

<p>1</p> <p>THE STATE OF OHIO.) COUNTY OF CUYAHOGA.) - - - - - *** - - - - - IN THE COURT OF COMMON PLEAS - - - - - *** - - - - - Holly Hutchinson,) Plaintiff,) vs.) Case No. CV-05-553884 Fairview General) Hospital, et al.,) Defendants.) - - - - - *** - - - - - Deposition of UMARANI RAMACHANDRAN, M.D., a witness herein, called by the Plaintiff as if upon cross-examination under the statue, and taken before Irma A. Fares, a Notary Public within and for the State of Ohio, pursuant to the agreement of counsel and pursuant to the further stipulations of counsel herein contained, on January 25, 2006, at 10:00 a.m. at Fairview General Hospital, 18101 Lorain Avenue, Fairview, Ohio. - - - - - *** - - - - -</p>	<p>3</p> <p>1 I-N-D-E-X 2 UMARANI RAMACHANDRAN PAGE 3 Cross-examination 4 (By Mr. Becker) 4 5 6 E-X-H-I-B-I-T-S 7 EXHIBITS MARKED 8 Plaintiff's Exhibit No. 1 4 9 (Curriculum Vitae) 10 Plaintiff's Exhibit No. 2 73 11 (Code Pink Newborn 12 Resuscitation Form) 13 Plaintiff's Exhibit No. 3 73 14 (Pediatric House Office Notes) 15 Plaintiff's Exhibit No. 3A 73 16 (Pediatric House Office Notes) 17 Plaintiff's Exhibit No. 4A 73 18 (Physician's Orders) 19 Plaintiff's Exhibit No. 4B 73 20 (Physician's Orders) 21 22 23 24 25</p>
<p>2</p> <p>1 APPEARANCES: 2 MICHAEL BECKER, Esquire 3 Becker & Mishkind Co., L.P.A. 4 134 Middle Avenue 5 Elyria, Ohio 44035 6 (440) 323-7070 7 On behalf of the Plaintiff. 8 JULIE A. CALLSEN, Esquire 9 Tucker, Ellis & West, LLP 10 1150 Huntington Building 11 925 Euclid Avenue 12 Cleveland, Ohio 44115 13 (216) 696-2286 14 15 On behalf of the Defendants. 16 17 18 19 20 21 22 23 24 25</p>	<p>4</p> <p>1 P R O C E E D I N G S 2 UMARANI RAMACHANDRAN, 3 being by me first duly sworn, as hereinafter 4 certified, deposes and says as follows: 5 CROSS-EXAMINATION 6 BY MR. BECKER: 7 Q. Good morning. 8 A. Good morning. 9 Q. Please tell me your full name. 10 A. Umarani Ramachandran. 11 Q. And would you spell it for me? 12 A. My first name is spelled U-m-a-r-a-n-i, 13 and last name is R-a-m-a-c-h-a-n-d-r-a-n. 14 Q. And people refer to you as Dr. Ram? 15 A. Ram, yes. 16 Q. May I do so, refer to you as Dr. Ram? 17 A. Sure. 18 Q. How are you currently employed? 19 A. I'm employed as a pediatric house 20 officer through Fairview Hospital. 21 Q. Do you work at Fairview General Hospital? 22 A. I am on staff. I do see patients, but 23 I'm not employed by Fairview Hospital. 24 MR. BECKER: I'm just curious why we're 25 taking this deposition -- maybe you can answer</p>

<p style="text-align: right;">5</p> <p>1 that, Julie -- here.</p> <p>2 MS. CALLSEN: It was more convenient --</p> <p>3 This is her day off. More convenient for her</p> <p>4 to come to Fairview.</p> <p>5 Q. Doctor, it looks like you have a copy</p> <p>6 of a curriculum vitae in front of you.</p> <p>7 A. Yes.</p> <p>8 Q. Is that yours?</p> <p>9 A. That's mine.</p> <p>10 MR. BECKER: Why don't we mark that as</p> <p>11 Plaintiff's Exhibit 1.</p> <p>12 - - -</p> <p>13 Thereupon, a document was marked for</p> <p>14 purposes of identification as Plaintiff's</p> <p>15 Exhibit No. 1.</p> <p>16 - - -</p> <p>17 BY MR. BECKER:</p> <p>18 Q. Doctor, I'm going to hand you what's</p> <p>19 been marked as Plaintiff's Exhibit 1. Would</p> <p>20 you identify that for the record, please?</p> <p>21 A. This is my curriculum vitae.</p> <p>22 Q. Is it current?</p> <p>23 A. It is current.</p> <p>24 Q. I notice there are no journal articles</p> <p>25 that you have contributed to or authored or</p>	<p style="text-align: right;">7</p> <p>1 A. Yes.</p> <p>2 Q. -- if need be, at Lakewood.</p> <p>3 A. Yes.</p> <p>4 Q. Now, do you ever act as a hospitalist</p> <p>5 at Fairview General Hospital?</p> <p>6 A. I have moonlighted once overnight.</p> <p>7 That's it.</p> <p>8 Q. Since this is your first deposition,</p> <p>9 I'm just going to review the ground rules.</p> <p>10 This is a question and answer session under</p> <p>11 oath.</p> <p>12 It's very important that you understand</p> <p>13 the question that I ask. If you don't</p> <p>14 understand the question or if the question</p> <p>15 is inartfully phrased, I want you to stop me</p> <p>16 and tell me so, and I'll be happy to rephrase</p> <p>17 or restate the question. Fair enough?</p> <p>18 A. Uh-huh.</p> <p>19 Q. You're going to have to answer verbally.</p> <p>20 A. Yes.</p> <p>21 Q. Thank you.</p> <p>22 However, unless you indicate otherwise</p> <p>23 to me, I'm going to assume that you fully</p> <p>24 understood the question that I've posed and</p> <p>25 you're giving me your best and most complete</p>
<p style="text-align: right;">6</p> <p>1 co-authored.</p> <p>2 Are there any that you've done?</p> <p>3 A. No, I haven't.</p> <p>4 Q. Okay. Let me just take a look at this.</p> <p>5 So you have a private pediatric practice?</p> <p>6 A. I am employed by -- in another private</p> <p>7 pediatric practice.</p> <p>8 Q. What's the name of that?</p> <p>9 A. Pediatric Practice, Incorporated.</p> <p>10 Q. The formal name is --</p> <p>11 A. Pediatric Practice, Incorporated.</p> <p>12 Q. You're an employee of --</p> <p>13 How often do you work there?</p> <p>14 A. Two days, two and a half days a week.</p> <p>15 Q. Okay. Who are some of the other</p> <p>16 pediatricians in that group?</p> <p>17 A. Dr. Baskar, B-a-s-k-a-r.</p> <p>18 Q. Anybody else?</p> <p>19 A. No, only two of us.</p> <p>20 Q. And when you're working as a pediatric</p> <p>21 hospitalist at Lakewood, do you work 12-hour</p> <p>22 shifts?</p> <p>23 A. Twenty-four-hour shifts.</p> <p>24 Q. So I'm assuming that they have facilities</p> <p>25 for you to sleep --</p>	<p style="text-align: right;">8</p> <p>1 answer today. Fair enough?</p> <p>2 A. Fair.</p> <p>3 Q. What have you reviewed in preparation</p> <p>4 for today's deposition?</p> <p>5 A. Baby's chart, progress notes and code</p> <p>6 pink sheet.</p> <p>7 MS. CALLSEN: From --</p> <p>8 A. From Lakewood Hospital.</p> <p>9 Q. Baby's chart --</p> <p>10 A. From Lakewood Hospital.</p> <p>11 Q. Tell me that again. Baby's chart.</p> <p>12 A. Baby's chart from Lakewood Hospital</p> <p>13 and the code pink sheet.</p> <p>14 Q. Now, are you certified in neonatal</p> <p>15 resuscitation?</p> <p>16 A. Yes, I am.</p> <p>17 Q. When did you become certified?</p> <p>18 A. I don't exactly remember the date of</p> <p>19 first certification.</p> <p>20 Can I --</p> <p>21 MS. CALLSEN: You need to look at your</p> <p>22 CV?</p> <p>23 THE WITNESS: That doesn't have it.</p> <p>24 A. But I'm currently certified, and I'm</p> <p>25 recertified as well. I don't remember the</p>

9

1 date exactly.
 2 Q. Well, approximately how many years
 3 have you been certified in neonatal
 4 resuscitation?
 5 A. Ten years.
 6 Q. Can you give me a sense as to how many
 7 babies per month you might be called upon to
 8 resuscitate or per year?
 9 A. Per month, it would be three babies
 10 probably.
 11 Q. Two or three?
 12 A. Yes.
 13 Q. And how do you -- As a certified neonatal
 14 resuscitator, how do you determine what size
 15 ET tube that you're to utilize? How do you
 16 determine that?
 17 A. If I know the baby's weight, then I
 18 might go according to the weight. If it is
 19 emergent situation, I assume the baby's weight
 20 and go by my assumed weight --
 21 Q. Okay.
 22 A. -- whether it is a term baby, whether
 23 it's a preterm baby, gestational age.
 24 Q. Normally will you know the baby's weight
 25 by the time you're called upon to resuscitate

10

1 or is that something you wouldn't know?
 2 A. Usually, no.
 3 Q. So you just estimate by eye-balling the
 4 baby?
 5 A. Yes, and by knowing the gestational age.
 6 Q. So when you have a full-term baby, what
 7 size ET tube would you normally use?
 8 A. 3.5 to 4.
 9 Q. And how do you define --
 10 That's 4 what? 3.5 to 4 what? zero?
 11 Is that what you said? Are we talking --
 12 MS. CALLEN: Units you mean?
 13 MR. BECKER: Yes.
 14 A. I don't understand the question.
 15 Q. Are we talking millimeters? Are we
 16 talking French size? How do you describe
 17 the size of the catheter or the tube?
 18 A. Depending upon the radius of the tube,
 19 it just says 3.5 size, 4 size. It doesn't
 20 say any millimeters or centimeters on the tube.
 21 It just says 3.5, 4.
 22 Q. What is your understanding as to what
 23 that number means?
 24 A. It means the radius, inner radius lumen
 25 of the tube.

