State of Ohio,)
County of Cuyahoga.)

- - -

IN THE COURT OF COMMON ?LEAS

- - -

DEWEY GLEN JONES, et al.,)
Plaintiffs)
v.) Case No. 306012
) Judge Lillian Greene
MERIDIA HURON HOSPITAL, et al.,)
Defendants.)

DOC. 372

- - -

THE DEPOSITION OF DAVID S. RAPKIN, M.D.

WEDNESDAY, AUGUST 6, 1997

- - -

The deposition of DAVID S. RAPKIN, M.D., a witness herein, called for examination by the Plaintiffs, under the Ohio Rules of Civil Procedure, taken before me, Lauren I. Zigmont-Miller, Registered Professional Reporter and Notary Public in and for the State of Ohio, pursuant to notice, at Cleveland Anesthesia Group, Inc., 3601 South Green Road, Beachwood, Ohio, commencing at 7:40 p.m., the day and date above set forth.

- - -

Page 2

APPEARANCES:

On behalf of the Plaintiffs:

CHARLES H. ALLEN, ESQ.
The Keenan Law Firm
The Keenan Building
148 Nassau Street, N.W.
Atlanta, Georgia 30303
(404) 523-2200

JACK LANCSKRONER, ESQ.
The Landskroner Law Firm
55 Public Square, suite 1040
Cleveland, Ohio 44113-1904
(216) 241-7000

On behalf of the Defendant Meridia Huron Hospital:

JAMES S. CASEY, ESQ.
Reminger h Reminger
The 113 St. Clair Building
Cleveland, Ohio 44114
(216) 687-1311

On behalf of the Defendants Winston Ho, M.D., and Lakeland Medical Group:

STEPHEN WALTERS, ESQ.
Reminger & Reminger
The 113 St. Clair Building
Cleveland, Ohio 44114
(216) 687-1311

On behalf of the Defendant Peter Adamek, M.D:

SUSAN WINKER, ESQ.
Jacobson, Maynard, Tuschman & Kalur
1001 Lakeside Avenue, Suite 1600
Cleveland, Ohio 44114
(216) 736-8600

Page 3

On behalf of the Defendant Rafal Badri, M.D:

MARK JONES, ESQ.
Jacobson, Maynard, Tuschnan & Kalur
1001 Lakeside Avenue, Suite 1600
Cleveland, Ohio 44114
(216) 736-8600

- - -

ALSO PRESENT:

Xeith McGregor - Videographics

- - -

Page 4

INDEX

	PAGES
CROSS-EXAMINATION BY	
MR. ALLEN	5
MS. REINKER	92
MR. ALLEN	127
MS. REINKER	131
PLAINTIFFS' EXHIBITS MARKED	
1	5
OBJECTIONS BY	
MR. CASEY	49, 52, 62, 75, 97, 99, 100
MS. WINKER	13, 16(2), 18, 22, 26, 41, 131
MR. WALTERS	85, 100

- - -

Page 5

(Thereupon, Plaintiffs' Exhibit 1 to the deposition of David S. Rapkin, M.D., was marked for purposes of identification.)

- - -

DAVID S. RAPKIN, M.D.,
a Witness herein, called for examination by the Plaintiffs, under the Rules, having been first duly sworn, as hereinafter certified, deposed and said as follows:

CROSS-EXAMINATION

BY MR. ALLEN:

Q. Doctor, I introduced myself earlier, Charles Allen for the plaintiff. If I ask you a question you don't understand, let me know, I'll rephrase it. If you need to take a break, take a break. Do whatever you need to do.

If you could, tell me what medical records you've reviewed.

A. I've reviewed the case records from Meridia Huron Hospital, three volumes of that, that I was given by Mr. Casey's law firm; I've reviewed the depositions of Dr. Senchyshak, Dr. Adamek, Dr. O'Neill and Dr. Kaplan. Yesterday I was given the depositions of Dr. Badri and Dr. Ho, and I really haven't had a chance to review them yet.

Page 6

Q. What purpose was receiving Dr. Badri and Dr. Ho's depositions?
A. Just to be complete.
Q. Did you request that?
A. In discussions with Mr. Casey I told him the depositions I had and he said, he gave me the others.
Q. So you plan on reviewing those before you go to trial?
A. I'll look at
Q r than the -inic letter hat you produced in this , have you generated n/ ther materials, notes, et cetera?
A. Nothing other than my notes in reviewing the case.
Q. And have you got those with you?
A. No, I don't.
Q. What did you do, just hand write them out?
A. Just hand writing and making little documents as I go through it.
Q. Can you produce that at some other time?
A.
M ASEY: es
BY MF
Q Did u iew any specific li re for

Page 7

the purpose of this case?
A. I looked in one of the textbooks about pulmonary edema just to review that briefly.
Q. And what were you looking for?
A. I was looking on the relationship of intrathoracic pressure and pulmonary edema.
Q. Do you remember what textbook that was?
A. It was written by a guy named Berry from the University of Virginia called The Anesthetic Management of Difficult and Routine Pediatric Patients, which deals with pulmonary -- had a chapter in pulmonary edema.
Q. And that chapter, did that chapter just deal with pediatrics or did it deal with general pulmonary --
A. It dealt primarily with pediatrics, but the same material applies.
Q. Do you have a specialty of pediatric anesthesiology or something like that?
A. No. I'm a general anesthesiologist, I do a lot of all types of cases.
Q. When was the first time you were contacted by the law firm that hired you?
A. This was I'd say about four or five months ago.

Page 8

Q. Have you had any conversations with any of the defendants in this case?
A. I met Dr. at a baseball game. Actually, we didn't talk about the case at all.
Q. When was that?
A. This was two weeks ago.
Q. Did you know him before that?
A. No.
Q. How were you introduced to Dr. Adamek?
A. Dr. Adamek is an anesthesiologist at St. Michael's Hospital now and I'm at Deaconess Hospitals and the hospitals have the same parent chain.
Q. who is that?
A. Primary Health Systems.
Q. There was a whole group of you were there, is that the deal?
A. Yes.
Q. Baseball outing?
A. M-hm.
Q. How much time did you spend to review the c se before t l your letter?
A. A pretty significant amount of time. It was probably, in pure reviewing the case and the depositions before I wrote the letter was I'd say 10 to 15 hours. There's a lot of material to go through in

Page 9

this case.
Q. Then since that time how much time have you spent?
A. Probably about that time again on this. This was several hours writing the paper and going through further depositions. I got Dr. Kaplan's deposition in the mail the other day and reviewing that.
Q. And you were retained to give opinions strictly for the residency program; is that correct?
A. I was retained by Reminger & Reminger in representing the hospital to give opinions about the case and in specifically about the role of Dr. Senchyshak.
Q. Do you have -- are you going to offer expert opinions as to the care given by Dr. Ho?
A. As an anesthesiologist I'm not sure I can give direct opinions about Dr. Ho's work in regard to the case. I read his notes in the chart, but I wasn't going to -- I'd rather not -- I wasn't going to make any comments regarding his work.
Q. Does the same thing hold true for Dr. Badri?
A. Yes. I mean, I'm not a general surgeon, I wouldn't claim to make any opinions about that.

Page 10

Q. Okay. What if any opinions as to medical causation as to what happened that created Dewey Jones' present condition?
A. Well, I'm a Board certified anesthesiologist. What questions you ask me I'll answer to the best of my ability.
Q. What about the opinions as to life expectancy of the plaintiff?
A. I would have no opinions on that.
Q. Okay. Let me just understand your opinions as to the role of each of the doctors and how they interacted. So Dr. Ho was an internist who was asked to medically clear the patient for surgery, correct?
A. M-hm.
Q. Is that the entire role that you understood Dr. Ho to have?
A. Dr. Ho was the primary physician caring for him and caring for him on a long-term basis. In this hospitalization he provided a medical clearance, but he had a longer involvement with Mr. Jones.
Q. Longer involvement?
A. I mean longer term, previous involvement taking care of him in the other hospitalizations.
Q. Which hospitalizations are you aware of

Page 11

that he was the primary care doctor?
A. The two hospitalizations in 1994, the one in August and the one in September.
Q. Is it your understanding that Dr. Ho was looked at to call on any consults that were necessary to medically clear Dewey Jones?
A. Let me ask you to repeat the question.
Q. Is it your understanding that it was Dr. Ho's role and duty to call in any consults, such as cardiology, pulmonology et cetera, that may be necessary to medically clear Dewey Jones for surgery?
A. No.
Q. Explain that; why not?
A. It's my understanding that Dr. Ho was taking care of the patient medically and could -- he was taking care of the patient medically and he was clearing the patient as he saw fit as the internist taking care of the patient.
I don't -- it's his -- it's in his role to call for consults if he feels they're necessary, but I don't know that he felt -- if none were required in his opinion then they weren't
Q. And in his opinion he felt a pulmonology consult was needed, correct?

Page 12

who requested the pulmonary consult.
Q. All right. To clarify it was not Dr. Ho's role to diagnose the severity of the gallbladder?
A. Right.
Q. That was Dr. Badri?
A. Right.
Q. Do you feel that Dr. Adamek had a role as to diagnose the severity of the gallbladder?
A. No. I think that was Dr. Badri's role. Dr. Adamek was purely the anesthesiologist.
Q. All of the pre-op diagnostic tests needed to be performed to determine the severity of the gallbladder, that was entirely in the hands of Dr. Badri as you understand it?
A. Yes.
Q. And Dr. Ho, his entire ballpark was to medically clear the patient to see if he was ready for surgery, correct?
A. Again, I would say that Dr. Ho's role was to look at the patient as an internist and the areas that he was taking care of and to see that the patient was optimized as well as possible.
Q. Now, do you feel that Dr. Adamek had a duty to call in independent consults if he felt they

Page 13

were necessary.
MS. REINKER: Objection.
A. If he felt -- if he felt they were necessary and if Dr. Adamek felt that he didn't have the information he needed, then he had the obligation to call either an internist, the cardiologist to get that information before the operation.
Q. To step further, Dr. Adamek's role then was to care for the pre-op, intraoperative and postoperative care of Dewey Jones, correct?
A. Dr. Adamek's role was to take care of the patient intraoperatively, to make certain that the patient was ready preoperatively for the operation, and to assist getting the patient into the postoperative period.
Q. As it [illegible]?
A. As you take the patient into the recovery room to assist the nurses, make sure they've got all
intensive care unit if [illegible] where other doctors would take over the role of managing the patient
Q. What was the role of the resident Dr. Senchyshak, in this case?
A. Dr. Senchyshak's role was to assist

Page 14

to

Q. Does Dr. Senchyshak have a -- is his role to independently provide medical care?

A. No, it's not.

Q. His role then is to take orders from Dr. Adamek and then follow through with that?

A. Absolutely, to work alongside and underneath Dr. Adamek. As a junior resident in this case, Dr. Senchyshak had no independent authority in the case and he was purely under the direction of Dr. Adamek.

Q. So everything he did intraoperatively -- pr ively, intraop an postoperati should have been at the direct direction of Dr. Adamek?

A. Absolutely.

Q. Okay. If he went outside of th t role then he was acting inappropriately, correct?

A. He was acting inappropriately if that happened and Dr. Adamek was acting inappropriately in allowing him to do that, in allowing him the latitude to do that. Dr. Adamek needed to -- if he felt that was a possibility, Dr. Adamek needed to supervise Dr. more

Q. Need more hands on?

A.

Page 15

Q. So is it your understanding then it should have been Dr. -- scratch that. Is it your understanding that Dr. Senchyshak attempted a reversal of anesthesia without the direct supervision of Dr. Adamek?

A. I don't know that to be the case. I saw no information in the depositions that that was the case.

The way this should happen is that Dr. Senchyshak and Dr. Adamek would discuss the operation and to devise an anesthetic plan. Dr. --

Q. Before?

A. Before the case and constantly during the case to make sure that there were no changes going on. Dr. Adamek needed to be aware at every step of the case what was happening, to be in the room frequently to make certain of what was happening.

A discussion of whether to reverse the patient should have occurred numerous times during the case. They might have had one opinion before the case began, they may have had another opinion at the beginning of the case, they may have had another opinion when there were only 25 cc's of urine output halfway through the case, and they may have had another opinion at the end of the case. That's got to be

Page 16

attending anesthesiologist.

Q. Do you have any criticisms as to the care rendered by Dr. Adamek?

MS. REINKER: Objection.

A. I think that there are a number of places that can be looked at closely in this case. I think first of all you have to --

MS. REINKER: Note an objection to this whole line of questioning.

A. Continue?

Q. Go ahead.

A. I think one needs to look at the preoperative preparation of the patient first of all and whether Dr. Adamek had all the information that was necessary with regard to the patient's cardiac status, if the echocardiogram from August was looked at as well as the echocardiogram that had been done a couple days before had been looked at.

I think there was a as to whether or not -- on the echocardiogram report that I had the to call a and find out was

Page 17

and how he handled fluid. I think that there needed to have been discussion with Dr. Ho as to his exact fluid status in the case.

Then I think -- then going on to the monitoring of the case, I think you needed to have more exact monitoring than what was done. I think a Swan-Ganz catheter, an arterial line needed to have been placed. I think that if one wasn't placed initially during the case, when urine output was only 25 cc's at 10:30 the Swan-Ganz needed to have been placed at that point to find out what the patient's volume status was.

I think at the end of the case, given the patient's underlying condition, the obesity, the hypertension, the hypertrophic cardiomyopathy, I think it was foolish to try to extubate the patient, and I think at that -- and I think that the monitors would have showed that.

Q. A Swan-Ganz would have been a help?

A. Would have been very helpful.

Q. And it's your opinion that it's Dr. Adamek's responsibility to oversee when extubation was attempted?

A. Absolutely, and if extubation is to be attempted. One of the things as an attending

Page 18

anesthesiologist that you do is -- well, the two most important parts of the case are the beginning of the operation and the end of the operation. You need to have a plan going into the beginning of the case and you need to have a plan at the end of the case in what you're going to do.

If you're going to reverse the patient you need to have a plan of the doses to reverse with and when you're going to reverse and if anything is to change to out, especially if you've got a junior resident, the junior resident has to know what the plan is.

Q. And Dr. Senchyshak was a junior resident?

A. Exactly.

Q. So --

MS. REINKER: Move to strike *the entire* answer.

MR. ALLEN: Pardon me?

MS. REINKER: I'm moving to strike his entire answer.

MR. ALLEN: okay.

BY MR. ALLEN:

Q. Now, if we can -- you told to me that Dr. Adamek should have been aware of every state of the operation, every portion, critical portion of the

Page 19

operation when it occurred. Now, whose responsibility is it to know when an important stage of the operation are occurring, when extubation or reversal --

A. It's Dr. Adamek's responsibility to know that. When I'm taking care of a patient, I don't depend on a nurse anesthetist or a resident telling me when to be in the room, it's my responsibility to know when those times are going to be. That's one of the reasons why you go into -- when you're supervising someone you go into a room frequently so you know what's happening, you know where the surgery is at that point and you know exactly what's going on each step of the way.

Q. And do you feel that Dr. Senchyshak if he felt that the patient needed to be extubated that he should have gone and got Dr. Adamek to ask his opinion at that time?

