:3 17:15 understanding 5:16 12:7 23:4 Unfortunately 9:7 University 1:9 4:21,25 5:14 6:7 until 3:25 unusual 14:5 usual 15:7,10 </p> <hr/> <p style="text-align: center;">V</p> <p> vague 12:17 varies 16:14 various 20:4,5 versus 5:14 view 15:23 viewed 14:9 visit 10:14 vitae 5:7 vs 1:8 </p> <hr/> <p style="text-align: center;">W</p> <p> want 5:8 6:11 8:11 18:7 wart 16:9 wasn't 9:1 well 10:20 12:19 14:20 19:11 were 3:25 6:17 9:25 11:20 23:6,10 we'll 22:24 WHEREOF 26:18 while 14:24 whole 26:8 wife 4:15 witness 1:14 3:2 4:14 7:12 24:5 26:11,18 woman 18:2 word 14:16 </p>
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<p>workup 21:25 wouldn't 15:23 21:20 Wright 4:21,25 writing 26:10 wrote 18:1</p> <hr/> <p>Y</p> <p>Yeah 4:23 10:5 11:24 13:22 15:2 17:11,17 yesterday 4:4 Young 10:18</p> <hr/> <p>1</p> <p>10th 2:9 11:35 1:20 12:03 24:12 12:15 9:4 12:45 9:4 134 2:5 1375 2:10 18 6:13 12:6 19 13:21,22 14:18</p> <hr/> <p>2</p> <p>2-28-2011 26:23 20 1:19 6:14 2001 6:14,14 12:6 2005 5:18 11:23 2006 1:20 26:20 28(D) 26:17</p> <hr/> <p>3</p> <p>30 5:18 11:23 3525 1:18</p> <hr/> <p>4</p> <p>44035 2:5 44114 2:10</p>				
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University Hospitals Health System
Bedford Medical Center
Bedford, Ohio 44146



NAME: RICHNAFSKY, SUSAN
DATE: 11-18-01
E.D. PHYS.: D. KRANITZ, D.O.

RECORD NO: 2104382 0022
ROOM: ED
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.

1

University Hospitals Health System
Bedford Medical Center

Bedford, Ohio 44146

NAME: RICHNAFSKY, SUSAN
DATE: 11-18-01
E.D. PHYS.: D. KRANITZ, D.O.

RECORD NO: 2104382 -0022
ROOM: ED

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

University Hospitals Health System
Bedford Medical Center

Bedford, Ohio 44146

NAME: RICHNAFSKY, SUSAN
DATE: 11-18-01
E.D. PHYS.: D. KRANITZ, D.O.

RECORD NO: 2104382 -0022
ROOM: ED

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

BEDFORD-CT CENTER

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

305-2

11/18/01
PATIENT NAME: VIENNA, SUSAN F
VST: 1443504
DOB: 11/07/1951
PATIENT ID: 1111111
CAT: X
11/18/01
DR: F. DILL

RAY NO.

DATE

PREVIOUS X-RAY	YEAR	FACILITY
YES	NO	

PREGNANT	TECH INITIALS	INDUSTRIAL	CHAIR	STRETCH
YES	NO	YES	NO	7

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.)

add. pain = WBC = 17.0.
R10 Appendicitis
D. Kraft

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: Richnorsky, 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: At lower quad

Appendicitis

2 rt 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

OB/GYN (4th Floor): 440-735-3553

ER: 440-735-3800

Radiologist (please print)

Dr. Young / SP

Fax to: 440-735-3540

Time Faxed: am pm

Bedford Medical Center

01/27/77 14 01L 6
 01/27/77, SUSAN F
 VET 1400/09
 01/27/77 14 01L 6
 01/27/77 14 01L 6
 01/27/77 14 01L 6

DATE	TIME	ASST
11/19/2001		<p>5:30 PM admitted. History of for laparoscopic Applied abdominal for de te lap ro for hand pain x 1.5 days associated w/ appetite N/V upon onset of fx. Pain later moved to the R/R. per fx 11/20 prn o 15 4 TI NMDA o mot u co o PE in NAD Heart normal lungs clear Abdomen normal rel soft ND 11/20 tender R/R cost 2nd Ad App dis for App per PRD Signs 11/19/01 1610 documents reviewed for 11/2 - Allen 11-19-01 0300 Nursing Note: VS stable. Dressing intact. JP drain serous. Wound. Medicated as ordered. IV antibiotics given. Continue to monitor & report.</p>