11

1 Q. Doctor, I want you to know at any time
 2 during this deposition, before answering any
 3 of my questions, you're more than free to look
 4 at any of the records before responding. Do
 5 you understand that?
 6 A. Okay.
 7 Q. Can you tell me if you were actually
 8 physically present at the time of delivery?
 9 A. Yeah, I was there for the delivery
 10 about two minutes, when head was just coming
 11 out.
 12 Q. So the answer to my question would be,
 13 yes, you were physically present?
 14 A. Yes.
 15 Q. And can you tell me what you were told
 16 about this delivery or why were you there?
 17 What was your understanding as to why you
 18 were there?
 19 A. Nonreassuring fetal strip and the baby's
 20 heart rate was very depressed.
 21 Q. So you had a nonreassuring strip and a
 22 depressed fetal heart rate?
 23 A. Uh-huh.
 24 Q. And did you have an understanding at
 25 that time that it was a full-term infant?

12

1 A. Yes.
 2 Q. Can you tell by the chart who else
 3 was there? Were you part of a team --
 4 A. Yes, we are.
 5 Q. -- a code pink team?
 6 A. Yes, we are.
 7 Q. Who else, if you could identify by name
 8 and their specialty, was in that code pink team?
 9 A. Jim Portman, the respiratory therapist.
 10 Q. Okay. And does the record reflect
 11 that he was present at the same time you
 12 were present?
 13 A. I don't see that. I don't see the exact
 14 time he arrived.
 15 Q. And do you have any recollection of this
 16 particular delivery resuscitation, independent
 17 recollection?
 18 A. It's very remote. I'm not exactly sure
 19 at what time he arrived, but he was there for
 20 the resuscitation.
 21 Q. I'm sorry. He was --
 22 A. He was there for the resuscitation of
 23 the baby.
 24 Q. And I wanted to ask you this, and I
 25 forgot. Do you have any independent

<p style="text-align: right;">13</p> <p>1 recollection of this particular resuscitation, 2 this baby, this mom? Do you recall anything 3 about it? 4 A. I do remember some aspects of it, but 5 not -- not the specifics. 6 Q. Dr. Ram, what I want to do is exhaust 7 your recollection before I go into the chart. 8 Tell me what you remember about it. 9 A. Okay. I was called at the time the 10 baby was delivered, and the head was coming out, 11 and I had a minute or so, and the baby came out 12 very depressed and -- 13 Q. Let me stop you there. 14 You said you had one minute or so. 15 One minute or so to do what? 16 A. Just to check the equipment and 17 everything, the resuscitation equipment. 18 One minute to check the equipment, to get 19 the history. We just get some brief details 20 regarding whether it's a term baby, whether 21 there was meconium, whether there was an 22 infection; and then I asked the nurse who 23 was there in the neonatal code pink team 24 whether all the equipment is set up. They 25 usually do. And then baby was delivered.</p>	<p style="text-align: right;">15</p> <p>1 Q. She was part of the code pink team? 2 A. Yes. 3 Q. Have we covered all members of the code 4 pink team? 5 A. There were other nurses who were helping 6 us, too; Grace Cmolik and Sue Anderson. 7 Q. And I certainly remember Grace. 8 Who is Sue Anderson? 9 A. Sue Anderson was a pediatric nurse 10 who came upstairs. She heard the code pink 11 being called, and she came upstairs, and she 12 was giving us a hand. 13 Q. Now have we spoken about everybody that 14 was a member of the group? 15 A. Yes. 16 Q. Now, let's continue with your 17 recollection of events. 18 A. I did the resuscitation, proceeded with 19 the resuscitation according to the guidelines, 20 and the baby did not respond as typically other 21 depressed babies would do, so -- And we had -- 22 And the baby responded after -- We lost the 23 heartbeat in between, which was initially 24 present, and we proceeded with the chest 25 compressions, and then we got the heartbeat</p>
<p style="text-align: right;">14</p> <p>1 Q. Okay. What else do you remember 2 about this? 3 A. And the baby was depressed at birth 4 and we had to resuscitate the baby. 5 Q. When you say "we," you mean -- 6 A. The code pink team. 7 Q. All of you, in addition to Jim -- 8 Is it Fortman? 9 A. Portman. It says Portman here. 10 MS. CALLSEN: P-o-r-t-m-a-n. 11 Q. Portman. Okay. 12 MS. CALLSEN: Uh-huh. 13 Q. In addition to him, is there someone 14 else in the code pink team? 15 A. There was a nurse, code pink team nurse. 16 Q. Neonatal nurse? 17 A. Yes. She's a midwife and a labor and 18 delivery nurse. 19 Q. And what was her name? 20 A. She was -- First name is Amy, Amy 21 Ambruster. 22 MR. BECKER: Have we deposed her? 23 MS. CALLSEN: No. 24 Q. Ambruster, did you say? 25 A. Yeah.</p>	<p style="text-align: right;">16</p> <p>1 back at 20 minutes of eight. And the neonatal 2 team -- the neonatologist arrived there soon 3 after, and he took over. 4 Q. Doctor, I need to know what time you 5 lost the heart rate, what minute of life. 6 MS. CALLSEN: I'm just going to object 7 to the fact that we were talking about her 8 recollection. For that, she would need to 9 go to the chart, I'm assuming. 10 Q. We're going to go -- Before you go -- 11 MR. BECKER: That's my fault. 12 Q. Before going to the chart -- 13 I mean, there is a reason I'm doing 14 this. 15 But before you go to the chart, do you 16 remember approximately what minute of life that 17 you lost the heartbeat? 18 A. It's only from the chart I can remember. 19 Q. Okay. Then we'll talk about that. 20 Do you remember, as your recollection, 21 approximately how long it was in terms of 22 minutes? 23 A. Around five minutes. 24 Q. So around five minutes without a 25 heartbeat; correct?</p>

17

1 MS. CALLSEN: Objection.
 2 A. The heart -- No.
 3 MS. CALLSEN: Go ahead.
 4 A. The heartbeat was initially there,
 5 and we lost it around five minutes.
 6 Q. Five minutes of life?
 7 A. Yes.
 8 Q. Okay. And then at 20 minutes of life,
 9 you heard the heartbeat again?
 10 A. Yes.
 11 Q. So approximately at five minutes of
 12 life, you stopped hearing the heart rate --
 13 heartbeat, and then you heard it again at
 14 approximately 20 minutes of life?
 15 A. Yes.
 16 Q. Let's continue with your general
 17 recollection of things.
 18 And do you recall what you were doing
 19 between these five minutes of life and 20
 20 minutes of life, in general?
 21 A. I can recall from the chart.
 22 Q. Okay. What else do you remember about
 23 this case?
 24 A. Do you have any specific questions?
 25 MS. CALLSEN: I think he's just wanting

18

1 to know what your general --
 2 Q. What stands out in your mind about this
 3 case?
 4 A. About --
 5 MS. CALLSEN: I'm just going to object
 6 to the extent of any discussions with us, with
 7 me.
 8 A. That the baby did not respond the way
 9 that other babies would have responded. And
 10 I have been in other code pinks and similar
 11 situations, and this baby did not respond --
 12 Q. Okay.
 13 A. -- as other babies would.
 14 Q. Okay.
 15 A. That's what stands out.
 16 Q. Do you remember having to engage
 17 in a number of intubations, reintubations,
 18 extubations, reintubations?
 19 A. Yeah, I did.
 20 Q. Do you remember doing that?
 21 A. Yeah, I did. That's from the chart,
 22 again. And I did reintubate twice, according
 23 to the chart. I remember once from my
 24 recollection; and from the chart, it looks
 25 like two times, I guess.

19

1 Q. Anything else that stands out in your
 2 memory about this case?
 3 A. I put the UV line, gave the medication.
 4 Q. Umbilical vein line.
 5 And I assume you also set up an umbilical
 6 artery line.
 7 A. That was later when the neonatologist
 8 arrived.
 9 Q. You did the UV line?
 10 A. Yes.
 11 Q. The neonatologist did the UA line?
 12 A. Uh-huh.
 13 Q. Yes?
 14 A. That's what I think he did, but I have
 15 to --
 16 Q. I need you to answer verbally rather
 17 than say "uh-huh" because she has to take it
 18 down in words.
 19 A. Okay.
 20 Q. So, Doctor, you established the UV line,
 21 and it's your belief that the neonatologist
 22 established the UA line; correct?
 23 A. That's correct.
 24 Q. What else do you remember about this
 25 case?

20

1 A. And while I was establishing the UV
 2 line, we had to give the Epi. through the
 3 endotracheal tube; and then the second dose
 4 of Epinephrine, I gave it through the UV line.
 5 Q. Do you remember anything else that
 6 stands out?
 7 Do you remember when the doctor from
 8 Fairview came?
 9 A. It was around half an hour or 40 minutes
 10 after the baby was born --
 11 Q. Okay.
 12 A. -- but I don't specifically remember the
 13 time.
 14 Q. Do you remember anything the
 15 neonatologist said to you or you said to him
 16 in this case?
 17 A. No, not that I remember.
 18 He just asked me the general course
 19 of the baby and then he proceeded.
 20 Q. And you kind of stepped back and let
 21 him take control?
 22 A. I was there, but --
 23 Q. Did you do anything?
 24 A. After he arrived?
 25 Q. Yes.