A. I think if Dr. Senchyshak had -- I think for any major event in the operation Dr. Adamek needed to be involved in it. Dr. Senchyshak didn't have the knowledge base to know what to do, and I think Dr. Adamek needed to have known that in knowing that this was a resident in his fourth month of training and not to expect him to know what's going on.

I think the question comes -- when

Page 20

you're asking should Dr. Senchyshak call, I think the problem is that Dr. Senchyshak may not have even had the knowledge base to know when there was a problem and when to call. That's why Dr. Adamek needs to be around and needed to be nearby at all times.

Q. You feel like Dr. Senchyshak didn't have the level of training or expertise to know the fact that the high risk status of Dewey Jones required more hands-on of Dr. Adamek; is that true?

A. I think that that's true. I think that there were some things in Dr. Senchyshak's deposition that showed he was beginning to understand what was going on when he asked Adamek about the Swan-Ganz catheter, if that was necessary.

The relationship between the low urine output, the congestive heart failure, the hypertension, the effects on the heart of the hypertension and how that relates to the sleep apnea I think were all above Dr. Senchyshak's level of knowledge at that point.

Q. So at or around the time of extubation, about 12:30, until the time the Dr. Heart record was called, somewhere right after 1:00, are you critical of anything, any care that was given to Dewey Jones at that time?

A. was not an

Page 21

decision to reverse the patient and attempt to extubate him. I think that's one aspect. I think the second aspect is the patient was then allowed to buck and the blood pressure went up. The blood pressure -- may I to

Q. M-hm.

A. The blood pressure, for example, at 12:00 was 120/60 with a pulse rate of around a hundred. After 12:30, after the patient was reversed, the blood pressure shot up to anywhere between, it looks like, 160 to 170 over 80 to 90, and I think that that blood pressure shouldn't have been allowed to go up, I think the blood pressure needed to have been controlled better.

Q. How would you have been able to control that better?

A. You would use vasodilators at that point, something like -- the ideal drug in this situation would have been nitroglycerin.

Q. What was the effect on Dewey's heart of that bucking? Is that what you mean by bucking?

A. By bucking what I'm referring to is the act of coughing on the tube affecting the intrathoracic pressure. When that happens the blood pressure frequently will go up. The blood pressure going up can

Page 22

adversely affect the heart and the output of the heart.
Q. So t' your .pi that the patien t bucked and then tl blood pressure went up and then wc had the effect on the heart?
A. The blood pressure could have gone up for two reasons. The blood pressure could have gone up from bucking and coughing on the endotracheal tube. The other thing that the pressure could have gone up on is the operation had ended, the anesthetic isoflurane was turned off, and the fact of turning that off and having the endotracheal tube in place could have caused the blood pressure to go up. Frequently at the end of an operation blood pressure will go up even if a patient is not bucking just as they're awakening from an operation.
MS. REINKER: Move to strike.
BY MR. ALLEN:
Q. How do you prevent the patient from bugging?
A. You would need to -- there's a couple methods you can do that. One is by doing a much more controlled extubation and reversal. If a patient starts bucking you can re-paralyze the patient, you can give a drug such as Lidocaine can frequently decrease the bucking, or you can remove the endotracheal tube.

Page 23

Q. All t You say more cont extubation, explain that to me.
A. Just a slower extubation, turning down the anesthetic at a slower rate.
Q. Okay. And in your opinion, once the bucking occurred and then the increase of the blood pressure, did this then cause the oxygen desaturations at that time, or what caused the oxygen desaturations in your opinion?
A. That certainly is one thing that could have caused the oxygen desaturation, bucking on the tube will frequently do that. The patient's pulmonary edema could also have caused the oxygen saturation to fall.
Q. How did the pulmonary edema come about in your opinion?
A. I think it's a complicated process. There's several factors that were happening. One is that the -- one is that the blood pressure started rising. A second is that the patient by bucking -- let me go back.
The blood pressure starting to rise will decrease the output of the heart and cause a backup into the heart into the lungs of fluid. A second area which could have led to the pulmonary edema

Page 24

was the change in intrathoracic pressure by bucking the patient. The third could be the underlying volume status of the patient that's going on.
Q. His volume status was too high?
A. Potentially. It's hard to assess exactly what his volume status is. When you look at the course of the anesthetic and you look at the urine output, for example, two things can be happening. First of all, a patient of Dewey Jones' size should be putting out approximately a half cc per kilogram per hour in urine output. Dewey Jones weighed 310 pounds, approximately 140 kilograms, so he should be putting out about 70 cc's an hour.
In the two-hour period that they were in the operating room from 9:15 until 11:30, two hours and 15 minutes, he produced 25 cc's of urine. There's two causes for that. One is he doesn't have enough volume on board, and the second reason is that he's in some amount of fluid overload and is not able to put out the volume.
The Swan-Ganz catheter would help diagnose that, and that's one of the reasons why the Swan-Ganz catheter was needed. Right now what they were doing was essentially putting fluid into a box without knowing exactly what was in the box, and the

Page 25

Swan-Ganz would have helped to find that.
Q. What the volume of the box was?
A. Exactly.
Q. So if the Swan-Ganz was in place at, say, 12:30, can you tell me within a reasonable degree of medical certainty what the volume of the fluid overload was in Dewey Jones?
A. If you had the Swan-Ganz and you had the numbers and you had the relationship between the beginning of the case and the end of the case, you'd have a much better understanding of what was going on within his lungs at the time.
Q. But you can't tell that by just looking at the records what a Swan-Ganz would have said at 12:30, correct?
A. No, you can't, because you don't know -- you have trouble assessing, as I said, if he was hypovolemic or hypervolemic.
Q. And anybody that would attempt to guess at what it was at 12:30 would be just purely speculating, correct?
A. Right.
Q. Now, the Swan-Ganz being in place, was that solely Dr. Adamek's responsibility in your opinion?

Page 26

A. Yes, it is.
MS. REINKER: can I just have a continuing objection so we don't go through all this stuff?
MR. ALLEN: yes.
BY MR. ALLEN:
Q. So it was completely Dr. Adamek's responsibility.
Do you hold any responsibility as to Dr. Badri for making sure as the surgeon that it was in place?
A. No.
MR. JONES: objection.
Never mind.
A. No, I don't. I think it's purely the anesthesiologist's responsibility. He's the one who understands what's going on with the -- who needs to understand what's going to go on with the volume status during the operation and the stress of the operation.
The surgeon's responsibility in this situation is to do the operation. The surgeon needs to trust his anesthesiologist and make sure that the right decisions are being made at that end of the table.
Q. Take me through what in your opinion occurred after the pulmonary edema accumulated.

Page 27

A. What time would you like me to start at?
Q. You can walk me from 12:30 on.
A. Okay. At 12:30 the reversal was given. He was given five milligram of neostigmine and one milligram of Robinul. They were essentially assisting -- they were essentially assisting his ventilation between 12:30 and 12:45. The notes in the deposition from Dr. Senchyshak I saw discuss the bucking at that time.
The blood pressure had gone up. Some point after 12:45 they again put the patient either back on the ventilator or were controlling his ventilation by hand. At 1 --
Q. What's the status of his lungs at this point?
A. It's hard to know. The oxygen saturation was going down, it had gone down to 90 and 89, but it's hard to know whether that's due to the bucking and just not breathing or whether that's due to pulmonary edema. There's not enough information.
Q. Continue on, please.
A. Between 1:00 and 1:15 it's impossible to know what's happening because there's nothing written in the chart.
Q. Whose responsibility is it to chart

Page 28

between 1:00 and 1:15?
A. Dr. Adamek's.
Q. What is your understanding between 1:00 and 1:15 of what Dr. Senchyshak is doing?
A. It's my understanding that he was sent out of the room on errands.
Q. What kind of errands?
A. He mentioned in the deposition to get things. I don't think he was -- I don't remember him being specific in the deposition.
Q. To get things for the care of Dewey Jones?
A. You know, I really don't know.
Q. Okay. But Senchyshak was out of the room between 1:00 and 1:15?
A. Right.
Q. Who was in the room?
A. Adamek was in the room.
Q. Anybody else that you're aware of?
A. No one that I can say for certain.
Q. So between 1:00 and 1:15 it's hard to tell what is occurring at 1:15?
Q. Continue from there.
A. Well, basically between 1:00 and 1:15 there's nothing written in the chart other than that

Page 29

Dewey Jones was on eight liters of oxygen. There's no pulse oximeter values, there's no blood pressure, no heart rate values, nothing is written in the chart.
At 1:15 the blood pressure is 200/90 with a pulse rate of 80. And then between 1:15 and 1:30 the Dr. Heart is called. There's a note at 1:15 that there's bradycardia and occasional PVC's and then there's some blood pressures that are written in, 140/120 during the Dr. Heart.
But at no point is there any evidence exactly what is leading up to the Dr. Heart. I think the Dr. Heart was called at 1:15. There's nothing in the chart to indicate what's going on between 1:00 and 1:15 and what drugs, if any, were given by Dr. Adamek.
Q. So just around 1:15 you tell me the blood pressure is high?
A. Right.
Q. So what's the reason for the blood pressure shooting up like that in your opinion?
A. It could be two things. One, he could be continuing to buck or, two, it could be from the drugs that were given in Dr. Heart. He was given three doses of epinephrine between 1:15 and 1:18, and those doses of epinephrine can increase the heart rate.
Q. Is that appropriate?

Page 30

A. You know, I wasn't there at the time. It would be real hard for me to assess what was going on and to make any judgment on the arrest and the management of the arrest. I don't know what the blood pressure was and the pulse leading up to that point, so I can't make an assessment of that.

If you had told me that the patient was arresting and had no blood pressure and no pulse, yes, it's appropriate, but there's no record of exactly what the blood pressure and pulse is leading up to that point.

Q. So do you have any criticisms as to the care given to Dewey Jones during the Dr. Heart record?

A. The only criticism I've got is the end results.

Q. Being what?

A. Being there was a blood gas taken at 1:29 which showed a pH of 6.9, a PCO2 of -- a PCO2 – let me get the exact value. A pH of 6.9, a PCO2 of 88 and a PO2 of 78, which means to me that at 1:29 he wasn't being ventilated adequately, nor was his acidosis being treated properly.

Q. What would have been the proper ventilation at that time?

A. Again, it would be difficult for me to

Page 31

make that opinion not being there at that time. There are -- you have monitors to help guide you with the ventilation, an end tidal CO2 monitor and a pulse oximeter, and you would use those monitors to help guide you. There's nothing written in the chart in the anesthesia record to indicate what those monitors were showing at that point.

Q. Okay.

A. The other thing is it would have been nice if a -- this is where an arterial line would have been helpful to assess his acid base status and pH level before 1:29.

Q. How would that have helped?

A. That would have helped because you could have gotten a blood gas earlier, and if that were the case and his pH were 6.9 and his PCO2 were 77, those numbers could have been treated earlier.

Q. What would you have done to treat?

A. Well, with a pH of 6.9 you would need to get bicarb and with a PCO2 of 77, or of 88 rather, you've got a patient that's being inadequately ventilated, you would have increased your ventilation on the patient.

Q. So other that Dr. Adamek, are you aware of anybody else there treating the patient at that time?

Page 32

A. It says cardiology department arrived at 1:15 in the anesthesia record. I don't know which cardiologist.

Q. So in your opinion, the damage that was caused -- excuse me, scratch that. In your opinion, the damage that occurred between 1:15 and 1:30, is that what caused Dewey Jones to be in a continual vegetative state?

A. I don't think I said that at all.

Q. I'm just asking.

A. I think that it's hard to say exactly when the damage occurred. Most likely it was a longer term hypoxia that could have occurred at any point between 1:00 and 1:30.

Actually, I mean, there's nothing to say what his oxygen saturation is between 1:00 and 1:15 and 1:15 and 1:30, so it would be difficult to say exactly when the damage occurred. You can say that it's not something that happened over two minutes, I think this is something that happened over a longer period of time.

Q. And between 12:30 and 1:00 can you quantitate the amount of damage that was done to Dewey Jones at that time?

A. I don't think it's possible to quantitate

Page 33

the damage. I don't think you can come up with that information. I think that the one thing you can say is until 1:00 the oxygen saturation was acceptable at 89 percent, so he was not hypoxic at that point. So most likely the damage happened after 1:00.

I mean, I think you're on a slippery slope and I think the damage may be beginning to occur, but it's hard to qualify exactly when that damage occurred and when the point of no reversal occurred.

Q. Is there anything else you can tell me about your opinions as to the resuscitation efforts by Dr. Adamek or whoever between 1:00 and 1:30?

A. I think that that's the most important part is that the end result of the bad blood gas and the end result to Mr. Jones and his state were that you could conclude that it wasn't a successful resuscitation.

Q. When s the most recent blood gas before the 1:29 blood g

A. There wasn't one during the operation. I don't know -- there may have been one preoperatively, I don't remember offhand.

Q. Are u critical of anesthesia care for not having an arterial line in place to monitor his blood gases?

Page 34

A. I'm critical of them for not having an arterial line because it would have allowed, one, the measurement of blood gases if it were necessary and, two, it would have allowed to be recording of his blood pressure. And I think that in a patient with Mr. Jones' medical background, as I said, the severe hypertension and congestive heart failure, I think that that is critical to have.

Q. And just to clarify it, do you feel that Dr. Senchyshak had any role in requesting that an arterial line be placed preoperatively?

A. I think Dr. Senchyshak's role is to do what Dr. Adamek instructed him to do and it's Dr. Adamek's decision on what monitors to place. Dr. Senchyshak can suggest things, and he did suggest putting in a Swan-Ganz catheter for example, but it's Dr. Adamek's role as the attending anesthesiologist to make those decisions.

Q. Just direct you to point to Exhibit 1. That's your opinion letter, Doctor. You stated that Senchyshak was in -- the first page -- the fourth month of his anesthesiology residency. Then on the second page you make note that he had been in another program for 11 months. So it's your opinion that he had 13 months worth of experience as an anesthesiologist?

Page 35

A. No. My opinion is that he was in his fourth month. He got no credit for that time at Cincinnati and he voluntarily withdrew, so you would have to assume that -- if the American Board of Anesthesiology would recognize no credit there, you would assume that he's in his fourth month of training and you would assume that that's his knowledge base. You'd have no way of knowing what he gathered from that time at Cincinnati, if anything.

Q. So in a practical day-to-day setting you would just disregard the 11 months because you don't know the type of training that he got; is that what you're saying?

A. I think you'd absolutely have to disregard the 11 months. You have no -- you don't know what he got out of it, out of the time, you don't know what he did during that period. The fact that he got no credit is the most important, is an important factor. If he had gotten six months credit, it's one thing, but he got no credit at all.

Q. You talk -- the third full paragraph, second page -- a resident with Senchyshak's level of experience, and then you say that -- if I misstate something, let me know -- he's able to understand anesthetic implications of the patient's disease process.

Page 36

A. Begin to understand.

Q. Begin. So he's in the beginning stages?

A. Absolutely.

Q. Okay. So meaning that you -- would you expect him to understand the significance, say, of congestive heart failure in a patient like this?

A. I think you begin to understand what congestive heart failure meant to an anesthesiologist, ways of treating it, ways of dealing with it, ways of monitoring it. I don't know that he'd be able to understand and I don't think he would have the sophistication to understand how to take care of a patient with a complicated disease process with congestive heart failure compounded with sleep apnea compounded with hypertension with a hypertrophic cardiomyopathy.