DATE	TIME	
11-14-01		<p>Surgery note</p> <p>1st P.O.D. Drainage. Drain drawing. Sero- sanguinous material. H+H 1.6 to 7.2 + 21.9. There was no bleeding during the surgery. I feel this is due to hemorrhage. H+H 1.6 to 7.2 + 21.9 but it's not bleeding to enter into the 2 days. Pl. will investigate hemorrhage and keep on IV and 1 liter of blood.</p>
11-15-01	15:30	<p>P.O.D. #1. Surgery note: J.P. drained 30cc. pt. pink drainage. ambulating and feels diet well. Under 2 ft. discomfort T-tube. Ambulation increased.</p>
11-16-01	21	<p>Up and ambulating in hallway tolerated soft diet well. No nausea or vomiting. And. diag. drain intact. J.P. 2 drains and. Sero-sanguinous drainage.</p>
11/20/01	240	<p>Quarantine x 3 - NO up pri. Still wants drainage intact as working. J.P. Sero-sanguinous drainage. Intact. Intact. Intact. Intact. Intact. to. Vial. VS. Still. Rise of J.P. on IV.</p>
11-20-01		<p>Surgery note. Drainage. Home. tal. FU. Bl. off in on August. + Flap.</p>
11/20/01	2:55 PM	<p>H.O. J.P. with pink pt. APP</p>

University Hospitals Health System
Bedford Medical Center
Bedford, Ohio 44146

13052

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.

University Hospitals Health System
Bedford Medical Center
Bedford, Ohio 44146

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.

21

**University Hospitals
Health System**

Bedford Medical Center

21047000016
PICHVAFSKY, SUSAN F
YST 14F35509
30-400-4248 DE 05/07/1991
PIN ILLARD CAT 5 EGY
204-27-7606 11/19/01
NGL-CDLE

DATE	TIME	
11-18-01		Admitting notes
		450Y old F status with per: Lt Rt
		flank cramp Lt Rt LA nausea but no
		vomiting normal BH yesterday - no dyspnea
		no frequency of urination
		PH - T-tubal ligation
		No Hxds
		Allergy NKA
		O/E Pt does not appear in acute distress
		Abdom soft Tendr + + + Rt LA
		with + + Kelgornel - normal field
		Some Rt flank tendr
		Labwork
		BMP Ghr 128 - Nu 134
		LFTs Nup
		WBC 17.400 H+H 9.6 + 29.8
		5 1/2 Bands
		CT scan acute appendicitis
		Pln laproscopic appendectomy possible
		Open
		Procedure Risks & benefits explained
		in detail signed
		
		14

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: 11-18-61
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

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

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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
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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

**University Hospitals
HealthSystem**

Bedford Medical Center

PRESENTING TIME 0652	TO TX AREA 0658	ROOM 4
BP 181/68	P 123	R 16
WT 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

ALLERGIES: ☒ NONE ☐ UNKNOWN

TO SCREEN ☒ NEGATIVE ☐ POSITIVE

If positive see Attachment I

DOMESTIC VIOLENCE: ☐ NEGATIVE ☐ POSITIVE

☒ NA

LATEX ALLERGIES: ☒ NEGATIVE ☐ POSITIVE

IMMUNIZATIONS: ☐ UNKNOWN ☐ > 5 YEARS ☐ < 5 YEARS ☐ > 10 YEARS

LMP:

Now

TETANUS STATUS:

☒ UNKNOWN ☐ > 5 YEARS ☐ < 5 YEARS ☐ > 10 YEARS

P.M.H.: ☒ Denies

Tubal Ligation

MODE OF ARRIVAL: ☒ Walk-in ☐ Wheelchair ☐ Ambulance (see run sheet)

Accompanied by: ☐ Parent ☐ Spouse ☐ Other:

Transported from: Home

TREATMENT PRIOR TO ARRIVAL: ☐ Squad

☒ None ☐ IV Type Amount

☐ O2 ☐ Monitor ☐ Splints

☐ C-collar ☐ Backboard

Medications:

CURRENT MEDS: ☒ Denies

Triage Nurse Signature: [Signature]

RELEVANT REVIEW OF SYSTEMS

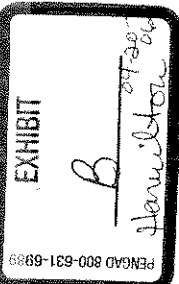
GLASCOW COMA <input checked="" type="checkbox"/> N/A EYE OPENING SPONTANEOUS 4 TO VOICE 3 TO PAIN 2 NONE 1 VERBAL RESPONSE ORIENTED 5 CONFUSED 4 INAPPROPRIATE 3 INCOMPREHENSIVE 2 NONE 1 MOTOR RESPONSE OBEYS COMMANDS 6 LOCALIZED (PAIN) 5 WITHDRAW (PAIN) 4 FLEXION (PAIN) 3 EXTENSION (PAIN) 2 NONE 1 Sum Total:	MENTAL/NEURO A & O x 3 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Responds Appropriately <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Loss of Consciousness <input type="checkbox"/> Yes <input type="checkbox"/> No Nausea/Vomiting <input type="checkbox"/> Yes <input type="checkbox"/> No Sensory Intact <input type="checkbox"/> Yes <input type="checkbox"/> No Motor Intact <input type="checkbox"/> Yes <input type="checkbox"/> No PERRLA <input type="checkbox"/> Yes <input type="checkbox"/> No VISUAL ACUITY OD OS <u>N/A</u> LACERATION Pain 0 - 10: _____ Location: _____ Description: _____ Time of Injury: _____ AM <input type="checkbox"/> PM <input type="checkbox"/> Date of Injury: _____ ORTHO Pain-Location: _____ Duration: _____ Radiation: _____ Swelling/Delormity <input type="checkbox"/> Yes <input type="checkbox"/> No Neuro Intact <input type="checkbox"/> Yes <input type="checkbox"/> No Circulation Intact <input type="checkbox"/> Yes <input type="checkbox"/> No Pain 0 - 10: _____ ROM <input checked="" type="checkbox"/> Full <input type="checkbox"/> Limited <input type="checkbox"/> Immobilized	HEART/LUNGS <input checked="" type="checkbox"/> N/A Rhythm: _____ Pain Location: _____ 0 - 10 Duration: _____ Radiation: _____ Quality: _____ (degree 0 = none 10 = worst) Pulse O ₂ : _____ Breath Sounds: _____ R L Bilat Clear <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rales/Rhonchi <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Diminished <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Absent <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Wheezing <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> SOB <input type="checkbox"/> Yes <input type="checkbox"/> No Nausea/Vomiting <input type="checkbox"/> Yes <input type="checkbox"/> No Smoking <input type="checkbox"/> Yes <input type="checkbox"/> No SKIN <input checked="" type="checkbox"/> Warm/Dry <input type="checkbox"/> Cyanotic <input type="checkbox"/> Diaphoretic <input type="checkbox"/> Flushed <input checked="" type="checkbox"/> Pink <input type="checkbox"/> Pale/Ashen Capillary Refill <input checked="" type="checkbox"/> < 3 sec <input type="checkbox"/> > 3 sec	GU/GYN <input type="checkbox"/> N/A Frequency <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Dysuria (Pain) 0 - 10 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Retention <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Hematuria <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Incontinent <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Vaginal/Penile Discharge <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Possibly Pregnant <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Period <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Irregular G _____ P _____ AB _____ LMP <u>11-15-01</u> Pelvic Witnessed By _____ ABDOMEN <input type="checkbox"/> N/A Pain Location: <u>(R) Subcostal</u> 0 - 10: <u>7/10</u> Duration: <u>6-8 hrs</u> Radiation: _____ Bowel Sounds <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Nausea/Vomiting <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Anorexia <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No BM <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Constipated Last BM: <u>11/17/01</u> Signature: <u>[Signature]</u>
--	--	--	---