21

1 A. No. He did mainly. He took the care
2 in his hands.
3 Q. Okay. And is that --
4 Have we covered your general
5 recollection --
6 A. Yes.
7 Q. -- of this case?
8 A. Uh-huh. Yes. I'm sorry.
9 Q. Did you play any part in taking gases
10 for this child?
11 A. I did.
12 Q. All right. So now we've covered your
13 recollection. Let's go -- And you're free now
14 to -- the rule is, you're free now to look
15 at the chart.
16 A. Okay.
17 Q. Let's talk about gases. What type of
18 gas did you obtain and how and when?
19 A. Okay. First usually cord blood gas is
20 sent.
21 Q. And that's your job, to make sure it's
22 sent?
23 A. Usually the obstetrician or the midwife
24 sends it automatically, and the nurse who --
25 labor and delivery nurse sends it automatically,

22

1 too. It doesn't have to be -- They send it
2 automatically for a depressed baby.
3 Q. Is someone responsible for drawing
4 the blood out of the cord? Is that you?
5 A. Labor and delivery nurse.
6 Q. It's not you?
7 A. No, not me.
8 Q. Okay. And you feel the cord blood gas
9 was done in this case?
10 A. It was sent because I said -- I asked
11 them to send it.
12 Q. And normally do you get a cord gas back
13 within 15 minutes?
14 A. Yes, we do.
15 Q. So routinely or normally, you would have
16 a cord gas result back within 15 minutes after
17 it's drawn?
18 A. Generally speaking, yes.
19 Q. There's a reason behind that; and that
20 is that you want to find out early on how far
21 behind or how acidic the baby is so you know
22 how much bicarb to give; correct?
23 A. Yes.
24 Q. Is that one of the reasons you want
25 to know what the cord gas is early?

23

1 A. That's one of the reasons.
2 Q. What other reasons do you want to know
3 cord gases early?
4 A. How depressed the baby was.
5 Q. Now, are you aware of a rule of hospital
6 laboratories that they're not supposed to run
7 gases unless, at the time they're running them,
8 it's within 60 minutes of the time they're
9 drawn?
10 MS. CALLSEN: Objection.
11 Q. Are you aware of a rule like that?
12 A. I'm not.
13 Q. Do you feel that there was truly a
14 cord gas run on this child based on the record?
15 A. I believe so.
16 Q. And what time, according to the chart,
17 was the cord gas drawn and what time did the
18 results come back?
19 A. It says that the result is printed at
20 1:55.
21 Q. Results came back at 1:55.
22 A. Uh-huh.
23 Q. And that's when the -- by then, the
24 neonatologist was there; correct?
25 A. Yes.

24

1 Q. What was the neonatologist's name?
2 A. Dr. Achanti.
3 Q. Dr. Achanti.
4 He was there by then; right?
5 A. Uh-huh.
6 Q. What time was that cord gas drawn?
7 A. I'm not sure. I don't know the exact
8 time the cord gas was drawn.
9 Q. What time was the baby born?
10 A. 42 a.m.
11 Q. So since the cord gas didn't come back
12 until 1:55, is it safe for me to assume that
13 you never gave this child bicarb?
14 A. I didn't give the child bicarb.
15 There were two more blood gases done
16 at two --
17 MS. CALLSEN: I don't think those are
18 two more. This is a different recording.
19 A. 1:45 and then 2:15.
20 Q. But that was from the umbilical artery,
21 the source of that blood?
22 MS. CALLSEN: The 2:15.
23 A. 2:15 one is from the umbilical artery.
24 Q. And 1:45?
25 A. That's from the umbilical vein or the

25

1 peripheral vein, because it's not recorded
 2 from there this blood was sent. Everything
 3 is recorded as cord blood, but that's not right.
 4 Q. I didn't hear that. It's not right?
 5 A. Because when the respiratory therapist
 6 puts the blood in, he has to record where the
 7 site. He has to put in --
 8 Q. Sure.
 9 A. -- that, but he has probably put in
 10 cord for all the gases, all the samples.
 11 Q. It's your interpretation that the
 12 respiratory therapist, for whatever reason,
 13 put as a source of the blood draw, the cord --
 14 A. Cord for all the gases.
 15 Q. -- for all the gases.
 16 A. Yes.
 17 Q. And it's your testimony that's
 18 inaccurate?
 19 A. That's inaccurate. The recording is
 20 inaccurate; but from the events, I can probably
 21 tell when which was drawn.
 22 Q. Well, my question relative to the cord
 23 gas, how do you know cord gas was actually run?
 24 A. Because it was drawn, and I asked them
 25 to take it down to have it run. And they were

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1 waiting for another respiratory therapist to
 2 come back, because Jim was with me, helping
 3 with the resuscitation. There has to be another
 4 respiratory therapist to run the cord gas. So
 5 they were waiting for them to come and get the
 6 blood to go down to run the sample.
 7 By that time, there were two samples
 8 there, and they took both of them together.
 9 Q. And based on the chart, what time were
 10 those two samples run or -- Excuse me. Based
 11 on the chart, what time were those two samples
 12 drawn?
 13 A. The UV line -- 30 cc's of normal saline
 14 was given through the UV line at 0050; so as
 15 soon as I put the UV line in, I drew the blood
 16 and gave it to them, so it should be before
 17 0050.
 18 Q. That's for the venous blood?
 19 A. Umbilical venous line.
 20 Q. Umbilical venous blood?
 21 A. Yes.
 22 Q. And what were the results of the
 23 umbilical venous blood drawn at 0050?
 24 A. 6.95. That was the Ph.
 25 Q. Right.

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1 A. PCO2 was 41.
 2 Q. Right.
 3 A. PO2 was 73.
 4 Q. Does it show base excess on that?
 5 A. Base deficit, 24.6.
 6 Q. So this baby, at eight minutes of life,
 7 you drew out blood from an umbilical vein
 8 catheter, and you -- with a base excess of
 9 24.6; correct?
 10 A. Yes. Base -- I'm sorry. Base deficit.
 11 Q. Base deficit.
 12 And what time were the results of that
 13 umbilical vein draw known or run? What time
 14 was the test finished?
 15 A. I don't recollect the exact time that
 16 they brought the results back to me.
 17 Q. Well, when did you know the results of
 18 that?
 19 A. It should be -- I don't know exact time
 20 when they brought the results back to me.
 21 Q. Well, can you tell what time the lab had
 22 finished running it, what time the results were
 23 known?
 24 MS. CALLEN: Is it on this one?
 25 A. 1:56.

28

1 Q. 1:56?
 2 A. 1:54 and 1:56.
 3 Q. 1:54 for the cord gas?
 4 A. 1:56 for the cord gas, and 1:54 for the
 5 umbilical venous gas.
 6 Q. So the results of the cord gas are known
 7 at 1:56, and the results of the UA line --
 8 strike that -- umbilical venous line were known
 9 at 1:54?
 10 A. Uh-huh.
 11 MS. CALLEN: You have to response "yes."
 12 A. Yes.
 13 Q. Are you assuming, Doctor, that the cord
 14 gas was drawn within the first six or eight
 15 minutes of life?
 16 A. Yes.
 17 Q. Is there any indication as to what time
 18 the cord gas was drawn?
 19 A. No.
 20 Q. As I recall that form, it has "cord gas,"
 21 question mark, written on it. Do you see that?
 22 A. (Witness nodded head.)
 23 Q. Yes? Do you see that?
 24 A. Yes.
 25 MS. CALLEN: Is that what you mean,