Q. And does the obesity add into the risk factors?

A. Absolutely.

Q. Okay. What other **risk** factors make this a complicated anesthesia case in your opinion?

A. I think that those are the factors. The obesity, the congestive heart failure with the recent admission for congestive heart failure, the

Page 37

hypertension, the cardiomyopathy with the significant left ventricular dysfunction and the sleep apnea are the important factors.

Q. The fact that he had a previous TIA, would that come into it?

A. It would be important to know and it -- it would play a role, yes. I had forgotten that.

Q. How would that play a role?

A. You'd be concerned with his blood pressure. You would want to avoid marked swings in blood pressure with a history of TIA's.

Q. Now, just break down the obesity. What risk does the obesity have on his anesthetic care?

A. It affects it a number of ways. First of all, the airway. It makes the intubation potentially more difficult just because there's more body mass to deal with and the chest is often right up by, right up by the chin, and that can make the act of intubation more difficult. With regard to that, it also can make the extubation more difficult, there's more possibility of an obstructed airway after the operation is over. With regard to monitoring --

Q. Just slow you down. Is that because of the weight on the chest -- why is that?

A. It's typically -- it can be because of the

Page 38

weight on the chest. It can be -- just the -- it would be the weight on the chest and just the size of the airway also. People who are obese tend to have a higher incidence of sleep apnea and airway obstruction. It's just basically due to the anatomy of the airway and the chest on the --

Q. Let's talk about the sleep apnea then. How does that increase the risk of anesthesia?

A. That would markedly affect the ventilation at the end of the operation when you're going to extubate a patient. Someone who has sleep apnea tends to obstruct their airway while they're sleeping. As an operation is over, if someone is still relatively drowsy they often don't have full muscle strength, they may be more prone to obstruct their airway.

Q. Now, in this particular case do you feel that the sleep apnea had a particular role with making the extubation complicated?

A. I don't think in this situation -- let me break the question down into two parts. It should have affected the planning going, leading into the extubation. The fact that the patient had sleep apnea should have made Dr. Adamek less likely -- should have indicated to him that the patient should be more awake before he extubated the patient. So they should have

Page 39

planned on leaving him intubated for a longer period of time until he was totally awake and then extubated him if they were going to extubate him.

Q. Is there a minimum time that you would have suggested?

A. It depends on the patient.

Q. Can you glean from the record the length of time that you would have waited before extubating?

A. No. You have to look at the patient directly.

The second area where I don't think it makes a difference -- in this case I don't think it makes a difference because it doesn't appear that the patient was extubated. If the tube is in place, that should negate the sleep apnea. The sleep apnea, as far as I'm concerned, would relate just to the extubation and the act of extubating.

Q. Does the bucking have anything to do with the sleep apnea in your opinion?

A. I don't think so, no.

Q. What was the cause of the bucking?

A. The bucking was waking up on the tube having no anesthetic in his system and having the tube being a stimulus in his airway and he was reacting to the stimulus. It's basically a gag reflex.

Page 40

Q. Now, as far as the hypertrophic cardiomyopathy, talk to me about that. What are the risk factors associated with the care during anesthesia?

A. What I would be looking at with that is what the patient's ejection fraction is with regard to the cardiomyopathy. He had an echocardiogram from August which showed -- which was read as having significant left ventricular dysfunction. What that means is that he's not able -- he's not able to eject all the blood in his heart and it would make him more prone to a backup of fluid and more prone to congestive heart failure.

Q. Okay. And that is due to the thickening of a wall of the heart; is that correct?

A. In this situation the chest x-rays showed cardiomegaly, so it showed an enlarged heart, and often the enlarged heart just doesn't beat as efficiently.

THE WITNESS: can we take a break for about two minutes?

MR. ALLEN No problem.

(Thereupon, there was a brief recess.)

BY MR. ALLEN:

Q. Now, as we're still looking at the third paragraph it says, at that point in a resident's

Page 41

training -- we're talking the fourth month, correct?

A. Right.

Q. -- a typical patient should have a relatively simple, uncomplicated medical history, and should not require a complex anesthetic, correct?

A. Right.

Q. Explain to me, in your opinion, was it that Dr. Senchyshak should not have been involved in the anesthetic care to begin with of a patient like Dewey Jones?

A. I think that that's --

MS. REINKER: Objection.

A. I think that the ideal patient for someone at that point in his training is a relatively simple -- is a patient with a relatively simple, uncomplicated medical history. Often the nature of training programs and cases are that you'll start off with a simple case in the operating room that day and then a more complicated case will come in.

What has to happen in that situation is that the attending anesthesiologist needs to realize that that's a complicated case and spend more time in the operating room. I remember early in my training I had a patient that had a Swan-Ganz catheter and it was a very complicated case, the attending anesthesiologist

Page 42

never left, never left the room and basically made all the decisions, and as a junior resident you were basically observing.

C So in your -- if I understand th opinion correctly then, it' not so much that he d have l an uncomplicated ti t but if hc had a complicated patient it o1 have l a the entire time y the attending?

A. Right. To elaborate, the typical patient should be simple, but often just the nature of cases, you'll start off with a hysterectomy in an operating room and the next case may be some very complicated gallbladder case like this. It just -- sometimes it's impossible to switch residents back and forth from room to room, so the attending anesthesiologist has to know what's going on and how difficult the case is and

Q. What is it ut the l surgery itself that makes it complicated?

one of the easiest operations. In this situation it's the

Q. It's the history of the patient?

A. Yes.

Q. I the patient not the procedure

Page 43

tse ?

A. Right.

Q. The fact th t -- I think I skipped over congestive heart failure as a possible risk factor for anesthesia. Is there anything -- can you explain to me why that would be a problem with him?

A. Well, that goes -- it goes along with the cardiomyopathy and the fact that if you don't -- if your heart isn't able to eject the blood that it will lead to congestive heart failure. That's why the echocardiogram showing a significant left ventricular dysfunction was so important and why it was necessary to know what the patient's ejection fraction was.

Q. That wouldhave been known if a Swan-Ganz was in place, correct?

A. No. Actually, the Swan-Ganz would not have given the ejection fraction. That would have been -- a cardiologist could have read that from the ejection fraction -- or from the echocardiogram and that will give you that information. The Swan-Ganz catheter will give you the pressures within the lungs and within the heart.

Q. Does it give the amount of force that the heart's pumping out?

A. No, it won't do anything of the sort.

Page 44

Again, that's the ejection fraction. That can be based on an echocardiogram or a cardiac catheterization to get that information.

Q. ay Now as far as -- as we go on f there, in your letter you gave me two example or you gave t examp and those are pretty self-explanatory. In this case -- the fourth para ah -- Sen al did exactly what s expe I think we've covered that. I j want to duplicate anything.

So in your opinion, should Dr. Adamek have been in th room at th time of the beginning of induction?

A. At the beginning of induction, absolutely.

Q d you g from th ec or the p tio th t he s not there at the l g induction but came in during induction?

A. I got from Adamek's deposition that he came in during the induction and watched the induction. Offhand, I don't remember that coming up in Senchyshak's deposition.

Q All ight If Dr. Adamek l in in the middle of induction d hold any responsibility on th part of th resident for beginning e induction ithout his attending there

Page 45

A. If Dr. Senchyshak had started the induction without the attending present, that I would have a problem with.

Q. Why is that?

A. Because Dr. Adamek needed to be present for the induction of his patient. The attending anesthesiologist needs to be present when the operations are beginning. Giving a small amount of sedation is one thing, but giving a -- if he had given the Sodium Pentothal without Dr. Adamek in the room, I would be concerned about that.

Q. Would it have been important for Dr. Adamek to have been there at *the* time that the incision was made?

A. Specifically at the incision, no. I think Dr. Adamek needed to know -- would need to know when the incision was occurring, if and what response Mr. Jones had to the incision.

response if he wasn't there?

A. He could walk in two minutes later and take a look at the chart and see if there was a change in blood pressure when the incision occurred.

Q. When you look at the record at the time of incision, do you see any critical stage for Dewey

Page 46

Jones' blood pressure or overall health?
A. What I see is he comes into the room at 9:25 approximately according to the record. The blood pressure is stable until 10:00, 10:10. The induction starts at around 10:00. Shortly after the induction the blood pressure falls from 160/80 to about 100/40 at that point and incision is made shortly thereafter and the blood pressure starts rising back to its preoperative level.
Q. So no problem?
A. I don't see a problem. It's something that frequently occurs with a patient. You're giving a large dose of Sodium Pentothal, it can drop the blood pressure. As long as it's taken care of and treated properly. If the blood pressure had been allowed to remain at a hundred, I'd have a problem. It looks like they made the incision, shortly after as the blood pressure fell that helped bring the blood pressure up.
Q. Are you aware of any of the communication between the resident that saw this patient the night before and Dr. Adamek?
A. I am not aware of any communication. The only thing I've got to go on is Adamek's signature on the preoperative record.
Q. Do you understand that there was an

Page 47

evaluation the night before?
A. There was -- I saw -- I assumed that there was an evaluation the night before. This note is dated at 8:00 in the morning on the day of surgery. I assumed that there was an evaluation the night before because I saw an order in the chart from the night before, so I assume that someone from anesthesia had seen the patient.
Q. So if someone from anesthesia had seen the patient the night before in your assumption, where in the record should they have charted what they found?
A. They should have charted it -- it would depend on the specific -- each hospital has a different system. I'm assuming that this preoperative record was filled out the night before. It looks like a different handwriting than the handwriting that was at 8:00, that says 8:00.
Q. So it's your assumption that -- this pre-op anesthesia record that was dated 10-20-94 at 8:00, what part of the record, in your opinion, was filled out the night before? If you can, just read that into the record.
MR. CASEY: Assuming you can read it.
///

Page 48

BY MR. ALLEN:
Q. Just make the best.
A. What I'm seeing is NPO midnight. Allergies none. Meds: Procardia, Capoten, Lasix, Lanoxin. Airway has got a blank line next to it. I'm not sure what this says below airway. Circulation, it looks like it's making some comment about S2 and S3, which I'm assuming -- which is related to his heartbeat.
Respiration, it says clear to auscultation. Neuro, it says alert and oriented times three. Past surgical history, it says zero. Next to other it says cholecystitis, cholelithiasis, so I'm assuming that's the diagnosis. Then it says PMH -- which stands for past medical history -- hypertension, congestive heart failure, sleep apnea, obesity.
Then it gives the lab values of the patient. Chest x-ray, it says unchanged. No congestive heart failure. There's a line I can't read and then it says something pulmonary consult and I believe it says spirometry reading. But there's no date on this. It's purely a guess on my part as to whether -- as to when this note was written.
Q. Assume for me this note was not written the night before, that there was no note written in the

Page 49

chart the night before by the resident that saw this patient. You would be critical of that, would you not?
A. It wouldn't be optimal, but it's something that occurs periodically. Often an operation is scheduled the morning of surgery and then you see the patient as the patient comes down to the operating room. It's something that we see, we do frequently.
Q. But no matter what year a resident is, residents by that time know that you chart, if it's not done it's not charted, if it wasn't done it's not charted?
A. I'm not sure I understand your question.
Q. By this time, no matter what year the resident is, they know that if they evaluate a patient, they see a patient, they should write it in the chart, correct?
A. One would think, yes.
Q. No matter what year, right?
A. Right.
Q. So would you not be critical of the resident if he did not write it in the chart the night before what his evaluation was?
MR. CASEY: Objection; asked and answered.
A. It would certainly be optimal to do that,

Page 50

and that would be the nature of their training program and how residents or , what residents are told, but one would expect that they would write a note in the chart if they see a patient. It's basic knowledge.

Q. It would be below the standard of care for a resident to fail to chart a pre-op evaluation, correct?

A. I have a problem with the expression below the standard of care because it probably wouldn't make any difference to the outcome in the operation of the operation. I mean, whether a resident writes a note in the chart or not, it's still up to the people taking care of the patient to know what's going on with that patient and they can be the ones who write it in the chart. So that's why I have a problem with that.

Q. So it could be a breach of the standard of care but not cause any damage; is that what you're saying?

A. It wouldn't cause any damage. I'm not sure that I would call it a breach of the standard of care. It would not be optimal if he didn't write it. I'm not sure how you would relate standard of care if there's no relationship between its outcome.

Q. Assuming that standard of care is separate than outcome, it would be a violation of standard of

Page 51

care, correct?

MR. CASEY: Charles, move on. He's already answered this three times.

A. I have -- I mean, I don't think -- I think it doesn't make a lot of difference, so I'm not sure I would put it as a standard of care. It's certainly something that you would expect someone to do and it's certainly something that's optimal, but frequently for one reason or another there's nothing written in the chart.

Q. What is your definition of standard of care, violation of the standard of care?

A. I think the standard of care is that the appropriate things be done in caring for a patient at the level of community standards.

Q. And does that standard of care have anything to do with whether or not damage was caused to the patient in your definition?

A. You could certainly have a violation or breach of the standard of care if damage wasn't caused.

Q. Now, you were, I understand, trained at Case Western?

A. Yes.

Q. Internship, residency?

Page 52

A. Yes.

Q. We got a chance to talk to Dr. Cascorbi this afternoon.

A. M-hm.

Q. He said a couple things I'm going to paraphrase for you since I don't have the exact deposition transcript at this time. But assuming that he said the following, would you agree or disagree, I'm going to ask you two questions.

Assuming that he said that the resident in this case, Senchyshak, should have recognized due to Dewey Jones' condition that reversal of anesthesia should not have been attempted without the attending present, do you agree with that statement?

MR. CASEY: I object to that characterization, but you can answer if you understand.

A. I would prefer to turn the question or to turn the statement around and say it was Dr. Adamek's responsibility to have been there and to have discussed this before with Dr. Senchyshak. There has to be a level of communication between the resident and the attending anesthesiologist and it's the attending anesthesiologist's responsibility to make certain that the resident understands what the plan is.

Page 53

Q. So you disagree with that statement?

A. I would -- I would disagree with the statement. I feel it's the attending anesthesiologist's responsibility at that point to know what's going on and to have communicated a plan to the resident.

Q. And I'm paraphrasing again because I don't have the exact testimony to go off of, but he also testified that the resident, Senchyshak, should have recognized that due to Dewey's condition that he should not have attempted to put the patient on room air unless he was under the direct supervision of Dr. Adamek.

A. I don't think the patient -- from what I've seen in the record, the patient was never on room air. What it looks to me like in going through this, if you look at the line under isoflurane where it says ISO, it says air and then slash O2. The original record, the record usually reflects nitrous oxide and oxygen. The nitrous oxide is crossed out and it's written air 02.

During the operation at 10:00 they start on zero liters of air, eight liters of oxygen. They go during the maintenance of the operation to three liters of nitrous oxide and three liters of

Page 54

air. At the end of the operation at 12:30 they go back to zero liters of air and eight liters of oxygen. So the patient was never on room air.

If the patient were on room air I would think that would be a grave problem. Any patient waking up from anesthesia, be it someone with Dewey Jones' history or anyone who is healthy, needs to have an enriched oxygen environment waking up from an operation. That's what helps get rid of the anesthetic.

Q. What is the X stopping here right at this time?

A. That means the anesthetic was turned off, the isoflurane was turned off. The concentration he was on at this point between 12:15 and 12:30 was .6 percent, and at 12:35 it looks like that was turned off.