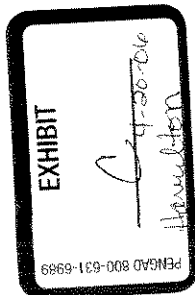
TIME	BP	P	RR	P.O.A./TEMP	PAIN SCALE 0-10	MEDS/IVS	NURSE'S PROGRESS NOTES
0720						NSI 100mg (B) Amox	0658 Amb to room 1100 0700 Assumed code 0710 P.O.A. shift up 0720 IV access attained. Plas drawn & sent as ordered. Mini cath w/PA done. U/A, UCG sent 0800 IVF patient given as ordered. ID 0905 Pending code CT Pt. & husband advised as per am of code. ID 1040 to CT. ID 1115 back from CT. ID 1245 Awaiting dispo- sition of pt. ID 1330 Pending admission to hospital. Clothing list completed & a decomp. chart. Awaiting bed assignment. ID 1435 On. Eff. here to see pt. Pt. to go to OR from here. Floor notified. Pt. to notify her family - on way back to hospital. ID 1445 to O.R. ID
0745						Tylenol T/GM/IV	
0905						Ascephin T/GM/IV	
1330	102/74	108	18	37.7		Flagyl 500mg IV/ID	
1435							

ADMIT/TRANSFER	DISCHARGE	DISCHARGE CHECKLIST
Location: <u>Admit OR → 305-T</u> Date: <u>11/11/74</u> Called to: <u>Amox</u> Called by: <u>Amox</u> Called to: <u>Amox</u>	<input type="checkbox"/> Home <input type="checkbox"/> Other <input type="checkbox"/> Expired <input type="checkbox"/> LWBS <input type="checkbox"/> AMA MODE OF DISCHARGE: <input type="checkbox"/> Wheelchair <input type="checkbox"/> Ambulatory <input type="checkbox"/> Ambulance ACCOMPANIED BY: <input type="checkbox"/> Family <input type="checkbox"/> Other	<input type="checkbox"/> IV HL Discontinued Intact <input type="checkbox"/> K/U Instructions For Physician 7 <input type="checkbox"/> F/U Instructions Reinforced <input type="checkbox"/> Patient/Family Verbalized Understanding of Directions

Draft Daniel Khairi DO

15. Dr Young - radiologist, spoke about questionable lung
17. To CT - 10:30^{AM}, returned by 11:15^{AM} - ^{Phoned} ^{masses}
^{when spoke to}
^{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 "Yia"
22. Can't recall if husband present.
24. Erin Hilliard - noted as ^{Husband} PCP - Never spoke to.
Discussed w Dr Fane who was covering
26. Does recall specifically mentioning need for Flu to Dr Fane regarding lung masses.
30. Dr Fane advised he would pass on the Dr Hilliard on guard. Doesn't recall whom.
31. Dr Fane advised Dr Ungvársky should consult a ~~surgeon~~
Dr El-Khairi (local for Dr U) called back.
33. Doesn't recall exact information shared.
- but at routine to convey both.
36. Dr El-Khairi to see pt at 2:35^{PM} - ³⁷ Case transferred
38. Didn't speak to Dr El-Khairi again, unknown who he spoke to. Dr Young, Dr DeHay.
43. Not sure if husband present.
44. States would have told Dr El same info as Dr Fane - conveyed lung masses.
- *45. Dr Fane conveyed info would be followed up, that was conveyed to Dr El-K. Didn't have understanding pt would Flu with anyone.





Glenn C. Hamilton, M.D.
53 Monterey 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 Richnalsky, 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.