<p style="text-align: right;">29</p> <p>1 this one, Mike?</p> <p>2 MR. BECKER: Right.</p> <p>3 Q. So is that the -- That's the one that</p> <p>4 you drew from the umbilical vein catheter;</p> <p>5 correct?</p> <p>6 A. This is from the cord blood.</p> <p>7 Q. The one that says "cord gas," question</p> <p>8 mark, that is from the cord blood?</p> <p>9 A. Yes.</p> <p>10 Q. And you're sure of that because why?</p> <p>11 A. Because this is after ventilation; the</p> <p>12 CO2 has come down, and this is lower. And I</p> <p>13 had established when like air entry was there</p> <p>14 and the baby was being ventilated, and -- and</p> <p>15 the -- I think this is cord blood, and this is</p> <p>16 the umbilical venous blood.</p> <p>17 Q. Now, what size ET tube did you use in</p> <p>18 your first intubation attempt?</p> <p>19 A. Size 3.</p> <p>20 Q. And why did you use a size 3 as compared</p> <p>21 to a 3.5 or 4?</p> <p>22 A. I asked for -- I asked for a tube that</p> <p>23 was available at that point, so I asked them</p> <p>24 to give what was available.</p> <p>25 Q. I'm not following you. Are you saying</p>	<p style="text-align: right;">31</p> <p>1 they had was a 3.0?</p> <p>2 A. Yes.</p> <p>3 Q. And what are the dangers if you don't use</p> <p>4 the right size ET tube? What are the potential</p> <p>5 problems in resuscitation, in ventilation?</p> <p>6 A. Can you ask the question in a different</p> <p>7 way?</p> <p>8 Q. We can agree that it's important to use</p> <p>9 the right size ET tube when resuscitating a</p> <p>10 depressed newborn; correct?</p> <p>11 A. Not always. If a three-size tube is</p> <p>12 available, we should be able to ventilate</p> <p>13 with -- As long as the chest air entry is</p> <p>14 there and chest movement is there, we can be</p> <p>15 sure that the baby is getting ventilated with</p> <p>16 a three-size tube.</p> <p>17 Q. Well, why do you want --</p> <p>18 Is it important to have the right size</p> <p>19 tube?</p> <p>20 MS. CALLEN: Objection. Asked and</p> <p>21 answered.</p> <p>22 Q. Are you going to -- Is your efficiency</p> <p>23 in ventilation going to be compromised if you</p> <p>24 don't have the right size tube?</p> <p>25 A. Not -- Not necessary.</p>
<p style="text-align: right;">30</p> <p>1 that the only tube available was a 3.0?</p> <p>2 A. That was the tube they could provide to</p> <p>3 me at that point.</p> <p>4 Q. Well, isn't there kind of like a crash</p> <p>5 cart --</p> <p>6 A. Yes.</p> <p>7 Q. -- a cart that people use in code pink</p> <p>8 teams, and they have various size ET tubes on</p> <p>9 there?</p> <p>10 A. Uh-huh.</p> <p>11 Q. Yes?</p> <p>12 A. Yes.</p> <p>13 Q. But you're saying in this instance,</p> <p>14 for whatever reason --</p> <p>15 A. It was taking time --</p> <p>16 Q. Let me finish my question.</p> <p>17 You're saying, for whatever reason in</p> <p>18 this instance, there was only a 3.0 ET tube</p> <p>19 available?</p> <p>20 A. It was what was available at that point,</p> <p>21 yes. They were trying to look for the 3.5 tube,</p> <p>22 and I didn't want to lose time on that, so I</p> <p>23 asked them to give what was available, and I</p> <p>24 intubated with that.</p> <p>25 Q. So you likely asked for 3.5, and all</p>	<p style="text-align: right;">32</p> <p>1 Q. It can; it cannot, I guess is what you're</p> <p>2 saying. Is that correct?</p> <p>3 A. It can; but if we are paying attention</p> <p>4 to the chest movement and the air entry, with</p> <p>5 adequate pressures, we will be able to override</p> <p>6 that.</p> <p>7 Q. Well, what minute of life --</p> <p>8 Did I ask you what time you actually</p> <p>9 placed the umbilical vein line? Can you tell</p> <p>10 me exactly what time?</p> <p>11 A. 1:45 a.m. That's not right. Excuse me.</p> <p>12 0050.</p> <p>13 MS. CALLEN: So eight minutes of life.</p> <p>14 THE WITNESS: Eight minutes of life.</p> <p>15 MS. CALLEN: Is that what you asked,</p> <p>16 Mike?</p> <p>17 MR. BECKER: Right.</p> <p>18 Q. And according to the chart, what time</p> <p>19 did Dr. Achanti establish the umbilical artery</p> <p>20 line?</p> <p>21 A. 1:40 a.m.</p> <p>22 Q. Let's go back to --</p> <p>23 And feel free to supplement your</p> <p>24 recollection with the chart.</p> <p>25 I'm interested on kind of a</p>

33

1 minute-by-minute analysis of what your
2 resuscitation did, not only what you did, but
3 what the respiratory therapist, Mr. Portman,
4 did, if you can tell me.
5 A. Okay. Baby was born at 0042 a.m.
6 And there were -- the cord had to be cut in
7 two places because it was wrapped around the
8 arm -- both the arms, and around the neck, cord
9 around the legs times two; and there was a true
10 knot on the cord, so they had difficulty getting
11 the shoulders out, so they had to cut the cord
12 in two places. And the baby was taken to the
13 warmer. And we suctioned the pharynx, wiped the
14 baby dry and started bag and mask ventilation
15 with 100-percent oxygen immediately.
16 Q. Now, was there any history of meconium?
17 A. No, there was no history of meconium.
18 Q. Any history of vaginal bleeding or blood
19 found in the amniotic fluid?
20 A. I'm not familiar, but I don't know about
21 the labor and bag recourse.
22 Q. So you started bag and mask ventilation
23 at approximately one minute of life? two minutes
24 of life?
25 A. Twenty to thirty seconds.

34

1 Q. Twenty to thirty seconds.
2 Okay. Did you participate in the apgar
3 scoring, by the way, in this case?
4 A. Yes.
5 Q. Then what happened after you started
6 bag and mask ventilation? How long did you
7 engage in that, starting at 20 to 30 seconds
8 of life, before you took any other action?
9 A. Okay. Chest was rising with the bad
10 compressions, but the baby continued --
11 Can I read it from the chart.
12 Q. You can read it from the chart if you
13 respond to my questions, sure.
14 A. The baby continued to be in cyanotic,
15 in the same state, so intubated with size-three
16 tube.
17 Q. At what time?
18 A. I haven't written the time.
19 MS. CALLEN: Are you asking for age,
20 Mike? Is that good enough?
21 Q. What minute of life would you likely
22 have intubated?
23 You've tried --
24 To be fair with you, Doctor, you've told
25 me that at about 20 to 30 seconds of life, you

35

1 started bag and mask ventilation.
2 A. Uh-huh.
3 Q. You continued with bag and mask
4 ventilation; and when it was apparent to
5 you that the child remained cyanotic, you
6 chose to intubate the child; correct?
7 A. Uh-huh. Yes.
8 Q. Okay. Can you give me your best
9 approximation of what age of life did you
10 make your first intubation attempt?
11 A. Around one minute.
12 Q. I think we've covered that you asked
13 for a 3.5, and they had a 3 available.
14 A. Uh-huh.
15 Q. And you did the best you could with
16 what was available; correct?
17 A. Yes.
18 MS. CALLEN: Objection to form.
19 Q. Who did the intubation? Was it you?
20 A. Me.
21 Q. Was there any assistance provided by
22 Mr. Portman?
23 A. He had the oxygen -- the bag and mask
24 available near the baby, and he was --
25 I asked him to press the compressions

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1 of the neck -- I'm not getting the right word --
2 hiatal -- to visualize the cords.
3 Q. And did he do that for you?
4 A. Yes.
5 Q. Was there any difficulty in visualization
6 of the cord?
7 A. No, there was not.
8 Q. That enabled you to affect an intubation?
9 A. Yeah.
10 Q. Was it an easy intubation?
11 A. It was an easy intubation.
12 Q. Now, do you routinely run chest films
13 after intubation to ensure placement?
14 A. I was completely sure if I see the cords
15 and if I see the tube going between the cords,
16 I'm -- I'm 100 percent sure that it's in.
17 Q. So when you have that, you don't bother
18 with a chest film?
19 A. I do ask for a chest film if the baby
20 is not responding. The baby should.
21 Q. Okay.
22 A. And I do ask for the film to find the
23 position of the tube and to check the placement
24 of the tube, to check the level of placement of
25 the tube.

<p style="text-align: right;">37</p> <p>1 Q. You said you do ask who?</p> <p>2 A. I do request for a film.</p> <p>3 Q. Oh, you do request a film. Okay. All</p> <p>4 right.</p> <p>5 So at approximately one minute of life,</p> <p>6 you intubated the child --</p> <p>7 A. Uh-huh.</p> <p>8 Q. -- correct?</p> <p>9 A. Yes.</p> <p>10 Q. And then what was occurring during the</p> <p>11 resuscitation?</p> <p>12 A. We started bagging tube ventilation at</p> <p>13 a rate of 60 of 70 per minute, with 100-percent</p> <p>14 oxygen at pressures of 30 to 40 meters per</p> <p>15 minute.</p> <p>16 Since the air entry was heard bilaterally</p> <p>17 and equally on both sides with auscultation at</p> <p>18 these pressures, but the baby continued to be</p> <p>19 limp and blue, and the heart rate started</p> <p>20 dropping to less than 100. And it dropped</p> <p>21 to less than 60 at six minutes, and chest</p> <p>22 compressions were initiated.</p> <p>23 Q. So between one minute of life and</p> <p>24 six minutes of life, you had -- the child was</p> <p>25 intubated --</p>	<p style="text-align: right;">39</p> <p>1 minutes of life?</p> <p>2 A. Uh-huh. Correct.</p> <p>3 Q. And then the heart rate started to drop</p> <p>4 further; correct?</p> <p>5 A. Correct.</p> <p>6 Q. And that's when they started chest</p> <p>7 compressions --</p> <p>8 A. Correct.</p> <p>9 Q. -- between five minutes of life and</p> <p>10 six minutes of life; correct?</p> <p>11 A. Correct.</p> <p>12 Q. And it was -- at approximately six</p> <p>13 minutes of life is when you lost the heart rate?</p> <p>14 A. It went below 60 at six minutes of life.</p> <p>15 Q. Okay.</p> <p>16 A. And we lost the heart rate around seven</p> <p>17 minutes.</p> <p>18 Q. Now, there was a period of time that</p> <p>19 you administered Epi. through the ET tube?</p> <p>20 A. Yes. When the heart rate started</p> <p>21 dropping, I wanted to place the UV line, so</p> <p>22 I placed the UV -- While I was placing the</p> <p>23 UV line, I ordered for Epi. at the same time.</p> <p>24 And while the UV line was being placed, I</p> <p>25 asked the Epi. to be given through the ET tube.</p>
<p style="text-align: right;">38</p> <p>1 A. Yes.</p> <p>2 Q. -- and Mr. Portman was doing bag and</p> <p>3 mask?</p> <p>4 A. I was doing the bag and mask.</p> <p>5 Q. You were?</p> <p>6 A. I was.</p> <p>7 Q. And you told me what the concentration</p> <p>8 of oxygen was and the pressure already; correct?</p> <p>9 A. Yes.</p> <p>10 Q. And during that period of time, did you</p> <p>11 hear any air escaping at all? Did you hear any</p> <p>12 unusual sounds?</p> <p>13 A. I did not. I heard osculated for the</p> <p>14 air entry on both sides of the chest, and it</p> <p>15 was present.</p> <p>16 Q. And is that documented --</p> <p>17 A. Yes, it is. Yes.</p> <p>18 Q. -- that you heard --</p> <p>19 Did you actually see the chest rise?</p> <p>20 A. Yes.</p> <p>21 Q. So you saw the chest rise, and you</p> <p>22 actually heard the lungs being aerated; correct?</p> <p>23 A. Yes. Yes.</p> <p>24 Q. And that was going on from about one</p> <p>25 minute of life to about roughly four or five</p>	<p style="text-align: right;">40</p> <p>1 Q. How many Epi. did you want to be</p> <p>2 administered?</p> <p>3 A. Point 3 cc's.</p> <p>4 Q. And who administered the Epi?</p> <p>5 A. Nurse -- The labor and neonatal</p> <p>6 resuscitation team nurse and Jim Portman,</p> <p>7 both of them. I was placing the UV line.</p> <p>8 Q. Okay. Did you administer any bicarb?</p> <p>9 A. I did not.</p> <p>10 Q. Why not?</p> <p>11 A. I wanted to oxygenate the baby well.</p> <p>12 Only after effective ventilations are --</p> <p>13 Ventilation was established, but the baby</p> <p>14 has to be oxygenated well before bicarb could</p> <p>15 be administered, so I waited for that to happen.</p> <p>16 Q. And did the baby remain blue or dusky</p> <p>17 in color?</p> <p>18 A. Yes.</p> <p>19 Q. From the time of birth until --</p> <p>20 A. Until 20 minutes.</p> <p>21 Q. So as to the appearance of this child,</p> <p>22 it remained blue and dusky from the time of</p> <p>23 birth until 20 minutes of life; and then at 20</p> <p>24 minutes of life, something -- its appearance</p> <p>25 changed?</p>