Q. So according to the record, in your opinion he was never on room air?

A. No.

Q. Now, do you -- other than -- you know Dr. Cascorbi. Tell me your relationship with him when you were a resident there.

A. He was the chairman of the department and I had -- he was one of the instructors. I mean, I

Page 55

worked with him in the operating room occasionally. He helped plan my career and gave me letters of recommendation when I applied for my present job.

Q. Do you think highly of him?

A. Extremely.

Q. Now, you spent your fellowship there also, correct?

A. Right.

Q. Then from 1988 on, take me through what you've been doing from that time to the present.

A. I finished my residency in the end of June of 1988 and around July 15th, July 20th I began working with Cleveland Anesthesia Group at Mt. Sinai Hospital and I've remained part of Cleveland Anesthesia Group to this point. In 1991 we took on another hospital, which is Deaconess Hospital, and over the last four months since April I've been more at Deaconess Hospital, but I still go to Mt. Sinai.

The way we work is on any given day we have six doctors at Mt. Sinai and two doctors at Deaconess. The person that was at Deaconess primarily was in a car accident and I've taken over his role since that point and that's why I'm the acting chairman.

Q. He was in a car accident and you became

Page 56

acting chairman?

A. Right. I've been in the same job for the last nine years. Our group now goes to Mt. Sinai Hospital, Deaconess Hospital, Richmond Heights Hospital and Mt. Sinai's Ambulatory Center.

Q. Why are you licensed in Florida?

MR. CASEY: Good place to retire?

BY MR. ALLEN:

Q. Do you have plans to go to Florida any time soon?

A. No, I really don't. It's one of these things that it's much easier to get licensed to a state that you might move to at some point soon after you've gotten your medical license and passed your boards, so that was why I did that. Also, my inlaws have a condominium in Florida and spend some time there and periodically when I'm down there if my father-in-law needs medicine I help get it.

Q. Other than that, have you ever practiced medicine in Florida?

A. No, only in Ohio.

Q. Do you know any of the -- I don't believe I've asked. Do you know any of the defendant doctors besides Dr. Adamek meeting him one time? Do you know

Page 57

Dr. Ho or Dr.

A. No.

Q. Do you know Dr. Senchyshak have you m him?

A. I met him one time.

Q. And when was that?

A. That was about four months ago and that was in passing at Reminger & Reminger.

Q. Did you discuss this case with him in passing at Reminger & Reminger?

MR. CASEY: He discussed the case with me when he was there, not with Dr. Senchyshak.

MR. ALLEN: He discussed the case with you?

MR. CASEY: Right. It was a meeting that we had together.

MR. ALLEN: with Dr. Senchyshak?

MR. CASEY: No. I had met with Senchyshak, then I met with Rapkin.

BY MR. ALLEN:

Q. But you never met directly with Senchyshak?

A. No.

Page 58

Q. It was just a hi, hello, and then you were gone sort of thing?

A. He sat in the room for a few minutes and basically I discussed things with Mr. Casey because this was near the beginning of my work on the case and I had a fair amount of questions.

Q. What was your biggest area of concern?

A. I was looking a lot at the charting and what was going on. I mentioned that gap between 1:00 and 1:15 and I didn't know what was going on at that point.

Q. Is that when you learned that he was out of the room running errands?

A. I think I learned that from the deposition.

Q. Other than that, were there any other concerns that you had?

MR. CASEY: Charles, you're getting a little far into work product now. I'm going to object if you go much further.

MR. ALLEN: I just want to know the area of concern.

MR. CASEY: I understand.

MR. ALLEN: Then I'll pull

Page 59

out, okay.

A. You know, I had a number of conversations with Mr. Casey. I mean, we went through a lot of things, and I'm sure after talking to Mr. Casey he talked to Dr. Senchyshak, but I just -- there were a lot of areas of concern I had with regard to -- I mean, especially the monitoring. But, I mean, over the course of -- over the course of the case, I mean, I asked Mr. Casey a lot of different areas.

Q. Just talking about the areas that you had concern that you addressed with Dr. Senchyshak to fill in the blanks.

A. I didn't address anything with Dr. Senchyshak, I addressed my concerns to Mr. Casey.

MR. CASEY: Dr. Senchyshak and Dr. Rapkin have never had any conversations. I have always had conversations with Dr. Rapkin, and we won't go any further into those conversations because that's my work product.

MR. LANDSKRONER: If it forms the basis of the doctor's opinion in any way and it was relied on in any way, then it's discoverable.

Page 60

BY MR. ALLEN:

Q. The questions which I have are what concerns you had that filled in the blanks in which you got information from Dr. Senchyshak that helped you understand what was going on?

A. What I asked Mr. Casey about, the other main areas of the charting I had problems with were the things that were crossed out.

Q. And what was crossed out?

A. The thing I was looking at were that it looked like there were changes in the pulse oximetry values, there was a change in the norflurane of whether that was given at 12:25, and there was a cross-out on the notes on the side, number three where it says patient not responsive to verbal commands in terms of eye opening, hand squeezing, and I asked Mr. Casey what was going on with that.

Q. Did Mr. Senchyshak tell you -- is that where you got in your opinion letter #at he crossed it out at the insistence of Dr. Adamek?

A. I think I got that from the deposition. To be honest, it was -- I don't know exactly what the timc frame was with regard to the deposition versus this. I know I had the deposition beforc I wrote my report.

Page 61

Q. And your report was written what day?

A. My report was written in May, it was dated May 5th.

Q. So now, Doctor, besides the occasions to go to Reminger & Reminger for this case, have you ever had any dealings with that law firm before?

A. Yes.

Q. Tell me about those.

A. I havc -- early in my training I dealt with -- I did one case with them, that was about seven or eight years ago. I actually don't rcmcmbcr the casc. At the prescnt time I'm doing two other cases with them.

Q. Tell me -- I'm sorry.

A. I'm sorry?

Q. Tell me about the case seven or eight years ago, were you an expert?

A. I was an expert in the case.

Q. You formed opinions defending a doctor, correct?

A. Yes. I did -- my hunch is that it was real early in being out of residency and I probably did a lousy job and that's probably why I wasn't asked to do any more work for several years.

Q. For seven, eight years.

Page 62

A. Now I'm doing two other cases with them. That actually makes up -- I've been doing more and more malpractice work. The bulk of my work is plaintiff's work. I'm doing about six plaintiffs' cases right now.
Q. We'll get there. The two other cases that you're reviewing besides this case, what do those involve?
A. One involves --
MR. CASEY: I'm going to object and not let him answer in terms of if those cases are ongoing. You can ask him if they have anything to do with anything that's involved in this case, but those cases are ongoing and I don't want him to have deposition testimony on the record when he has not yet been deposed in those cases. So I'm not going to let him answer those questions.
BY MR. ALLEN:
Q. You haven't been deposed in those cases?
A. Either.
Q. Do either one of those cases have to do with anything that relates to this case?
A. No.
Q. About the induction of anesthesia,

Page 63

Swan-Ganz extubation?
A. Totally different.
Q. None of those had a high risk patient with cardiomegaly, congestive heart failure, hypertension?
A. No.
Q. Obesity?
A. None.
MR. CASEY: Thank you, Charles.
MR. ALLEN: sure.
BY MR. ALLEN:
Q. Now, other than the expert work with that firm, have they ever defended you in a lawsuit?
A. I have had my name mentioned in two lawsuits, one has been dismissed, the other will be dismissed shortly, and Reminger & Reminger is the law firm that our malpractice insurance company retains.
Q. That's PIE?
A. No.
Q. What is that?
A. We deal with Medical Protective right now. Previously we dealt with Frontier.
Q. I'm sorry. So you are -- the same insurance company that you handle, that handles your insurance, also retains them as defendant counsel,

Page 64

correct?
A. One more time, could you ask the question?
Q. I'm sorry. The reason -- your insurance company retains them to defend your cases, correct?
A. Right.
Q. The first one that was dismissed, did it have anything to do with issues similar to this case?
A. No.
Q. Did you give deposition testimony?
A. No, it never got far enough.
Q. What happened with it? Did it get settled?
was a case. dismissed. It was someone who -- I was doing the cardiac anesthesia on a patient. A typical routine is to leave a cardiae patient intubated after an operation, after a heart operation. This patient had a heart bypass operation, I left the patient intubated, the patient subsequently had a tracheostomy and they sued the cardiac surgeon, they sued me.
Q. For?
A. For leaving the patient intubated.
Q. Too long?
me patient intubated. It would have been negligence if I

Page 65

would have extubated the patient.
Q. Right. So as far as the case that's about to be dismissed, what is that?
A. That's a lady who came in for a hip fracture --
MR. CASEY: Again, I'm not going to let him testify to this. This is an ongoing case, Charles. It has not yet been discussed.
BY MR. ALLEN:
Q. Is it similar to this case?
A. It's nothing to do with this case, nothing similar.
Q. Have you given testimony in the case?
A. No.
Q. Can you give me the name of the case, who's suing you?
A. The family's name is Kupiac.
Q. That's due to care at which hospital?
A. That was at Deaconess.
Q. Now, the other law firm is Jacobson & Maynard. I assume they've never defended you before?
A. No.
Q. Have you ever been retained by them as an expert witness?

Page 66

A. No.
Q. Have you ever had any dealings with any of the lawyers that are sitting around the room today?
A. No. I met Jacobson one time.
Q. Now, let's walk through. I guess seven or eight years ago is when you started doing med-mal work; is that correct?
A. Really just about one year ago. I mean, I did the one case and then I didn't do anything else a year ago.
Q. And then a year ago -- within the last year you've done three cases for defense work, okay, what you just talked about. Tell me about the other cases that you've done.
A. I've done work for -- I've done two cases with Nurenburg, Plevin in Cleveland. Both are ongoing right now. One involves --
MR. CASEY: Don't testify to any case that's ongoing.
MR. LANDSKRONER: we don't want to know about those.
A. I'm dealing with one case that is also ongoing with the firm of Dinn, Hochman & Potter.
Q. Are you on which side?
A. Plaintiffs. And then two cases in

Page 67

Pittsburgh that are ongoing, but it's plaintiff's work.
Q. So those ve anything else last year?
A. And I've had discussions with another plaintiff's case, the firm is Hermann, Cahn & Schneider, and that's ongoing also.
Q. Do you have any cases you're reviewing at this point that you haven't decided to take or not to take. other than what you've talked about?
A. No.
Q. Have you given -- how many depositions have you given?
A. This is my first.
Q. Now, do you know Dr. John Downs?
A. No. I read his report, that's my only knowledge.
Q. Do you know Dr. Schlanger?
A. No, never heard of him.
Q. Dr. Nearman, Howard Nearman?
A. I know him.
Q. Tell me about your relationship with Mr. Nearman.
A. Dr. Nearman was one of my attending anesthesiologists at UH, University Hospitals, when I

Page 68

was in residency. At the time he ran the intensive care unit, the surgical intensive care unit. I worked with him occasionally in the operating room. I have the highest respect for Dr. Nearman. He was one of my favorite attending anesthesiologists to work with.
Q. Other than that relationship in the residency program, have you had any other sort of relationship with him, personal?
A. Running into him socially once in a while, I mean, just in passing and saying hello to him. He's a very pleasant fellow and he always keeps in -- always says hello to people.
Q. Have you had any conversations with him about this case?
A. No.
Q. How about D asc bi?
A. No.
Q. Do you know Dr. John Conomy?
A. No.
Q. Do you know Dr. -- I guess that's it. Other than that, I'm going to ask you some of the plaintiffs' experts. Tell me if you know any of these guys. Dr. Joseph Bussey?
A. No.
Q. Dr. Joel Kaplan?

Page 69

A. I know of him.
Q. How do you know of him?
A. Dr. Kaplan is an extremely well thought of person in anesthesiology. I've heard him speak at lectures, I've read sections of his books, and I respect him highly. He's very well thought of in anesthesia circles.
Q. Do you have his book on cardiac anesthesia?
A. You know, I don't have his book, I've read chapters of it though or seen chapters of it anyway.
Q. Have you ever met him, talked with him?
A. No.
Q. Do you know a cardiologist Dr. Marc Semigran?
A. No.
Q. Alvin Kahn?
A. No.
Q. Dr. Francis Barnes, Columbus?
A. No.
Q. Dr. Greendyke?
A. No.
Q. Dr. Greenhouse?
A. No.
Q. A surgeon by the name of Dr. Marshall

Page 70

Orloff?
A. No.
Q. A cardiologist by the name of Dr. Paul Thompson?
A. No.
Q. And I . Ierry Winkler?
A. No.
Q. Tell me ut your ractice today as it relates to working with residents.
A. I don't work with residents right now, I work with nurse anesthetists and nurse anesthetist students. At Mt. Sinai we have an active nurse anesthesia program so we deal -- and nurse anesthesia school, so we're dealing with students in training at all times and we deal with -- and I supervise nurses for many of my cases.
Q. When was the last time you supervised a resident?
A. The last time I supervised a resident? I supervised a dental resident. I haven't supervised an anesthesia resident since I was in residency.
Q. When did you become Board certified?
A. 1989.
Q. Why did you do that?
A. It's the natural course. When you finish

Page 71

your residency you take your boards and you pass your boards. It helps you further in your career, demonstrates your knowledge base.
Q. How does it demonstrate your knowledge?
A. By taking the exam, answering the

questions.
Q. Were you ever supervised in the residency program by a non-Board certified anesthesiologist?
MR. CASEY: If you know.
A. I believe so, yeah.
Q. Do you know who it was?
A. was
were rumors that a couple of the people were not Board certified. It wasn't something that was common knowledge and it wasn't stated. I've got a couple of opinions, but I'm not sure that I would say for the record that they were or mention their names because I don't know if I'm accurate.
Q. I'm not asking you to do that.
But it was your understanding or your belief that everybody that was teaching you in the residency was Board certified, correct?
were --
there may have been a few people who weren't Board

Page 72

certified. I don't think that that's necessarily wrong.
Q. Do you know if that hospital had a policy that these doctors were supposed to be Board certified?
A. Are you talking in my residency?
Q. Your residency.
A. I don't know if they had a policy or not. They never discussed that with me.
Q. Have you ever had a patient go into a coma after anesthesia?
A. I've had patients who haven't woken up and subsequently died. I don't think I've had a patient that went into a long-term coma.
Q. So you've never given care for a patient in a long-term coma?
A. No.
Q. Other than your role as an anesthesiologist, have you ever been asked to come in and give an independent evaluation to medically clear a patient for surgery?
A. No. It's always been in my role as an anesthesiologist.
Q. And that is done before surgery and you have the ability to stop the surgery if you feel that the surgery should not proceed?

Page 73

A. Yes. What typically happens is surgeons will often ask for an anesthesia consult of someone that they're concerned about. You'll go and see the patient and you'll make recommendations as to if they need any consults or if the patient is fine. You also will frequently typically see the patient the night before.
One of the purposes of seeing the patient the night before is to be able to take care of any work that needs to be done on that patient so the patient is ready for surgery, such as if they need a cardiologist to evaluate the patient or they need some more information on the chart that you're able to do that before the operation is scheduled so that the operation isn't delayed. One of the things that annoys is their
Q. Right. And so -- but you've had occasion to have operations due to the health of the patient?
Q. And that's part of your role?
A. Absolutely.
Q. And so you -- again, you've called in independent consults, cardiologists, et cetera?
A. M-hm, yes. Typically what I'll do is I'll

Page 74

call the -- I may call the internist and tell him this is specifically what information I need to have or I'll call the cardiologist directly and say I need to have this much information. I try to direct the consult to where I want it to be.