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1 A. I saw patches of pink color appearing
2 in the skin.
3 Q. And what do you attribute that to?
4 A. The circulation of the heart. The heart
5 was beginning to function and the circulation
6 was coming back.
7 Q. So did we establish what time you
8 likely -- the child likely received Epi.?
9 MS. CALLSEN: Again, Mike, are you
10 asking actual times or hours of -- or minutes
11 of life?
12 A. Point 3 in ET tube. Seven minutes.
13 Q. Seven minutes of life, the Epi?
14 A. Yes.
15 And then it was repeated at 1:05 a.m.
16 through UV line.
17 Q. How many minutes later would that have
18 been, then, between the two -- how many minutes
19 between the two Epi. --
20 A. Ten minutes.
21 Q. Ten minutes.
22 So after the Epi., what else were you
23 doing for this child?
24 A. Gave --
25 Let me read it. Normal saline, 30 cc's

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1 was given through the UV line.
2 Q. Okay. Why did you do that? Why did
3 you administer that?
4 A. Because the circulation was poor.
5 I thought the baby would benefit from it.
6 Q. Okay. What time did you --
7 Was it just a push, 30 cc's?
8 A. 30 cc's over one to two minutes usually.
9 Q. And then what happened? What else did
10 you do for this child?
11 A. Six cc's of ten-percent glucose was
12 ordered to be given through the UV line.
13 Q. What time was that administered and why?
14 A. Babies with resuscitation usually drop
15 their glucose. They have hypoglycemia, so I
16 wanted to prevent that from happening, so I
17 gave six cc's of ten-percent glucose.
18 Q. You're saying that babies that are
19 depressed -- babies that are severely depressed
20 likely have --
21 A. Likely have hypoglycemia.
22 Q. -- hypoglycemia.
23 So that's why you gave --
24 A. Yes.
25 Q. What is it?

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1 A. The D10, 10-percent glucose.
2 Q. But why didn't you give any bicarb
3 since the baby was likely severely depressed?
4 A. I wanted oxygenation to be established
5 before I gave bicarb.
6 Q. When did you think you had oxygen
7 established, at what minute of life?
8 A. After 20 minutes of life.
9 Q. Okay.
10 A. The oxygenation -- I was giving the
11 ventilation, but the baby was not getting
12 oxygenated, so I wanted baby's circulation
13 and oxygenation to be in a much better
14 status before administering bicarb.
15 Q. Did you give bicarb at 20 minutes of
16 life?
17 A. After 20 minutes -- Dr. Achanti came
18 after 20 minutes; and after that, he took
19 over and he ordered for the bicarb.
20 Q. Actually he didn't give bicarb until
21 the blood results came back; correct?
22 A. I'm not sure about that.
23 Q. What does the record reflect as to
24 what time he was giving bicarb?
25 A. 1:45.

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1 Q. Well, you mentioned that you made
2 another attempt -- you extubated and then
3 intubated again. When did that occur?
4 A. It was soon after placing the UV line.
5 When I came back, I took over the bag and mask
6 ventilation. The ventilation -- I'm sorry.
7 It's not bag and mask. I took over the
8 ventilation. I listened to the chest for air
9 entry, and I had doubts that air entry was not
10 clear at that point; so I thought if the tube
11 had slipped by the time, I wanted to reintubate
12 too.
13 Q. Okay. Is that in the chart?
14 A. Yes.
15 Q. Okay.
16 A. Baby was reintubated for the benefit
17 of doubt, and Epi. point 3 cc's was given
18 through the ET tube.
19 Q. And approximately what minute of life
20 was the extubation and re intubation done?
21 A. Between six and seven minutes.
22 Q. And again, did you use a different --
23 did you use the same ET tube or did you try a
24 different one?
25 A. It was the same ET tube which was

45

1 available at that time as well.
 2 Q. After -- So what prompted you to extubate
 3 and reintubate was that you weren't hearing the
 4 sounds that you wanted to hear; correct?
 5 A. Yes.
 6 Q. And after you reintubated the second
 7 time, did you then listen for sounds again?
 8 A. We looked for the chest rise and air
 9 entry, and it was -- it was present.
 10 Q. Okay. And have we covered everything
 11 that you actually did for this child in
 12 resuscitation until Dr. Achanti arrived?
 13 A. The NG tube was also placed during
 14 that time --
 15 Q. And why --
 16 A. -- nasal gastric tube.
 17 Q. Through the baby's nose?
 18 A. Yes.
 19 Q. And why was that done?
 20 A. During the initial bag and mask
 21 ventilation, the baby's abdomen was a little
 22 distended from air going through the stomach,
 23 so I wanted to deflate the stomach, so I put
 24 the NG tube in.
 25 Q. What time did you do that, Doctor?

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1 A. Seven minutes. Seven minutes.
 2 Q. Seven minutes of life?
 3 A. Yes.
 4 Q. So at least at seven minutes of life,
 5 you were observing the abdomen being distended
 6 with air; correct?
 7 A. That was there even before, when I was
 8 doing the bag and mask ventilation. It stopped
 9 distending after I put in the endotracheal tube.
 10 Q. The second time?
 11 A. No. The first time. First time that
 12 I intubated with the three-size tube, the
 13 abdomen stopped distending because the ET tube
 14 was in the lungs. It was in the proper site.
 15 Q. Okay. So you're saying that between --
 16 there wasn't any further distension of the
 17 abdomen after your first ET tube placement?
 18 A. Yes.
 19 Q. And the reason you put the NG tube
 20 is to -- when you did do the NG tube at
 21 seven minutes of life was simply to remove
 22 the air in the stomach from probably the
 23 bagging and mask?
 24 A. That's correct.
 25 Q. And why do you want to do that? Why do

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1 you want to remove the air from the stomach?
 2 A. That would help to the --
 3 It is one of the neonatal resuscitation
 4 protocols that we always do to deflate the
 5 stomach.
 6 Q. Now have we covered everything you
 7 did for this child until the time that
 8 Dr. Achanti came in and took over?
 9 A. Yes.
 10 Q. So based on what you said to me, Doctor,
 11 this child's heartbeat started to drop at
 12 approximately really five to six minutes of
 13 life; correct?
 14 A. Correct.
 15 Q. And you could no longer hear the
 16 heartbeat after seven minutes of life; correct?
 17 A. Correct.
 18 Q. And did not re-hear the heart rate until
 19 approximately 20 minutes of life; correct?
 20 A. Correct.
 21 Q. And now have we covered everything you
 22 did for this child during this resuscitation?
 23 A. Chest compressions and the heart rate
 24 starting dropping below 60; initiated chest
 25 compressions, which were continued until the

48

1 heart rate increased to more than 100.
 2 Q. When did it increase above 100 and you
 3 stopped the chest compressions? At what minute
 4 of life?
 5 A. Twenty minutes.
 6 Q. Okay.
 7 A. It's recorded as 20 minutes. It's 130.
 8 Q. Okay.
 9 A. X-ray chest was obtained at one a.m.
 10 Q. Okay. And did you actually read the
 11 chest film yourself?
 12 A. Yes, I did.
 13 Q. And what did the chest film reflect?
 14 A. Chest film showed a correct ET tube
 15 position. The lungs were expanded, both
 16 sides well, and the heart size was normal.
 17 Q. Is there an actual official
 18 interpretation of the chest film?
 19 A. Yes.
 20 Q. Was it a plain chest film or an
 21 ultrasound?
 22 A. Plain chest film.
 23 Q. Did you do the official interpretation
 24 or did a radiologist subsequently do it?
 25 A. Radiologist subsequently did that.

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1 Q. Okay. And as to what the chest film
2 reflected, are you giving me your recollection
3 of your interpretation or are you just restating
4 what the radiologist said?
5 A. My recollections, yeah, and I read this,
6 too.
7 Q. And are they consistent, the
8 radiologist's interpretation, with your
9 recollection?
10 A. It is.
11 Q. Let's go back to the gases for a moment.
12 Tell me the gases -- I want to compare the
13 cord gas to the umbilical vein catheter gas
14 and compare the numbers for me.
15 A. The cord gas Ph was 6.82; PCO2, 81; PO2,
16 62; bicarb, 12.5; base deficit, 26.4; umbilical
17 vein gas Ph, 6.95; PCO2, 41; PO2, 73; bicarb,
18 8.5; base deficit, 24.6.
19 Q. I think we earlier established that the
20 timing of these draws was very close, maybe six
21 or eight minutes between the two, approximately.
22 A. Yes.
23 Q. Now, when was the next gas taken?
24 A. 2:15.
25 Q. Two one five, did you say, or two five

50

1 zero?
2 A. 2:17, 2:15, two different times here.
3 Q. Okay. They took gases twice at 2:17?
4 Is that what you said?
5 MS. CALLSEN: No. One -- One printout
6 says 2:17. One printout says 2:15, same result.
7 Q. But the source of this gas was the
8 umbilical artery line; correct?
9 A. That's correct.
10 Q. So it was drawn at about 2:15 or 2:17?
11 Is that what you're saying?
12 A. 2:15.
13 Q. Which would be --
14 A. 7.14 Ph; PCO2, 15; PO2, 351, 351;
15 bicarb, 8.4; base deficit, 23.1.
16 Q. So this umbilical artery blood draw
17 was done about an hour and a half -- roughly
18 an hour and a half after the first two?
19 A. That's correct.
20 Q. Did you ever administer pressors or
21 drugs to the baby?
22 A. No, I did not.
23 Q. Why not?
24 A. At 20 minutes, when the heart rate got
25 established, the perfusion was good, so I did

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1 not.
2 Q. Why didn't you administer pressors prior
3 thereto?
4 A. I wanted to establish the ventilation,
5 the oxygenation first. I was taking care of
6 the ABCs.
7 Q. Did you ever order pressors for this
8 child?
9 A. I did not, apart from the Epi.,
10 Epinephrin, which is a pressor.
11 Q. Okay. Doctor, you know what I want
12 to do? I want to go back and go through your
13 note. In fact, I want to go through all your
14 notes.
15 The first note that you would have
16 actually written would have been your pediatric
17 house officer note.
18 MS. CALLSEN: Would you have written
19 the code pink --
20 You mean that she would have actually
21 written --
22 Would you have written --
23 A. The code pink.
24 Q. I want to do it in chronological fashion.
25 So likely, it would have been the code

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1 pink first?
2 A. Yes.
3 Q. Some reason I was under the impression
4 that the code pink was written by someone else.
5 So this is in your handwriting?
6 A. Yes.
7 Q. How many pages is your code pink form?
8 A. Just one page.
9 Q. All right. On the line where it
10 talks about breathing, it says, bag and mask
11 ventilation times 60. What does that mean?
12 A. Sixty per minute.
13 Q. What does that mean?
14 A. I think I wrote the chest compressions
15 over there. Bag and mask ventilation is usually
16 around 40 per minute, 40 to 60 per minute. It's
17 number of times we --
18 Q. Squeeze.
19 A. -- squeeze the bag.
20 Q. So at least this reflects 60 squeezes a
21 minute?
22 A. That's right.
23 Q. What time was this code pink form
24 completed? Can you tell?
25 A. This was after the neonatologist team

<p style="text-align: right;">53</p> <p>1 arrived and they were taking care of the baby.</p> <p>2 Q. Sometimes in a code pink resuscitation,</p> <p>3 there's a caregiver there just to actually</p> <p>4 take down notes so it's done accurately.</p> <p>5 Was there one that was accurately --</p> <p>6 And they might even write it on a</p> <p>7 bed sheet or something.</p> <p>8 Was there an actual recorder --</p> <p>9 designated recorder during this code pink sheet?</p> <p>10 A. No. There was -- A nurse was writing</p> <p>11 down the orders, but she was also helping us</p> <p>12 with...</p> <p>13 Q. Bag and mask ventilation 60 per minute,</p> <p>14 started at -- and what is that word in there?</p> <p>15 A. Ten seconds after birth with 100-percent</p> <p>16 oxygen.</p> <p>17 Q. And what was crossed out there?</p> <p>18 A. Started at birth. I wrote "birth,"</p> <p>19 and then we took ten seconds to dry the baby,</p> <p>20 suction the pharynx, and then started the bag</p> <p>21 and mask ventilation.</p> <p>22 Q. Pressures, next line, 30 to 40, what</p> <p>23 does that mean?</p> <p>24 A. That's the pressure we give to squeeze</p> <p>25 the bag.</p>	<p style="text-align: right;">55</p> <p>1 A. Yes.</p> <p>2 Q. The next line talks about estimated</p> <p>3 weight, 3.0 kilograms. That was the baby's</p> <p>4 weight?</p> <p>5 A. That's correct.</p> <p>6 Q. Is that just a normal full term?</p> <p>7 A. Yes.</p> <p>8 Q. All right. Under the size of the</p> <p>9 catheter for the umbilical vein, you wrote</p> <p>10 5 French?</p> <p>11 A. That's correct.</p> <p>12 Q. And French is a certain diameter for</p> <p>13 umbilical vein catheters?</p> <p>14 A. That's correct.</p> <p>15 Q. Yes?</p> <p>16 A. That's correct.</p> <p>17 Q. It says here, Distance from UMB.</p> <p>18 What does that mean?</p> <p>19 A. That's the distance inserted inside.</p> <p>20 MS. CALLEN: This means umbilical.</p> <p>21 Is that what you mean?</p> <p>22 Q. You have UAC at 3. What does that mean?</p> <p>23 A. That was after the UAC was inserted.</p> <p>24 That was the distance it was inserted inside.</p> <p>25 Q. Okay.</p>
<p style="text-align: right;">54</p> <p>1 Q. How do you know what pressure you're</p> <p>2 administering?</p> <p>3 A. There is a manometer attached to the bag.</p> <p>4 Q. The next line talks about the intubation.</p> <p>5 A. Yes.</p> <p>6 Q. And then the next line talks about</p> <p>7 cardiac massage starting at seven minutes of</p> <p>8 life --</p> <p>9 A. Yes.</p> <p>10 Q. -- and stopping at -- what minute of</p> <p>11 life would 1:07 a.m. be? That's 25 minutes</p> <p>12 of life; right?</p> <p>13 A. That's correct.</p> <p>14 Q. I thought we established that at</p> <p>15 20 minutes of life, you stopped the cardiac</p> <p>16 massage and the heart rate came up to 130.</p> <p>17 MS. CALLEN: Objection. She said</p> <p>18 "about 20 minutes of life."</p> <p>19 A. It was around 20 minutes of life.</p> <p>20 This -- I'm not sure. I don't know if I</p> <p>21 had recorded the right time here on this.</p> <p>22 Q. Well, this certainly implies -- We can</p> <p>23 agree, Doctor, this certainly implies that</p> <p>24 for approximately 17 minutes cardiac massage</p> <p>25 was being performed on this child; correct?</p>	<p style="text-align: right;">56</p> <p>1 A. Dr. Achanti would have noted that in</p> <p>2 his chart.</p> <p>3 Q. The next little group of boxes, that</p> <p>4 refers to the medication administered to this</p> <p>5 child?</p> <p>6 A. That's correct.</p> <p>7 Q. This reflects at 1:45, or about an hour</p> <p>8 of life, it received its first bicarb?</p> <p>9 A. That's correct.</p> <p>10 Q. Would you read me your note starting</p> <p>11 under "Comments"?</p> <p>12 A. Baby was born with bradycardia prior to</p> <p>13 delivery and tight cords around the neck and</p> <p>14 arms and true knot in the cord. At birth, heart</p> <p>15 rate was about 110 per minute. No breathing,</p> <p>16 blue, limp. Bag and mask ventilated started</p> <p>17 after suction with 100-percent oxygen and the</p> <p>18 baby was not pinking up, so intubated at</p> <p>19 approximately one minute and bagged with</p> <p>20 100-percent oxygen. The air entry was equally</p> <p>21 heard both sides. NG tube was inserted to</p> <p>22 deflate stomach. Cord visualized well prior</p> <p>23 to intubation. The tube was changed and</p> <p>24 intubated again with cords visualized prior</p> <p>25 and air entry was equally heard both sides.</p>

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1 Baby did not pink up; but at 15 minutes,
 2 started pinking up. SPO2 at 25 minute was
 3 98 percent with 100-percent oxygen. At seven
 4 minutes, the heart rate decreased to less than
 5 60, and chest compressions were started and
 6 were given for 17 minutes until 1:07 a.m.
 7 Fairview NICU called for transfer. See notes.
 8 Q. The apgar scores are two, three, four
 9 and six. That's two at one minute, three at
 10 five minutes, four at ten minutes?
 11 A. Ten minutes.
 12 Q. And then six at 15?
 13 A. That's correct.
 14 Q. Have we covered all the entries in the
 15 code pink form by you?
 16 A. Yes.
 17 Q. I see a signature by Jim Portman. Is
 18 that his signature or do you sign his name?
 19 A. No, I did not sign his name.
 20 Q. So anybody that participates in the
 21 code pink team is supposed to sign this form?
 22 A. Yes.
 23 Q. I just see two names on this code pink
 24 form, you and Mr. Portman; correct?
 25 A. Correct.