As the anesthesiologist I know what information I want, I know what's helpful to me. What's helpful to me is for someone to say he's got an ejection fraction of 20 percent, he's got an ejection fraction of 50 percent, that's helpful to me.

Q. Do you know from reading the records and the depositions whether Dr. Adamek received that information from a cardiologist preoperatively?

A. There's no -- there's nothing in the deposition that I saw that says he got the information. What I got from the deposition, from his deposition is that he got involved in the case at the time of induction, from his deposition that is. From Dr. Senchyshak's deposition it appeared that he was involved a little before, he was involved in the hallway before the induction. But there's nothing to indicate that the information -- that he had information of that kind.

Q. There's no indication from his deposition or from the record that Dr. Adamek had any information

Page 75

before the beginning of the anesthesia in this case, correct?

MR. CASEY: objection.

That's not what he just said, Charles. He said according to Senchyshak.

A. Ask your question one more time, please.

Q. There's no indication from the record or from the deposition that Dr. Adamek came in with any knowledge of Dewey's previous care before the beginning of anesthesia?

A. Well, except that I'm looking at the pre-op record which Dr. Adamek signed. The A there I assume is his signature. That would indicate to me that he had seen the preoperative evaluation, so he knew going in that the patient had hypertension, CHF, sleep apnea and obesity.

Q. Do you recall what his statement was in his deposition as to when he read that?

A. No, I don't recall.

Q. If he stated that he read that during the beginning of induction, would you be critical?

A. Absolutely. The reason I'd be critical is he's taking over the care of a patient that he doesn't understand, and I think you absolutely have to understand what's going on with a patient, understand

Page 76

their disease processes, before you can take care of a patient. It would be like a lawyer sitting down at trial without even having talked to the patient or reviewed the records. There's too many critical things that can go on.

Q. So he should have been aware and evaluated the patient before going into the operating room, correct?

A. Absolutely.

Q. Now, are you here to give any opinions as to the degree in which the gallbladder was diseased, if any?

A. No.

Q. Are you here to give any opinions as to what the gallbladder pathology report says?

A. No.

Q. Doctor, are you aware of whether or not Dewey Jones had cor pulmonale?

A. I actually don't remember that from the echo report. The facts that stuck in my mind were the left ventricular dysfunction.

Q. If he had that would that make any difference as to the insertion of the Swan-Ganz in your opinion?

A. No. I think that even if he had elevated

Page 77

right ventricular -- elevated pulmonary artery pressures from cor pulmonale it would still give you a trend, and the trend is what's important as the case progresses. If he had significant cor pulmonale, that would also be another area that Dr. Adamek would need to have the information on from a cardiologist.

Q. You won't give any opinions as to whether or not Dewey Jones was a candidate for any alternatives to surgery?

A. No.

Q. And have we discussed, in your opinion, all the risk factors of Dewey Jones before going into the operation, Doctor?

A. I think we have.

Q. And overall would you consider him a very high risk patient?

A. I'd consider him an extremely high risk patient.

Q. Are you critical for them stopping Mr. Jones' anti-hypertensive medications the night before and that affecting his anesthesia care?

A. I wasn't aware they stopped his anti-hypertensive medicines.

Q. He was on NPO the night b

A. Right. I actually didn't look as to

Page 78

whether he had gotten his meds the morning of surgery.
Q. Is that something that an anesthesiologist would make sure occurred, that he got his meds either the morning of or the night before?
A. It could either be the anesthesiologist or the surgical resident. You frequently write an order that says NPO past midnight except for meds, medicines.
Q. Pardonme?
A. You can -- frequently either the anesthesiologist or the surgeon or the surgery resident will write an order that says NPO after midnight except for the various medicines he's on.
Q. So if he didn't have his anti-hyperintensive medications before surgery from midnight on, how would that affect the way he was monitored intraoperatively?
A. It probably made no difference.
Q. Would it have added to the problems that he had at or around the time of extubation, would it have made it more likely to go into fluid overload?
A. It would be hard to say. I don't know if I could answer that question.
MR. CASEY: You don't have to have an opinion on everything.
///

Page 79

BY MR. ALLEN:
Q. But --
A. It's certainly optimal for him to have had his medicines. Whether it had any effect, it's hard to say. Certainly if he had been monitored with a Swan-Ganz catheter and arterial line and they would have seen elevated pulmonary artery pressures and given him nitroglycerin and Lasix at that point it would have done the same thing as giving him his anti-hypertensives in the morning. In fact, it probably would have done it better.
Q. So by the fact that the resident failed to say NPO except for meds the night before as your interpretation of the record, would that be a failure of the standard of care on the part of the resident himself who wrote that note?
A. You know, it's a fairly small issue. I don't know if I would put that as a breach in the standard of care. I mean, one dose of Procardia and one dose of Lasix, I'm not sure that you could say that's a breach of the standard of care if he didn't have that.
Q. So you have no opinion that that's a breach of the standard of care, or you feel like it was within the standard of care to do that?

Page 80

A. It was not up to the appropriate standards. He should have had his medicines the morning of surgery.
Q. Now, as far as Dewey Jones' high risk status, he was at a higher risk to developing pulmonary edema, correct?
A. Yes.
Q. Higher risk of developing cardiac arrest or cardiopulmonary arrest in your opinion?
A. Well, I don't know that he was at a higher risk of a cardiac arrest, he was certainly at a higher risk of pulmonary edema. I mean, cardiac arrest -- I mean, the patient -- someone who comes into an operating room walking and breathing we like To think doesn't have that high of a risk of having a cardiac arrest in the operating room.
Q. But the fact of his heart condition, would that --
A. more --
Q. Somebody without?
A. Exactly.
Q. And so the same goes for some sort of pulmonary problems, edema, pulmonary edema, et cetera, he's at a higher risk €or developing pulmonary problems?

Page 81

A. Yes.
Q. Now, he was given -- Dewey was given oxygen the morning of surgery, you re aware of that?
A. Yes.
Q. What is your understanding of the reason for that?
A. I don't know the reason. I saw it in a nurse's notes. I saw nothing in the progress notes as to why that was done. It's something that's frequently done though before an operation. Many times I'll have a nurse call me before an operation and ask if she can start oxygen and I'll always answer yes. I mean, it never hurts.
Q. So to your knowledge -- you don't have any knowledge why it was turned on, why he was given oxygen?
A. No.
Q. Do you have any opinion as to whether that was beneficial of Dewey Jones?
A. I think it probably didn't make a lot of difference.
Q. Pretty close to the end here.
Do you have an opinion as to whether the Swan-Ganz had been in place that -- scratch that. Generally when a Swan-Ganz is in place are you always

Page 82

able to control the patient's blood pressure with the proper use of vasodilators, nitrates?

A. You're not always able to do it, it helps guide you in doing it, and the arterial line helps guide you in doing it. Some patients just can be very difficult to manage.

Q. But it's more likely than not that you'd be able to guide that, correct?

A. It would -- like I said, it would guide you, but often the stresses of an operation can make it and a patient's underlying condition can make it difficult to control the blood pressure.

Q. Do you believe that Mr. Jones' cardiac arrest -- do you believe it was a cardiac arrest eventually?

A. I'm sort of taking it from the anesthesia record and the fact that a Dr. Heart was called and the drugs they gave he did have -- and it says that compressions were done -- that there was a cardiac arrest.

Q. Do you believe that that was precipitated or caused by the pulmonary edema?

A. I think that that was a major factor in it, yes.

Q. Do you believe this is an acute onset of

Page 83

pulmonary edema?

A. Define the word acute. I think that this is a patient that was prone to it given his underlying conditions. I think it may have been developing during the case. I think that he may have gotten pushed over the edge after he started bucking and after the blood pressure started rising.

It would have been nice to have had a Swan-Ganz catheter in earlier in the operation to assess if he was beginning to develop it. I mean, it's hard to say that he developed the pulmonary edema at 1:00 or at 12:45. I think it was an ongoing process that became markedly exacerbated after 12:30.

Q. And it could have started as early as 10:30 or 11:00?

A. It's hard -- it's hard to say when. It's hard to make a guess. I mean --

Q. There's a possibility of that?

A. Yes, there is. I'm certainly concerned about the low urine output at 11:30. I mean, that's the -- the operation is going along uneventfully. That's the first sign I see of something that is not where it should be.

Q. So in your opinion, it could have started as early as that time?

Page 84

A. You know, the process may have begun. It's hard to say how severe it was at that point.

Q. And did you tell me earlier that you were not aware of Dewey's present state, or are you aware of his present condition?

A. I'm aware that he's still comatose in a rehabilitation facility.

Q. Other than that do you know anything else?

A. No.

Q. What role did his noncompliance have on Dewey's management, health care management by anesthesia?

A. Actually, it had very little role because as an anesthesiologist what you're looking at is what his state is at the present time. He had been in the hospital for several days and his blood pressure had been controlled, so the noncompliance of when he was out of the hospital didn't have as much effect.

Let me go back, though, to what I just said. The fact that he was noncompliant probably affected his cardiac status and may have worsened his congestive failure and his left ventricular dysfunction.

Q. Coming in?

A. Coming into it that may have made his

Page 85

underlying condition worse. That would be the way the noncompliance would have an effect. But at the time he went for **the** operation **his** blood pressure was controlled and he **appeared** optimized.

Q. Just to clarify it, within a reasonable degree of medical certainty, greater than a 51 percent, it's your opinion that the pulmonary edema was precipitated by volume or fluid overload?

A. No. I don't think you can say that for certain. I think if you had a Swan-Ganz catheter in you might have had a better handle on saying that. I don't think you can say that fluid overload was the critical factor in causing the pulmonary edema.

Q. So more likely than not -- you cannot say in that instance more likely than not it was fluid overload that caused the pulmonary edema?

MR. WALTERS: objection to form.

A. Can I still answer?

Q. Yes.

A. Looking at the fluid they gave him during the case, he got 2100 cc's of fluid. For a man of Dewey Jones' size, that's not an unreasonable amount of fluid. When you look at the rest of the case and you look at the urine output, it's where -- it's where you

Page 86

need the Swan-Ganz catheter to determine where his volume status was.

Q. Let me just ask you this question. Do you have an opinion within a reasonable degree of medical [illegible] the cause of the pulmonary edema?

A. I think that the cause of the pulmonary edema was multi-factorial. I think you had a patient with underlying medical conditions who during an operation got fluid, had no urine output or very little urine output that may have led to a relative increase of volume, an increase in lung water.

Then you had a marked increase in afterload by the high blood pressure after he was reversed and the anesthetic was turned off, that being after 12:35, and you had the bucking which increased your intrathoracic pressure. I think you've got all those factors causing pulmonary edema. I think it would be very difficult to say that only one of those factors caused it.

Q. So it's multi-factorial?

A. Exactly.

Q. Do you have an opinion one way or another if he was in active congestive heart failure before surgery?

A. From the chest x-ray he wasn't, and that

Page 87

would be one of the main diagnose -- one of the main [illegible] I didn't examine him. You would want to listen to his lungs. There was a note from the anesthesia resident who saw him that he was clear to auscultation. So those would be two of the areas you'd look at.

Q. So do you have -- within a reasonable deg[illegible] do you have --

A. Within a reasonable degree it appears that he wasn't in congestive heart failure going into the operation.

Q. Let me just get some other quick information here. Doctor, how much do you charge to review a case?

A. My charges now are $275 an hour to review a case.

Q. And then deposition time?

A. $350 an hour.

Q. 350?

A. Yes.

Q. And then your trial testimony?

A. I haven't testified yet at trial, so I don't know.

Q. You haven't decided what that's going to be?

Page 88

A. No. I probably will do the $350 an hour, unless you tell me that's unreasonable.

Q. I'm not going to say anything.

MR. JONES: You're going to ask Charles if your charge is unreasonable. I *think* that's an indication of what's going on.

BY MR. ALLEN:

Q. You got to lower the depo time and increase the trial time.

Have those review fees gone up since you started?

A. No.

Q. That's been --

A. That's what I charged.

Q. -- for the last year?

A. Yes.

Q. Does the money go directly in your pocket or does it go into your company?

A. It goes to me.

Q. You don't donate that to any charities or anything like that?

A. No.

Q. Just briefly describe for me your average day. How much time do you spend on an average in the

Page 89

hospital, how much do you spend administratively, percentagewise?

A. I spend -- I'm typically in the hospital 7:00 in the morning. My day will go anywhere between 3:00 and 5:00 or 6:00 in the late afternoon. Typically on an average day I will do anywhere between four and 10 to 12 operations a day. The great bulk of my time, probably 95 percent of it is doing anesthesia. Administration fortunately is a very small amount of time. I go to about two to three meetings a month. I've been able, just been able to minimize the amount of administrative time. It doesn't take me that long to do it.

Q. Do you have any -- I notice you didn't write any articles. Have you anything in progress at this point?

A. No, I've got no publications. I basically don't do research. I'm a clinical anesthesiologist, I do anesthesia every day.

Q. Just about to wrap it up.

Have you ever -- this is your first deposition. Did you ever go out and read any articles or see any videotapes to help you --

A. No.

Q. -- to be an expert witness?

Page 90

A. No.
Q. Did you go to any seminars?
A. No.
Q. Did you attend any portions of a medical seminar that may have been directed toward giving medical opinions?
A. No.
MR. CASEY: You see if he had, he would know he's not supposed to put his hands up in front of his face when he's in front of a video camera.
BY MR. ALLEN
Q. And in general, this is the first time you've testified in a case involving a very high risk patient in which a Swan-Ganz was not placed and which there's --
A. This is the first time I've testified in any case.
Q. And the first time you've been involved in review of any case like this, correct? The cases that you've reviewed are not similar to this, correct?
A. They're not similar to this, no, but there are cases involving high risk patients.
Q. Did it have anything to do with the insertion of a Swan-Ganz?

Page 91

A. There's one case that has to do with whether a Swan-Ganz was inserted or not.
Q. Did it have to do with the care of residents?
A. A resident was involved in that case, also.
Q. So you're looking at it on the part of th --
A. The plaintiff's side.
Q. -- the plaintiff's side?
A. Yes.
Q. As to whether the resident care was appropriate?
A. Yes. Well, I'm not looking at it as to if the resident's care was appropriate, I'm looking at it as to whether the anesthesia care was appropriate. Probably I'm looking at the anesthesiologist.
MR. ALLEN: I'll pass him for right now.
MR. CASEY: Before we get to you Susan, we'll go to Steve.
MR. WALTERS: I don't have any questions.
MR. JONES: I have no questions either.