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1 Q. Any other entries by you in this chart,
 2 Doctor, besides the --
 3 Well, I think the next form
 4 chronologically would be your pediatric
 5 house officer's notes; correct?
 6 A. Correct.
 7 Q. Read them to me.
 8 A. Stat paged just at delivery.
 9 Q. Let me stop you there. That means at
 10 delivery you were called?
 11 A. Yes.
 12 Q. Are you sure you were present at
 13 delivery; you were just called at delivery?
 14 A. The baby was -- when the baby was --
 15 mom started pushing the last few minutes, they
 16 called me.
 17 Q. All right. Go ahead.
 18 A. At delivery, yeah.
 19 Q. Okay.
 20 A. Term AGA female newborn. Born at 0042
 21 a.m. today.
 22 Q. Let me stop you there, Doctor. You
 23 created this note at approximately four a.m.?
 24 A. That's correct.
 25 Q. Okay.

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1 A. Mom reportedly had no movements since
 2 over three to four days and said to have a
 3 reactive trip at Fairview three days ago and
 4 was sent home. She came in with labor pains
 5 four to five hours prior to delivery. Fetal
 6 heart rate was present, but there was no
 7 beat-to-beat variability apart from occasional
 8 few seconds, once or twice. This is all
 9 reported by the labor and delivery nurse.
 10 Q. Which one?
 11 A. The fetal -- Regarding the fetal heart
 12 rate and --
 13 Q. Which labor and delivery nurse reported
 14 this to you?
 15 A. Grace, and I don't remember the other
 16 nurses who were in the room.
 17 Q. So Grace reported to you there was
 18 no beat-to-beat variability?
 19 A. I don't know who exactly told this to me.
 20 This was reported in the delivery room that --
 21 Q. Okay. Go ahead, Doctor.
 22 A. -- that this variability was poor.
 23 There was bradycardia down to 40 to 50,
 24 and code pink was called. I came in two to
 25 three minutes prior to delivery. There was

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1 cord wrapped around the neck, arms, both arms,
 2 and had to be cut at two places to get the
 3 shoulders out. The head was out and perineum
 4 suctioned. Baby was blue, limp and not
 5 breathing at birth. Oro and naso pharynx
 6 suctioned and bag and mask ventilation started
 7 less than ten seconds with 100-percent oxygen.
 8 Chest rising with compressions but baby
 9 continued to be in the same state, so intubated
 10 with size-three tube after good visualization
 11 of the cords, which was available there; and
 12 ventilation 60 to 70 per minute with 100-percent
 13 oxygen continued at pressures 30 to 40. Since
 14 the air entry was heard bilaterally equally on
 15 auscultation but the baby continued to be limp
 16 and blue, and heart rate started dropping at
 17 six minutes to less than 60. Chest compressions
 18 were started, and the baby was reintubated for
 19 the benefit of doubt, and Epi. point 3 cc's was
 20 given through ET tube. At the same time UV
 21 line was inserted. Blood return was present.
 22 Normal saline 30 cc's given through UV line,
 23 and second Epi. point 3 cc's repeated through
 24 UV line. Six cc's of ten-percent glucose given
 25 through UV line. X-ray chest and abdomen was

<p style="text-align: right;">61</p> <p>1 obtained meanwhile, which showed normal chest 2 and ET tube and UV line and NG tube were in 3 good position. Baby's heart rate was heard 4 well at 20 minutes approximately, more than 5 130 -- more than equal to 130 per minute, and 6 baby started pinking up. Neonatal -- NICU team 7 arrived, and the baby was breathing regularly 8 at this point, but the ventilation was continued 9 for transport.</p> <p>10 Q. So when the baby arrived, that's when, 11 for the first time, it was breathing normally -- 12 or when the transport team arrived, that's the 13 first time the baby started breathing normally?</p> <p>14 A. Even before that. That is not like 15 minute to -- second-to-second notes. So even 16 when the heart rate was established, after that 17 the baby starting breathing.</p> <p>18 Q. Go on. Second page.</p> <p>19 A. Bloods sent for cbc blood culture and 20 cord gas and a second gas from the peripheral 21 venous line were sent for ABG analysis. When 22 Dr. Achanti came in, UA line was inserted and 23 ABG was re-sent. Glucose for 42 milligrams at 24 one hour after birth. Temperature was 34.2 25 at one hour, and the baby was warmed up with</p>	<p style="text-align: right;">63</p> <p>1 the same time.</p> <p>2 Q. Well, who put in a four-millimeter ET 3 tube?</p> <p>4 A. Dr. Achanti.</p> <p>5 Q. So he increased -- he chose to put in a 6 different size ET tube?</p> <p>7 A. That's correct.</p> <p>8 Q. Where did he get it from? Where did he 9 get the tube from?</p> <p>10 A. I'm not sure whether it was from his team 11 or whether it was from there.</p> <p>12 Q. Why did you say that the prognosis was 13 guarded especially neurologically?</p> <p>14 A. When the baby -- Because of the prolonged 15 resuscitation and how depressed the baby looked 16 at birth.</p> <p>17 Q. Well, it's not a good thing for a baby 18 to go 13 to 15 minutes without a heart rate, is 19 it?</p> <p>20 MS. CALLSEN: Objection to form. 21 You can answer.</p> <p>22 A. That's why the prognosis is guarded.</p> <p>23 Q. Do you understand that when a baby is 24 asphyxiated, that the damage is on a continuum 25 until the Ph is normalized? Do you understand</p>
<p style="text-align: right;">62</p> <p>1 warming blankets and warming light on top of 2 the overhead warmer. Temperature was 35.8, 3 skin, when the baby was transferred. A repeat 4 chest x-ray was obtained after UA line was 5 inserted. ET tube was changed to size 4 prior 6 to x-ray, and air entry was good bilaterally. 7 Ampicillin 400 milligrams and gentamycin 12.5 8 milligrams IV piggy back given. Stopping at 9 one hour age. Ampicillin was given by IV push 10 and D10 water run at 15 cc's per hour. Parents 11 explained the status after the baby was 12 stabilized, and the prognosis was guarded 13 especially neurologically. The baby was 14 breathing regularly; and heart rate, respiratory 15 rate, SPO2, 100 percent with oxygen were stable. 16 Pupils were one to two millimeters bilaterally, 17 sluggishly reacting to light, and bilaterally 18 symmetrical prior to transport, but the tone 19 was flaccid. Both blood gases from cord and 20 venous blood were run at the same time. 21 Possible interchange.</p> <p>22 Q. What does that last statement mean about 23 possible interchange?</p> <p>24 A. The cord blood was there, and I took the 25 blood from the UV line, and they both took it at</p>	<p style="text-align: right;">64</p> <p>1 that based on your training?</p> <p>2 A. It's based on several factors, and that's 3 one of them.</p> <p>4 Q. What other factors?</p> <p>5 A. Oxygenation, circulation; and other 6 factors: infection, if present.</p> <p>7 Q. Now, relative to your note, Doctor, 8 this pediatric house officer note, did you at 9 any time after you first wrote the note ever 10 change anything or add anything to it?</p> <p>11 A. No.</p> <p>12 Q. So everything I see here, no matter how 13 small it's written or where it's written, that 14 was done at the first time you wrote the note?</p> <p>15 A. That's correct.</p> <p>16 Q. Why do you feel this baby's heart rate 17 stopped --</p> <p>18 MS. CALLSEN: Objection.</p> <p>19 Q. -- at approximately six or seven minutes 20 of life?</p> <p>21 A. I don't know.</p> <p>22 Q. Would you agree with me that the more 23 asphyxiated a baby is, the greater the risk 24 there is, particularly in the transition period, 25 the first minutes of life, for the baby's heart</p>

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1 to stop?

2 MS. CALLSEN: Objection to form.

3 You may answer.

4 A. It can be.

5 Q. Do you understand why that is, why

6 there's a greater risk depending on severe

7 asphyxia for a baby's heart to stop?

8 A. Yes.

9 Q. Tell me.

10 A. Heart needs oxygen to...

11 Q. Okay. We've covered the code pink

12 form, we've covered your pediatric house

13 officer notes. Are there any entries in

14 this chart that we haven't spoken to?

15 MS. CALLSEN: I don't know if you

16 made any orders, or are they all verbal?

17 THE WITNESS: They were a verbal.

18 Q. Let's go over the orders, Doctor.

19 And when your attorney says they were

20 verbal or you say they were verbal means that

21 you were there present to give the orders but

22 you didn't physically write the orders; correct?

23 A. Correct.

24 Q. Someone else, probably a nurse, wrote

25 the order that you were giving verbally?

66

1 A. That's correct.

2 Q. It's not like you were in a different

3 part of the hospital; you were right next

4 to each other, but you had your hands full;

5 correct?

6 A. That's correct.

7 Q. Let's go through the orders in a

8 chronological fashion that you gave. Go ahead.

9 A. Point 3 cc's Epinephrine.

10 MS. CALLSEN: Why don't you give the

11 time.

12 A. 0050 a.m., point 3 cc's Epinephrine in

13 ET tube. 30 cc's normal saline solution through

14 UVC line. D10 3 cc's, NG tube.

15 And then 0105 a.m., point 3 cc

16 Epinephrine given through UVC.

17 0125, blood glucose. Cbc differential.

18 Blood culture. Blood gas. IV, D10 to 15 cc's

19 an hour through 24-gauge angio cath.

20 0140, that was Dr. Achanti's orders.

21 Q. So your last order was at 1:25 a.m.;

22 correct?

23 A. Correct.

24 I'm sorry. There's an order for

25 ampicillin and gentamycin.

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1 Q. Okay. Let's back up and look at that

2 1:25 order for a second. Why is there an order

3 for blood gas at 1:25?

4 A. It's probably the time --

5 I did take some blood from the peripheral

6 venous line with the cbc blood culture, and I

7 asked them to send it; but that one, the result

8 is not there. One gas is missing from what I

9 see.

10 Q. It says, "Obtained and sent" off to the

11 side of it.

12 A. Uh-huh.

13 Q. So that implies that the cbc, the blood

14 culture and blood gases were all obtained at

15 the same time and sent; correct?

16 A. That's what it says.

17 Q. So we do have the results of the cbc

18 and the blood culture in the chart?

19 A. Yes.

20 Q. But you're saying we don't have the

21 results of the blood gas at 1:25?

22 MS. CALLSEN: We're just looking at

23 the labs.

24 A. We have three gas results.

25 MS. CALLSEN: It appears that we don't

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1 have the results from the cbc either from that

2 draw, just for the record.

3 Q. Do you have an explanation, Doctor, as

4 to why the results of the cbc --

5 A. It says quantity not sufficient for

6 analysis, and it was cancelled by the lab.

7 Q. And that was for the blood gas as well?

8 A. Blood gas, it doesn't show the result.

9 Q. Why not?

10 A. I don't know.

11 Q. When you say the source of this was

12 peripheral, what do you mean by that? Heal

13 stick or --

14 A. No. From a peripheral vein.

15 Q. Peripheral vein?

16 A. Yeah.

17 Q. And would you have been the one that

18 actually drew it off the --

19 A. Yes.

20 Q. -- peripheral vein, yourself?

21 A. Yes.

22 Q. Why did you want to do a blood gas and

23 cbc at that time?

24 A. Any -- That's -- The regular labs, we

25 send -- we send in all babies who we suspect

<p style="text-align: right;">69</p> <p>1 infection, that culture is being sent; and cbc</p> <p>2 diff. is also a regular test.</p> <p>3 Q. Why did you want to do a blood gas at</p> <p>4 1:25?</p> <p>5 A. The first two gases were sent, I asked</p> <p>6 for the result, and they said the respiratory</p> <p>7 therapist is not up yet with the result, and I</p> <p>8 thought I had the third specimen sent.</p> <p>9 Q. At some point between 12:40 and 1:30,</p> <p>10 you were asking for the results of the blood</p> <p>11 gas, and no one was giving you the results?</p> <p>12 A. Right.</p> <p>13 MS. CALLSEN: Objection.</p> <p>14 Go ahead.</p> <p>15 A. The respiratory therapist was bringing it</p> <p>16 up, they said.</p> <p>17 Q. They said that at what time?</p> <p>18 A. I don't know. I haven't --</p> <p>19 Q. Was there a delay in getting you -- Was</p> <p>20 there a delay in having another respiratory</p> <p>21 therapist run the -- actually take the samples</p> <p>22 and run them?</p> <p>23 MS. CALLSEN: Objection to form.</p> <p>24 You can answer.</p> <p>25 A. They were with another patient on other</p>	<p style="text-align: right;">71</p> <p>1 any policy and procedure at Lakewood Hospital,</p> <p>2 including what equipment has to be on a crash</p> <p>3 cart, changed as a result of this incident?</p> <p>4 MS. CALLSEN: Objection to form.</p> <p>5 A. It's always been there. The crash cart</p> <p>6 is there always.</p> <p>7 Q. Right. But as a result of this incident,</p> <p>8 because an ET tube of the appropriate size</p> <p>9 wasn't available, to your knowledge, did they</p> <p>10 change any rules or policies and procedures</p> <p>11 because of this incident?</p> <p>12 MS. CALLSEN: Objection to form.</p> <p>13 You can answer.</p> <p>14 A. They made sure that it was all there;</p> <p>15 and even after the incident, I did check, and</p> <p>16 it was there in the cart. They were not able</p> <p>17 to locate it properly.</p> <p>18 Q. So are you -- So the nurses couldn't</p> <p>19 locate the appropriate ET tube on the cart?</p> <p>20 MS. CALLSEN: Objection to form.</p> <p>21 Q. Is that what you're saying? It was</p> <p>22 there all the time? Did I just hear that;</p> <p>23 that it was there all the time?</p> <p>24 A. It was -- It was on the cart.</p> <p>25 Q. Do you recall talking to any of the</p>
<p style="text-align: right;">70</p> <p>1 floors, I guess, and they had to come and get</p> <p>2 the sample and go down to do their test.</p> <p>3 Q. So the samples were drawn from two</p> <p>4 different sources, and they were sitting around</p> <p>5 waiting for someone to pick them up; correct?</p> <p>6 MS. CALLSEN: Objection to form.</p> <p>7 Go ahead.</p> <p>8 A. Yes. They were on ice.</p> <p>9 Q. And how do you know they were on ice?</p> <p>10 A. That's how we usually send it.</p> <p>11 Q. Routinely?</p> <p>12 A. Routinely, yeah.</p> <p>13 Q. Well, Dr. Achanti actually gave two</p> <p>14 bicarb products, right, one at -- according to</p> <p>15 this chart, one at 1:45 and one at 2:10?</p> <p>16 A. I don't know.</p> <p>17 MS. CALLSEN: Where are you looking,</p> <p>18 Mike?</p> <p>19 MR. BECKER: I'm looking at the orders.</p> <p>20 A. That's what it says.</p> <p>21 Q. 1:45 and 2:10.</p> <p>22 Now have we covered all your entries --</p> <p>23 A. Yes.</p> <p>24 Q. -- Doctor?</p> <p>25 Doctor, to your knowledge, was there</p>	<p style="text-align: right;">72</p> <p>1 labor and delivery nurses, either the midwife</p> <p>2 or Grace, either during the resuscitation or</p> <p>3 afterwards?</p> <p>4 A. I don't remember specifics.</p> <p>5 Q. Do you remember any general discussions</p> <p>6 with either Grace or the midwife?</p> <p>7 A. No.</p> <p>8 Q. Do you recall whether or not any of the</p> <p>9 obstetrical caregivers; that is, Grace or the</p> <p>10 midwife, were surprised at the condition of</p> <p>11 the baby after birth?</p> <p>12 MS. CALLSEN: Objection.</p> <p>13 A. I didn't hear anything.</p> <p>14 Q. No one expressed shock or surprise to</p> <p>15 you by the obstetrical caregivers?</p> <p>16 A. No one expressed to me.</p> <p>17 Q. Doctor, as a result of this case and</p> <p>18 the care that you rendered to this child, did</p> <p>19 you create any notes, diaries, affidavits,</p> <p>20 any private entries in any -- generate any</p> <p>21 entries in any type of paper form or email,</p> <p>22 any kind of form other than the patient's</p> <p>23 chart?</p> <p>24 MS. CALLSEN: Objection.</p> <p>25 You can answer.</p>

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1 A. No, I did not.
 2 MR. BECKER: That's all I have.
 3 Thank you for your time, Doctor.
 4 We'll mark this one-page code pink
 5 form. It's going to be 2.
 6 (Discussion was held off of the record.)
 7 - - -
 8 Thereupon, documents were marked for
 9 purposes of identification as Plaintiff's
 10 Exhibits Nos. 2, 3A, 3B, 4A and 4B.
 11 - - -
 12 BY MR. BECKER:
 13 Q. I need you to identify what's been marked
 14 as Plaintiff's Exhibit 2. Tell me what that is.
 15 A. It's the code pink newborn resuscitation
 16 form.
 17 Q. Everything on there, except Mr. Portman's
 18 signatures, is in your handwriting; correct?
 19 A. That's correct.
 20 Q. Showing you what's been marked as 3A
 21 and 3B, would you identify that for me, please?
 22 A. It's my notes as a pediatric house
 23 officer at Lakewood Hospital.
 24 Q. And 3B is just the second page of the
 25 notes?

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1 A. Second page of the notes.
 2 Q. Showing you what's been marked as 4A
 3 and 4B, would you identify that?
 4 A. These are the order sheets.
 5 Q. 4A would be the first page of the order
 6 sheets and 4B would be the second page of your
 7 order sheets; correct?
 8 A. That's correct.
 9 MR. BECKER: Thank you, Doctor.
 10 (Signature not waived.)
 11 - - -
 12 Thereupon, the deposition was concluded
 13 at approximately 11:45 a.m.
 14 - - -

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C E R T I F I C A T E

2 - - -
 3 THE STATE OF OHIO:
 4 SS:
 5 COUNTY OF CUYAHOGA:
 6 I, Irma A. Fares, a Notary Public within
 7 and for the State of Ohio, duly commissioned
 8 and qualified, do hereby certify that the
 9 within-named, UMARANI RAMACHANDRAN, M.D., was
 10 by me first duly sworn to testify to the truth,
 11 the whole truth, and nothing but the truth in
 12 the cause aforesaid; that the testimony then
 13 given by the above-referenced witness was by me
 14 reduced to stenotype in the presence of said
 15 witness, afterwards transcribed, and that the
 16 foregoing is a true and correct transcription of
 17 the testimony so given by the above referenced
 18 witness.
 19 I do further certify that this deposition
 20 was taken at the time and place in the foregoing
 21 caption specified and was completed without
 22 adjournment.
 23 I do further certify that I am not a
 24 relative, counsel or attorney for either party,
 25 or otherwise interested in the event of this
 action.

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1 IN WITNESS WHEREOF, I have hereunto
 2 set my hand and affixed my seal of office at
 3 Cleveland, Ohio, this 27th day of January, A.D.,
 4 2006.
 5
 6
 7

Irma A. Fares, Notary Public
 Within and for the State of Ohio.
 My Commission Expires 5/09/09

A				
ABCs 51:6	62:9	71:8,19	35:10 44:2	36:20 37:18
abdomen 45:21	ago 59:3	approximately	attention 32:3	40:11,13,16
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63:4 70:13	56:20,25	56:14 60:1,1	35:13,16,24	baby's 8:5,9
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