Page 92

MS. REINKER: I would like to take a two-minute break just to get a glass of water, if I could.
(Thereupon, there was a brief recess.)
- - -
EXAMINATION
BY MS. REINKER:
Q. Dr. Rapkin, when you came in this room tonight, were you under the impression you were going to be giving trial testimony?
A. Mr. Casey has told me that I might be called to testify.
Q. Did you actually realize you were being videotaped to be shown to a jury at trial?
A. I had heard that there might be videography here also.
Q. You told us that you had some patients who died, rather who did not wake up from anesthesia and who died; is that true?
A. That's not the way I said it. What I said is that there have been patients that have had bad outcomes, which typically when you do a lot of high risk cases can happen. I do a lot of cardiac anesthesia and sometimes patients go into operations where they have no realistic chance of coming out. The

Page 93

other thing we do when I'm at Mt. Sinai is we do a lot of trauma and there's a lot of gunshots, and people who get shot sometimes don't do well.
Q. Have you had patients who did not wake up from anesthesia and then later died? Can you answer that yes or no?
A. I've had patients who --
Q. Doctor, can you answer it yes or no? Has that ever happened to you?
A. They were essentially almost dead at the end of the operation.
Q. Were you sued for any of those cases?
A. No.
Q. Did you consider your care negligent in any of those cases?
A. No.
Q. Who hired you in this case?
A. Reminger & Reminger.
Q. Do you know what lawyer it was?
A. It was Mr. Casey.
Q. Have you ever had any conversations with Mr. Allen?
A. Never.
Q. Had you -- were you Just talking to him out in the hall?

Page 94

A. No.
Q. Or any lawyer who represents the plaintiff in this case?
A. No.
Q. Have you ever received any correspondence from the plaintiffs' lawyers in this case?
A. All the correspondence I've received has been through Mr. Casey.
Q. Okay. Now, you said that you first testified or got involved in a medical-legal case as an expert witness in roughly 1990 was it? You said --
A. It was something like that, 1990, 1989.
Q. What lawyer asked you to get involved in that case?
A. There was a case from Reminger & Reminger.
Q. Do you remember the lawyer's name?
A. It may have been Les Spisak. I don't remember for sure.
Q. It's kind of unusual for somebody that new in practice to get asked to be an expert. Do you know how they got your name or how you got involved?
A. It may have been through one of my partners who does a lot of work with Reminger & Reminger.
Q. Do you have any friends who are lawyers?

Page 95

A. —
Q. Anybody in your family who's a lawyer?
A. No.
Q. Did you get into this kind of work through friends of yours who are lawyers?
A. One of the cases I'm doing now, one of the plaintiff's cases, is through a friend who's is lawyer.
Q. Are you personal friends with anybody in the Reminger firm?
A. No.
Q. But they are currently representing you in two cases?
A. They are currently representing me in one case.
Q. And there have been cases in the past where they represented you?
A. There was one other case. That case -- that case was dismissed.
Q. And you are currently an expert witness for them in two cases?
A. I am working with them at the present time on three cases.
Q. Three cases. Is that including this one?
A. That's including this one.
Q. Okay. So they're representing you in one,

Page 96

you're working with tl s a retained t in three cases?
A. Right. I think the reason for that is they are, they're the largest defense -- they do a lot of the defense work and if I want to do some defense work I need to work with Reminger & Reminger.
Q. How many other firms in town do defense work?
A. I havenoidca.
Q. So you don't know whether they do a lot of defense work or not compared to other law firms?
A. That's true.
Q. And you currently have, did you say six plaintiff's cases that you're involved in?
A. Yes.
Q. So you're currently serving as an expert witness in nine cases?
A. Yes.
Q. Do you count this one was a plaintiff's case or a defense case?
A. Defense case.
Q. You understand that your role in this case was to defend Dr. Senchyshak?
A. I was hired by Reminger & Reminger to work on the defense of the hospital and, in particular,

Page 97

Dr. Senchyshak.
Q. So your role was to defend all the residents, and particularly Dr. Senchyshak?
A. Well, the only one I've been involved with really is Dr. Senchyshak. I don't feel qualified to defend a surgery resident or medicine residents.
Q. So your role in this case is to get Dr. Senchyshak off the hook, so to speak?
MR. CASEY: Objection.
A. My role is to defend Dr. Senchyshak, and I advised Mr. Casey at the beginning of the case as to whether I thought his actions were defensible.
Q. Have your opinions changed at all since you first reviewed this case?
A. Actually, my opinions are pretty much the same.
Q. Did you ever go to law school or take any law school courses?
A. No.
Q. How did you meet Mr. Jacobson?
A. On the golf course actually. It was in passing, someone introduced me to him. I doubt he would remember me.
Q. The six cases in which you're a plaintiff's expert, they're all against

Page 98

anesthesiologists?
A. One is an oral surgery case where a local anesthetic was injected and caused a reaction.
Q. And the rest of them are all against anesthesiologists?
A. Yes.
Q. Do you work for any kind of services or agencies that recruit doctors?
A. No.
Q. Have you ever thought about doing that?
A. No.
Q. Since you're currently involved in nine of those cases, what percent of your income is now derived at the present time from your medical-legal evaluations?
A. It would -- last year it was five percent maybe.
Q. Is that increasing any do you *think* this year?
A. It might be a little higher this year. It may -- it's going -- it will be under ten percent.
Q. You wrote a report in this case May 5th, 1997?
A. Yes.
Q. Have you written any other reports?

Page 99

A. On this case?
Q. Yes.
A. No.
Q. Have there been any supplemental, a memorandum that you've provided to anybody?
A. No.
Q. When you wrote this report did you hold the opinions that you rendered here today?
A. Yes.
Q. Why didn't you state those opinions in your report?
A. Because I was asked to give an opinion about the role of Dr. Senchyshak.
Q. So this -- I'm sorry, go ahead.
A. Basically that was my role.
Q. Okay. So you held the opinions you rendered here today, but you did not put them in your report?
A. That's correct.

MR. CASEY: I would object to that.

BY MS. REINKER:

Q. Were you asked not to put them in your report?
A. No. Mr. Casey purely asked me to write a report about the role of Dr. Senchyshak.
Q. So at the time you signed this report, it was not a completely accurate summary of the opinions you held in the case, correct?

MR. WALTERS: I'll object.
MR. CASEY: Objection.

A. I think that's not the case. I had opinions about the causation of the case, I didn't put that in there. I specifically wrote a report about the role of Dr. Senchyshak.
Q. Now, you currently are primarily at Deaconess Hospital?
A. I'm at Deaconess and Mt. Sinai. About 80 percent of the time I'm at Deaconess, the other 20 percent I'm at Mt. Sinai.
Q. Are you acting chief at Deaconess or are you chief at Deaconess?
A. Acting chief.
Q. Are you a candidate to be chief?
A. We expect that the doctor who was the chairman will be back in probably another six months to a year. He had fairly major injuries from his car accident.
Q. What's the name of your group?
A. Cleveland Anesthesia Group.

Page 101

Q. Do you know any of the other physicians employed in the group that Dr. Adamek was with?
A. Yes.
Q. Deaconess Hospital is owned by what organization?
A. Primary Health Systems.
Q. And the hospital -- do you know what role Dr. Adamek now has?
A. He is employed by Primary Health Systems at St. Michael's Hospital.
Q. So both hospitals are employed by the same -- owned by the same group?
A. Yes. They own -- Primary Health Systems owns Deaconess Hospital and St. Michael's, Mt. Sinai, Richmond Heights, Mt. Sinai's Ambulatory Center.
Q. Has there ever been any discussion about closing either St. Michael's Hospital or Deaconess Hospital?
A. Not that I'm aware of.
Q. How about closing the surgical suites at one of those two hospitals?
A. Again, not that I'm aware of.
Q. These two hospitals are a few miles apart, right?
A. You know, I've actually never been to

Page 102

St. Michael's, so I'm not exactly sure where it's located. I know it's relatively close, but I have no idea how close.
Q. In fact, on the west side of Cleveland, other than Metro, I think the other two hospitals are Deaconess -- in the lower west side area *are* Deaconess and St. Michael's, right?
A. And Metro.
Q. I said other than Metro.
A. And Lutheran.
Q. Lutheran is kind of the other side of town or in a different area, right?
A. Right.
Q. So in a way, you and Dr. Adamek might be considered to be at competitor hospitals?
A. Absolutely not, absolutely not.
Q. What kind of a ballgame was this?
A. Indians.
Q. Now, Deaconess does not have an anesthesia residency program, does it?
A. No.
Q. Do you know if they ever did?
A. I don't know.
Q. How about Mt. Sinai?
A. Mt. Sinai had an anesthesia residency

Page 103

years ago in the '60s. I don't know when it ended. Certainly since I've been in the group we've never had an anesthesia residency.
Q. Do you know why they don't have an anesthesia residency anymore at Mt. Sinai?
A. I could probably give an opinion, but it would be a guess.
Q. Did they lose the program, do you know?
A. I have no idea.
Q. Since you've been an attending you have never worked in an institution with residents, right?
A. There are surgical residents and dental residents and medicine residents and pediatric residents and obstetrical residents. We don't have anesthesia residents, we teach nurse anesthetist students.
Q. So since you've been an attending you have never played a role working with anesthesia residents?
A. That's correct.
Q. Since you've been an attending you've never been in the iti that Dr. Adamek in with Dr. Senchyshak?
A. That's true.
Q. Io many -- did you say they nurse
tl residents?

Page 104

A. Nurse anesthesia students.
Q. Who assists you in practicing anesthesia at these different hospitals?
A. I have nurse anesthetists and the nurse anesthetist students also assist.
Q. At both hospitals?
A. At both hospitals, yes. The nurse anesthetist students are only at Mt. Sinai and Mt. Sinai Hospitals, which is Mt. Sinai and Mt. Sinai's Ambulatory Center. At Deaconess we have nurse anesthetists and Richmond Heights we have nurse anesthetists.
Q. At Deaconess what's the ratio of nurse anesthetists to anesthesiologists?
A. On any given day we have one to two anesthesiologists and we have three to four nurse anesthetists.
Q. How many operating rooms are going at the same time on the average at Deaconess?
A. Usually four, or up to four.
Q. So would there be a CRNA, a nurse anesthetist, in each room?
A. There would either be a CRNA or a doctor in each room.
Q. You supervise the CRNAs?

Page 105

A. Yes.
Q. How many CRNAs are you usually supervising at any one time?
A. Typically two, occasionally three.
Q. If there were three, that would be three different rooms going?
A. Yes.
Q. And you'd be responsible for those *three* rooms?
A. Yes.
Q. Usually it's two rooms?
A. Usually it's two rooms.
Q. Are there cameras in the operating rooms?
A. No.
Q. So you can't be in one room watching what's going on in the other rooms?
A. No.
Q. So occasionally things will happen in another room while you're tied up in one room and you may not know exactly what's happening in the other room at the same time?
A. It's my job to know as much as possible about what is going on in each operating room and I'm responsible for that. If something happens in an operating room that I'm not aware of, it's my job to

Page 10

find out what that is and to take the appropriate actions.

Q. Now, have you ever been doing an intubation or working, say, in room one or whatever you would be doing in one room while there's a case going on in maybe room two and room three?

A. Yes.

Q. So there are things happening in room two and room three that you couldn't possibly know about because you're doing an intubation in room one?

A. That's true. But again, it's my job to know what's going on in each room at all times. If I think something's going to happen in one room, I won't tie myself up in another room at that point. I mean, I know when a case is about to finish, I know when something critical is going to happen at a point and I won't tie myself up doing something else at that point.

Q. So is it your testimony that it is humanly possible for you to know what is going on in all three rooms at the same time?

A. Yes, it's humanly possible to know what's going on in multiple operating rooms.

Q. Have you ever had an event happen in another room and then you were called to that room after it happened?

Page 107

A. Yes.

The other aspect of that is if --

MR. CASEY: Doctor, there's no question to you.

THE WITNESS: okay.

MR. CASEY: We don't want to be here until midnight.

THE WITNESS: okay.

BY MS. REINKER:

Q. How does it work at Mt. Sinai, is it the same way, that you might be involved in two or three rooms at the same time?

A. Yes.

Q. And they don't have video cameras in those rooms?

A. Right.

Q. Have you ever had the experience where a nurse anesthetist did something that you did not know they were going to do?

A. Yes.

Q. Did you ever have a situation where you were maybe a little annoyed at them for doing something without calling you or telling you?

A. Yes.

Q. Have you ever had a situation where they

Page 108

did something that you had perhaps told them not to do, they went ahead and did it anyway?

A. Offhand I can't recall, because our nurse anesthetists are told that they're to do what they're instructed to by the anesthesiologist, so I can't -- I don't remember any blatant disregard for anything I said.

Part of working as part of a team with nurse anesthetists or, in this situation, with residents is you are a team and decisions have to be made and things have to be followed. That's one of the ways you know what's going on in each room. For example, I tell the nurse anesthetist to call me as the operation is finishing and they're about to extubate so I can be present at that point.

Q. So if a nurse anesthetist violated that understanding and went ahead and did something either contra to your instructions or contra to policy, you would be pretty upset about that?

A. I'd be upset and we'd probably figure out some form of discipline.

Q. How long is the anesthesia residency? It's three years, isn't it?

A. It's three years. When I was doing it it was a one-year internship and two-year residency and I

Page 109

did an optional fellowship. Now that fellowship is required.

Q. It's three years of what, 12 calendar months each year or 11 months?

A. Twelve calendar months.

Q. No vacation time at all?

A. With vacation time in there, four weeks.

Q. So roughly 11 months?

A. Yeah, right.

Q. Now, you did meet Dr. Senchyshak at some point before you prepared your report?

A. Yes.

Q. Just so I'm clear about this, you were having a meeting with Mr. Casey and Dr. Senchyshak was in the room?

A. I don't know the exact sequence of it. I was having a meeting at Rominger & Rominger with Mr. Casey going through things and Dr. Senchyshak came by. I don't know if he had a later meeting with Mr. Casey. My meeting consisted of conversations with Mr. Casey.

Q. Now, when you said Dr. Senchyshak came by, did you meet him, did you shake his hand?

A. Yes.

Q. Was he in the same room that you were in

Page 110

with Mr. Casey?
A. Yes. I was in a conference room with Mr. Casey and Dr. Senchyshak came in and it was in passing. He said hello and he was there for a little while.
Q. How long of a while?
A. Ten minutes, 15 minutes, I don't know. I don't remember the exact amount of time.
Q. Did he sit down?
A. Yes.
Q. Did he say anything at all?
A. Mr. Casey may have asked him a couple questions. I pretty much monopolized the conversation with Mr. Casey.
Q. You knew that he had done some training in Cincinnati for one year?
A. Yes.
Q. Now, if he had gotten credit for that year he would have been a third of the way through the anesthesia residency?
A. Yes.
Q. Do you know how many calendar months he actually spent in Cincinnati?
A. I believe it was in his deposition that it was 11 months in Cincinnati.

Page 111

Q. So he did the full 11 months of the first year?
A. Yes.
Q. Do you know why he didn't get credit for it.
A. No, I don't.
Q. As far as you know, he appeared at work every day and remained --
A. I have no -- I don't know.
Q. Is it your testimony that he learned absolutely nothing whatsoever in that 11 months?
A. It's my testimony that it would be difficult to quantify exactly what he learned because he received no credit for it and there must have been a reason he received no credit for it, but I don't know the reason.
Q. You have no idea what the reason is?
A. No.
Q. But we can assume he learned something in 11 months in Cincinnati?
A. I have no idea. I have no idea of how you even quantify how much he knew and learned.
Q. And then he had three months at Huron Road?
A. Right.

Page 112

Q. Is it your testimony that a resident has no responsibilities whatsoever toward the patient?
A. No. It's my testimony that the attending anesthesiologist directs the resident and makes the important decisions. The resident assists the attending anesthesiologist in taking care of the patients, but the attending anesthesiologist is the one who makes the decisions.
Q. What responsibility does the resident have towards this patient?
A. To follow the directions of the attending anesthesiologist as it pertains to taking care of the patient.
Q. By the way, you don't hold any academic appointments, correct?
A. No.
Q. No publications?
A. No.
Q. And no research projects?
A. No. As I was telling Mr. Allen, I do anesthesia, I work at that.
Q. Do you know of any other residents who've completed 11 months of a program and then gotten no credit for it?
A. No, I don't. There was a resident that

Page 113

applied for a job with us one time that had received six months of credit after working close to 11 months or 12 months, but I don't know anyone who received no credits.
Q. Doctor, do you hold Dr. Cascorbi in as high regard as you hold Dr. Kaplan?
A. Yes, for different reasons.
Q. Now, Dr. Cascorbi told us this morning that the use -- or this afternoon -- that the use of a Swan-Ganz catheter in this patient is something that reasonable physicians could disagree about could differ, that a reasonable physician might choose not to use it because of the potential risks but another reasonable physician could choose to use it
A. M-hm.
Q. Do you disagree with Dr. Cascorbi's opinion?
A. No, I don't. I think that people have different opinions about things.
Q. People have different opinions about Swan-Ganz catheters?
A. Yes.
Q. Is it your understanding that Dr. Senchyshak left the operating room at 1:00 p.m. and was

Page 114

gone for a full 15 minutes?
A. My recollection from the deposition is Dr. Senchyshak was in and out of the operating room.
Q. Now, during that period of time, Doctor, Dr. Adamek was working with Mr. Jones, with the patient?
A. M-hm.
Q. Now, how could he both work with Mr. Jones and chart at the same time?
A. Very easily. It doesn't take a lot of effort to turn around and write a blood pressure on the chart and a pulse oximeter reading, and if not, one thing that as anesthesiologists that we often do if we're so tied up with taking care of a patient is that we'll write a note after the fact of exactly what went on and what the blood pressures were to try to recreate the events to make a more accurate chart.
Q. You would recreate the events in hindsight?
A. Yes. What I have a problem with in this is that there's no -- it's not clear what was happening between 1:00 and 1:15, if any drugs were given that could have reversed the pulmonary edema or reversed the high blood pressure or reversed the bradycardia. It's not clear what was done.

Page 115

Q. Have you ever been in a situation where you were working on a patient who was perhaps having a difficult time and you asked one of the other people in the room to do some charting?
A. Absolutely. I've asked -- I've called -- in those situations I've asked for another anesthesiologist to come in and give me a hand, I've asked for another -- I've asked for someone else to come -- asked for the nurse anesthetist to do the charting and I'll pay attention to the patient. But the charting is very important.
Q. So you expect the nurse to be doing it?
A. A nurse anesthetist to be doing it, not a circulating nurse who wouldn't be trained to do it.
Q. So you would think that the nurse tl l be qualified to d is kind of ch t ig though?
A. Oh, absolutely.
Q. In f t x they te l d without even you asking if you e busy?
A. Yes. The bottom line is that it needs to get done. It's important for the record, it's important to be able to justify what actions you've taken.
Q. It's your opinion that if for some reason

Page 116

it didn't get done, everybody was too busy to do it, it's okay to recreate in hindsight what happened?
A. I think it's less optimal, but I think it's certainly something to add to the chart to write a detailed note of exactly what happened and what drugs were given and why those drugs were given.
Q. By the way, there were some questions asked to you about Dr. Adamek not being present in induction. id ou d Dr. k' d it
A. Yes.
you tl k di anything right tl case at all?
A. There's some areas -- I think the anesthetic management for the middle of the case or the beginning of the case to the middle of the case was okay, the blood pressure stayed stable, that part was done well.
Q. By the way, you know he was in and out of the room during the case?
A. Yes, I would expect that.
Q. Now, during the time of induction it's important for an attending to be in the room?
A. Absolutely.
Q. If for some reason Dr. Adamek was tied up somewhere else and the actual induction was done by one

Page 117

of his partners, another attending --
A. Right, there was a note in his deposition that Dr. Bause was there.
Q. If that's what happened, that would be okay; you would have no problem with that, would you?
A. Right. I would have expected there to be something in the chart that Dr. Bause was present at that point.
Q. But that has sometimes happened in your experience, I would guess?
A. Right. That does frequently happen or periodically happen, and we write our name in the chart when that happens. If someone else is there for the induction, that gets written in the chart.
Q. When do you find out exactly what cases you re going to be doing?
A. I find out -- I find some of them out the night before if they're big cases, high risk cases, others I find out the morning of surgery.
Q. Okay. S sometimes you don't find t about a case until the morning of surgery?
A. Right. Often the sickest patients you find out the morning of surgery because they get added late.
Q. So that happening in this particular case,

Page 118

the fact that Dr. Adamek didn't find out until the morning of surgery that he was going to do this case, that would not be unusual?

A. Not at all.

Q. That would not be inappropriate?

A. Not at all.

MR. CASEY: see, there are things he did right, Susan.

BY MS. REINKER:

Q. If, in fact, he was tied up for the period of time during the induction and then he comes in the room in the middle of the induction to take over from his partner, that would not be unusual, would it?

A. No, it would not be unusual. The question is -- well, I'll let you ask the question first.

Q. Well, that would not be unusual?

A. No, that would not be unusual. I'm confused, though, on this one, because it appears that Dr. Senchyshak discussed the case earlier with Dr. Adamek.

Q. Right. Dr. Senchyshak said he believes -- he discussed the case with Dr. Adamek, Dr. Adamek does not recall any such discussion. If, in fact, Dr. Senchyshak discussed the case with a different attending, you would not have any problem with that,

Page 119

would you?

A. No, I wouldn't, as long as it's discussed with an attending and the anesthetic plan is worked out, and then once the case begins the next anesthesiologist who takes over is in agreement with the plan.

Q. You are not critical of Dr. Ho clearing this patient for surgery, are you?

A. No.

Q. And you are not critical of Dr. Ho for not calling a cardiologist?

A. No.

Q. But you think Dr. Adamek at some point in time should have gone over Dr. Ho's head and he should have called in a cardiologist?

A. I don't think it's going over Dr. Ho's head. I think Dr. Adamek or any attending anesthesiologist needs certain information to do an operation, to do the anesthesia successfully, and when you've got a patient who's got a history of congestive heart failure with a recent admission for congestive heart failure and you've got an echocardiogram which shows left ventricular dysfunction, I think it's absolutely essential to know what the status of the heart is and what his ejection fraction is because that

Page 120

helps you manage your fluids.

Q. Is that the kind of thing that a resident of any level would be qualified to ascertain?

A. -- at a would be. I think in the beginning months of training no.

Q. When you say senior level, you mean a third-year resident?

A. I think for every resident it's different and each resident progresses at a different level. I think a typical resident at a senior level has more independence and has more of a thought process of what anesthesia can do to the body.

Q. If you looked at a chart on one of your patients, assuming you dealt with residents, and you saw the pre-op clearance on a patient had been done by a senior level resident, would you have more confidence in that clearance than perhaps a first-year resident?

A. You know, I would still look at the chart and look at what was written. The term clearance, I'm not sure how you're using the word clearance.

When I look at a chart, I look at -- I look for a couple code words. I look for if -- I look for what kind of cardiac history the patient's got, I look for things like chest pain, I look for things like

Page 121

shortness of breath, and then I look at what tests have been done to analyze that.

If a patient's been having recent chest pain or recent shortness of breath, I look to see if there's been an echocardiogram, if there's been a stress test, and I look to see what the resident has written. The term clearance is incorrect because a resident or an anesthesiologist doesn't give clearance, per se, they take care of the patient and they assimilate the data that's there.

Q. If there was a problem with the patient, if a resident felt there was a problem with the patient or a difficult patient, the resident who has seen the patient for the pre-op clearance the day before surgery, would you expect the resident to bring that patient to your attention if you happened to be the attending?

A. Yes.

Q. You are aware that Dr. Adamek was in and out of the room during the case. I think we talked about that a few moments ago.

A. Yes.

Q. You don't have any problem with that?

A. No, I would expect that. I mean, until at least 11:30 the operation was proceeding uneventfully,

Page 122

so no reason gone of the operating room.

Q. And I don't recall your answer to this question before, but if at the moment in time the resident decided he was going to reverse the patient, it was one of those moments Dr. Adamek happened to be out of the room, you would have expected the resident to call Dr. Adamek before going ahead with the reversal?

A. I would have expected Dr. Adamek to have discussed the reversal with Dr. Senchyshak at an earlier point.

One of the things you do when teaching either a nurse anesthetist student or working with a nurse anesthetist or working with a resident is you need to have a plan for the anesthesia. The plan consists of the induction and planning for the induction and monitoring the patient during the operation, maintenance of the patient during the operation and the emergence of the patient from anesthesia at the end. You need to have a plan for all those areas.

You need to discuss what anesthetics you're using, you need to discuss what drugs you'll give if there are problems, and you need to discuss

Page 123

what you're going to do at the emergence, at the end of the operation for emergence, whether you're going to extubate the patient or not. That's what needed to have been discussed earlier with this.

Q. If, for whatever reason or however it came about, Dr. Senchyshak made a unilateral decision to reverse this patient and did that on his own, that would be inappropriate, correct?

A. Going back to what I said, I still think that Dr. Adamek had a responsibility to discuss the extubation or not to extubate the patient at an earlier point during the operation. If Dr. Adamek had said, to reverse the patient and then Dr. Senchyshak had done that, that I would say is a problem, otherwise I think that Dr. Adamek has the responsibility to discuss the extubation or whether or not to extubate the patient with Dr. Senchyshak before that time.

Q. Assume for the moment there was no such discussion, just pretend for the moment there was no such discussion. If that had happened, do you think it was appropriate for Dr. Senchyshak to go ahead on his own and reverse this patient without calling Dr. Senchyshak?

MR. JONES: Dr. Adamek you

Page 124

mean.

Q. I' sorr We're ıg for th moment, just pretend there was no such suggestion.

A. Then I think that that's wrong. I think there needed to have been discussion. I think that --

Q. We're past that, Doctor.

A. I know. I think that -- but I need to reiterate. I think that that is such a critical point in this operation that that needed to have been discussed. I think that for -- I think that for Dr. Adamek to assume that Dr. Senchyshak would know what to do in that situation was an incorrect assumption, it was wrong.

Q. Let's again assume -- I'd like a straight answer to this -- let's just assume maybe Dr. Adamek, they were in the middle of a discussion, Dr. Adamek had to run out of the room and go attend to a cardiac arrest in the next room and, for whatever reason, they had not discussed reversal of this patient. If that's the case, what should Dr. Senchyshak have done at the time he decided to reverse the patient?

A. If Dr. Senchyshak goes ahead with the induction or with the reversal, then his role would have been to then call Dr. Adamek, told him what he did and Dr. Adamek to make a decision as to whether to

Page 125

re-paralyze the patient or not and go back to being on the ventilator and maintaining him intubated into the recovery room.

The reversal is not an irreversible action, it could be changed. He could have given Norcuron or Pavulon at that point and re-paralyzed the patient and prevented the bucking at that point.

Q. Do you have any opinion in this case -- or if ve told us earlier, I just do t recall -- at what point in time you thi th bucking occu red? I thi k I ai ed it I thi . were g gh the anesthesia record.

A. From the anesthesia record, at 12:35 the patient is on assisted ventilation and the blood pressure is going up. I'm then going on Dr. Adamek's deposition that there was bucking going on. There's nothing in the chart that indicates there's bucking.

MR. CASEY Yo u mean Dr. Senchyshak's deposition?

THE WITNESS: Dr. Senchyshak's deposition, thank you.

BY MS. REINKER:

Q. Did you say that if a patient starts bucking one of the things that the anesthesiologist might do would be to remove the ET tube?

Page 126

A. That's one of the things that can be looked at if the patient meets the criteria for extubation. If the patient is awake, if the patient is responding to commands, if the patient is opening their eyes and they're bucking, you can take the tube out. You have to weigh that also with the disease process the patient has.

If the patient is considered to have a full stomach, you'd want the patient to be very wide awake before extubating. If the patient has sleep apnea or was a very difficult intubation, you'd want the patient to be wide awake before they extubated the patient.

It has to -- you have to look at each individual patient and assess what's going on before you pull an endotracheal tube.

Q. But somebody might think of pulling the endotracheal tube as a remedy for bucl g?

A. It's not -- if the stimulus is removed, that will end the bucking. The patient may not do well if that happens.

Q. Sort of a simple solution?

A. Right. It's also may not prevent the patient from coughing either if the endotracheal tube is removed. The patient still can cough, they still

Page 127

can have an irritated airway.

Q. You said you were trained under some physicians who you think were not Board certified?

A. Yes.

Q. They were still good physicians from what you could tell?

A. Yes.

MS. WINKER: I think that's all I have.

MR. CASEY: Any follow-up, Charles?

MR. ALLEN: Yes, I have a couple.

Can I go ahead, Susan?

MS. WINKER: yeah, why don't you go ahead.

- - -

RECROSS-EXAMINATION

BY MR. ALLEN:

Q. Before today have you ever met me?

A. No.

Q. Have you ever met anybody from the Keenan

A. No.

Q. Don Keenan?

Page 128

A. No.

Q. Have you ever met anybody from the Landskroner Law Firm?

A. No.

Q. Have you ever seen Mr. Landskroner before?

A. No.

Q. Have you ever had a piece of paper

A. No.

Q. Now, Doctor, based upon the echo that was in this case, was Dewey Jones in either one, the August echo or the echo of this October admission, based upon that echo was Dewey Jones an appropriate candidate for anesthesia?

A. I think he was an appropriate candidate for anesthesia. I think that -- yes, I think he was an appropriate candidate for anesthesia.

Q. Based upon the echo?

A. Yes. I mean, there are risks involved in taking care of patients who are very sick and clearly there were risks involved with Mr. Jones.

Q. But based upon that echo he was a higher risk patient?

A. Absolutely.

Q. Now, you told me earlier that your opinion

Page 129

was that the patient was not extubated; is that right?

A. Actually, I didn't, but there's nothing in the chart to indicate that he was extubated.

Q. There's a Dr. Heart record in which it says intubated.

A. Exactly. As well there's a Dr. Heart thing and there's also a note from one of the surgery residents in the progress notes that says at the time of extubation. There's nothing in the anesthesia record that says he was extubated, there's nothing that says he's reintubated.

Q. And so did you -- it is your opinion that he was not extubated based upon the records?

A. Yes. From the information I've got.

Q. Okay. Did you read the depositions of the doctors?

A. Yes. The other -- the other area of why I say that is the Dr. Heart note says he was reintubated -- it doesn't say reintubated, the Dr. Heart note says he was intubated at 12:30, and it looks from this, from the record, like the reversal was given at 12:35.

Q. Where is the Dr. Heart record?

A. I've got it right here. It says, oral intubation 8.0 tube at 12:30. The 8.0 tube was what

Page 130

was in at the beginning of the case also.
Q. So it's your opinion that the Dr. Heart record stating that the patient was --
A. It just says he was intubated.
Q. Intubated with an 8.0 tube at 12:30 meant that he already had a tube in?
A. That's what I think. Intubation is such a significant task, especially at the end of the case. If you reverse someone, extubate them and then reintubate them, you have to write that in the chart, and there's nothing to indicate that was the case.
Q. What about the notes that say difficulty at time of extubation or difficult extubation, how did you --
A. My reading on that is just the patient was bucking at the time and that's -- if there's bucking going on often you would say that that's difficulty at the time of extubation.
The other thing is written by -- the note in the progress notes is written by a surgery resident, and I'm not sure he would know specifically, if he or she would know specifically what's going on at that time.
MR. CASEY: Actually, I think it was Dr. Badri who wrote that

Page 131

note, and he wasn't in the room either.
THE WITNESS: okay.
BY MR. ALLEN:
Q. So tell me now, I heard a lot about you being responsible for nurse anesthetists, no matter what they do, you're ultimately responsible?
A. Absolutely. That was the way I was trained. If you supervise someone, you're the one who's responsible for the actions. They're acting as your agent and you're responsible for them. That's why it's so critical to have discussions with someone and to lay out what's expected of them during an operation and what the plan is.
MS. REINKER: Move to strike.
MR. ALLEN: I'll pass the witness.
MR. CASEY: Anything else, folks?
MS. REINKER: Yes, I do.
- - -
EXAMINATION
BY MS. REINKER:
Q. Do you know how many years experience Dr. Cascorbi has had in training residents?
A. I don't know the exact number of years. I

Page 132

know he's been chairman of the Department of Anesthesia at Case since, I believe, '81 or 1980, and I know he worked in the department for a number of years before then, but I don't know the exact number of years.
Q. So it's maybe 20 years?
A. I really don't know.
Q. You're one of the residents he trained?
A. Yes.
Q. It's at least 17 years? You said since 1980 he's been there.
A. Right. I think he's been there before that, I just don't know when he came.
Q. So I would assume you would defer to his opinions on the relationship between residents and attendings by virtue of his years of doing it?
A. I think he's got a very good handle on the situation, yes.
Q. Were you ever chief resident?
A. No. We had -- in our program there really wasn't a chief -- there really wasn't a chief resident, per se. It was everyone in their senior year did the functions, one person did the scheduling, and that was the only -- that was what the chief resident did.
Q. When you were in your senior year of residency, there would have been residents junior to

Page 133

you?
A. Yes.
Q. You played probably some role in working with the more junior residents?
A. Yes.
Q. And in doing that you would get a feel for the abilities of each of the residents?
A. Yes.
Q. So you would assume also that the attendings at Huron Road Hospital got a feel for the abilities of the residents they were working with?
A. Absolutely. I mean, that goes without saying that you -- part of being a teacher is you learn what your students are able to do.
Q. And in the first three months Dr. Senchyshak was at Huron Road before this case the attendings would have had some ability to analyze --
A. Absolutely.
Q. -- what Dr. Senchyshak was capable of doing and what he was not capable of doing?
A. Absolutely.
Q. Was there any reason to reverse this patient at 12:30?
A. The operation was done is all I can think of was their plan.

Q. Was there any reason why Dr. Senchyshak was obligated to go ahead and reverse the patient at that time?

A. No.

MS. REINKER: That's all.

MR. ALLEN: I don't have anything else.

MR. CASEY: Doctor, you have the right to read this transcript before it goes into final form and make any corrections as to spelling and the like. We are three days before trial. I do not have a problem if you waive that right.

THE WITNESS: okay, I waive it.

- - -

(DEPOSITION CONCLUDED.)

(SIGNATURE WAIVED.)

- - -

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

CERTIFICATE

I, LAUREN I. ZIGMONT-MILLER, Registered Professional Reporter and Notary Public within and for the State of Ohio, duly commissioned and qualified, do hereby certify that the within-named witness, DAVID S. RAPKIN, M.D., was by me first duly sworn to tell the truth, the whole truth and nothing but the truth in the cause aforesaid; that the testimony then given by him was reduced to stenotypy in the presence of said witness, and afterwards transcribed by me through the process of computer-aided transcription, and that the foregoing is a true and correct transcript of the testimony so given by him as aforesaid.

I do further certify that this deposition was taken at the time and place in the foregoing caption specified.

I do further certify that I am not a relative, employee or attorney of either party, or otherwise interested in the event of this action.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal of office at Cleveland, Ohio, on this 8th day of August 1997.

Lauren I. Zigmont-Miller, RPR and Notary
Notary Public in and for the State of Ohio.

$275 [1]
1:87:15
$350 [2]
1:87:18 1:88:1
'60s [1]
1:103:1
'81 [1]
1:132:2
/// [2]
1:47:25 1:78:25
10-20-94 [1]
1:47:19
100 [2]
1:4:20 1:4:22
100/40 [1]
1:46:6
1001 [2]
1:2:22 1:3:3
1040 [1]
1:2:8
113 [2]
1:2:13 1:2:18
120/60 [1]
1:21:8
127 [1]
1:4:7
131 [2]
1:4:8 1:4:21
140 [1]
1:24:12
140/120 [1]
1:29:9
148 [1]
1:2:5
15th [1]
1:55:12
160 [1]
1:21:11
'60/80 [1]
1:46:6
600 [2]
1:2:22 1:3:3
70 [1]
1:21:11
980 [2]
1:132:2 1:132:10
988 [2]
1:55:9 1:55:12
989 [2]
1:70:23 1:94:12
990 [2]
1:94:11 1:94:12
991 [1]
1:55:15
994 [1]
1:11:2
997 [3]
1:1:14 1:98:23 1:135:23
00/90 [1]
1:29:4
0th [1]
1:55:12
100 [1]
1:85:22
16 [5]
1:2:9 1:2:14 1:2:19
1:2:23 1:3:4
241-7000 [1]
1:2:9
30303 [1]
1:2:6
306012 [1]
1:1:8
310 [1]
1:24:11
350 [1]
1:87:19
3601 [1]
1:1:22
404 [1]
1:2:6
44113-1904 [1]
1:2:9
44114 [4]
1:2:13 1:2:18 1:2:23
1:3:3
523-2200 [1]
1:2:6
5th [2]
1:61:3 1:98:22
587-1311 [2]
1:2:14 1:2:19
736-8600 [2]
1:2:23 1:3:4
8th [1]
1:135:23
abilities [2]
1:133:7 1:133:11
ability [3]
1:10:6 1:72:24 1:133:1
able [17]
1:21:15 1:24:19 1:35:24
1:36:11 1:40:10 1:40:10
1:43:9 1:71:6 1:73:9
1:73:13 1:82:1 1:82:3
1:82:8 1:89:11 1:89:11
1:115:23 1:133:14
bove [2]
1:1:23 1:20:18
bsolutely [24]
1:14:7 1:14:15 1:17:24
1:35:14 1:36:4 1:36:20
1:44:14 1:73:20 1:73:22
1:75:22 1:75:24 1:76:9
1:102:16 1:102:16 1:111:11
1:115:5 1:115:18 1:116:23
1:119:24 1:128:24 1:131:7
1:133:12 1:133:18 1:133:21
cademic [1]
1:112:14
cceptable [1]
1:33:3
ccident [3]
1:55:22 1:55:25 1:100:23
ccording [3]
1:46:3 1:54:18 1:75:5
ccordingly [1]
1:42:17
ccumulated [1]
1:26:25
ccurate [3]
1:71:19 1:100:3 1:114:17
acid [1]
1:31:11
acidosis [1]
1:30:21
act [3]
1:21:23 1:37:18 1:39:17
acting [8]
1:14:17 1:14:18 1:14:19
1:55:23 1:56:1 1:100:16
1:100:18 1:131:9
action [2]
1:125:5 1:135:20
actions [4]
1:97:12 1:106:2 1:115:23
1:131:9
active [2]
1:70:12 1:86:23
actual [1
1:116:25
acute [2]
1:82:25 1:83:2
adamek 78]
1:2:20 1:5:22 1:8:3
1:8:9 1:8:10 1:12:8
1:12:11 1:12:24 1:13:4
1:13:25 1:13:25 1:14:6
1:14:8 1:14:11 1:14:14
1:14:19 1:14:21 1:14:22
1:15:5 1:15:10 1:15:15
1:16:3 1:16:15 1:16:23
1:18:24 1:19:16 1:19:19
1:19:22 1:20:4 1:20:9
1:20:13 1:28:17 1:29:14
1:31:24 1:33:12 1:34:13
1:38:23 1:44:11 1:44:22
1:45:5 1:45:10 1:45:13
1:45:16 1:46:21 1:53:13
1:56:25 1:60:20 1:74:12
1:74:25 1:75:8 1:75:12
1:77:5 1:101:2 1:101:8
1:102:14 1:103:21 1:114:5
1:116:8 1:116:24 1:118:1
1:118:20 1:118:22 1:118:22
1:119:13 1:119:17 1:121:19
1:122:6 1:122:8 1:122:10
1:123:10 1:123:12 1:123:16
1:123:25 1:124:11 1:124:15
1:124:16 1:124:24 1:124:25
damek's [14]
1:13:8 1:13:11 1:17:22
1:19:4 1:25:24 1:26:7
1:28:2 1:34:14 1:34:17
1:44:18 1:46:23 1:52:19
1:116:9 1:125:15
dd [2]
1:36:18 1:116:4
dded [2]
1:78:18 1:117:23
ddress [1]
1:59:13
ddressed [2]
1:59:11 1:59:14
dequately [1]
1:30:21
dministration [1]
1:89:9
dministrative [1]
1:89:12
dministratively [1]

1:89:1
admission [3]
1:36:25 1:119:21 1:128:12
admit [1]
1:13:19
adversely [1]
1:22:1
advised [1]
1:97:11
affect [3]
1:22:1 1:38:9 1:78:15
affected [2]
1:38:21 1:84:21
affecting [2]
1:21:23 1:77:21
affects [1]
1:37:14
affixed [1]
1:135:22
aforesaid [2]
1:135:9 1:135:14
afterload [1]
1:86:13
afternoon [3]
1:52:3 1:89:5 1:113:9
afterwards [1]
1:135:11
again [11]
1:9:4 1:12:20 1:27:11
1:30:25 1:44:1 1:53:7
1:65:6 1:73:23 1:101:22
1:106:11 1:124:14
against [2]
1:97:25 1:98:4
agencies [1]
1:98:8
agent [1]
1:131:10
ago [11]
1:7:25 1:8:6 1:57:7
1:61:11 1:61:17 1:66:6
1:66:8 1:66:10 1:66:11
1:103:1 1:121:21
agree [2]
1:52:8 1:52:14
agreement [1]
1:119:5
ahead [10]
1:16:12 1:99:14 1:108:2
1:108:17 1:122:8 1:123:22
1:124:22 1:127:14 1:127:16
1:134:2
air [10]
1:53:11 1:53:16 1:53:18
1:53:21 1:53:23 1:54:1
1:54:2 1:54:3 1:54:4
1:54:19
airway [11]
1:37:15 1:37:21 1:38:3
1:38:4 1:38:5 1:38:12
1:38:15 1:39:24 1:48:5
1:48:6 1:127:1
alert [1]
1:48:11
allen [37]
1:2:4 1:4:5 1:4:7
1:5:11 1:5:13 1:6:24
1:18:18 1:18:21 1:18:22
1:22:17 1:26:5 1:26:6
1:40:21 1:40:23 1:48:1
1:56:9 1:57:14 1:57:18
1:57:22 1:58:22 1:58:25
1:60:1 1:62:19 1:63:10
1:63:11 1:65:10 1:79:1
1:88:8 1:90:12 1:91:18
1:93:22 1:112:20 1:127:12
1:127:19 1:131:3 1:131:15
1:134:6
allergies [1]
1:48:4
allowed [5]
1:21:3 1:21:12 1:34:2
1:34:4 1:46:15
allowing [2]
1:14:20 1:14:20
almost [1]
1:93:10
along [2]
1:43:7 1:83:21
alongside [1]
1:14:7
alternatives [1]
1:77:8
alvin [1]
1:69:17
always [7]
1:59:17 1:68:11 1:68:11
1:72:21 1:81:12 1:81:25
1:82:3
ambulatory [3]
1:56:5 1:101:15 1:104:10
american [1]
1:35:4
amount [10]
1:8:22 1:24:19 1:32:23
1:43:23 1:45:8 1:58:6
1:85:23 1:89:9 1:89:11
1:110:8
analyze [2]
1:121:2 1:133:17
anatomy [1]
1:38:5
anesthesia [62]
1:1:21 1:15:4 1:21:5
1:31:6 1:32:2 1:33:23
1:36:22 1:38:8 1:40:4
1:43:5 1:47:7 1:47:9
1:47:19 1:52:12 1:54:6
1:55:13 1:55:14 1:62:25
1:64:15 1:69:7 1:69:9
1:70:13 1:70:13 1:70:21
1:72:10 1:73:2 1:75:1
1:75:10 1:77:21 1:82:16
1:84:12 1:87:4 1:89:8
1:89:19 1:91:16 1:92:18
1:92:24 1:93:5 1:100:25
1:102:19 1:102:25 1:103:3
1:103:5 1:103:15 1:103:18
1:103:25 1:104:1 1:104:2
1:108:22 1:110:20 1:112:21
1:119:19 1:120:13 1:122:16
1:122:21 1:125:12 1:125:13
1:128:14 1:128:16 1:128:17
1:129:9 1:132:1
anesthesiologist [36]
1:7:20 1:8:10 1:9:17
1:10:5 1:12:11 1:16:1
1:18:1 1:26:22 1:34:17
1:34:25 1:36:9 1:41:21
1:41:25 1:42:15 1:45:7
1:52:23 1:71:9 1:72:18
1:72:22 1:74:6 1:78:2
1:78:5 1:78:10 1:84:14
1:89:18 1:91:17 1:108:5
1:112:4 1:112:6 1:112:7
1:112:12 1:115:7 1:119:5
1:119:18 1:121:8 1:125:24
anesthesiologist's [3]
1:26:16 1:52:24 1:53:4
anesthesiologists [7]
1:67:25 1:68:5 1:98:1
1:98:5 1:104:14 1:104:16
1:114:13
anesthesiology [4]
1:7:19 1:34:22 1:35:5
1:69:4
anesthetic [16]
1:7:9 1:15:11 1:22:9
1:23:4 1:24:7 1:35:25
1:37:13 1:39:23 1:41:5
1:41:9 1:54:10 1:54:13
1:86:14 1:98:3 1:116:14
1:119:3
anesthetics [1]
anesthetist [14]
1:19:6 1:70:11 1:103:15
1:104:5 1:104:8 1:104:22
1:107:18 1:108:13 1:108:16
1:115:9 1:115:13 1:115:16
1:122:14 1:122:15
anesthetists [9]
1:70:11 1:104:4 1:104:11
1:104:12 1:104:14 1:104:17
1:108:4 1:108:9 1:131:5
annoyed [1]
1:107:22
annoys [1]
1:73:15
answer [14]
1:10:6 1:18:17 1:18:20
1:52:16 1:62:10 1:62:18
1:71:6 1:78:22 1:81:12
1:85:19 1:93:5 1:93:8
1:122:3 1:124:15
answered [2]
1:49:24 1:51:3
answering [1]
1:71:5
anti-hyperintensive [13
1:78:14
anti-hypertensive [2]
1:77:20 1:77:23
anti-hypertensives [1]
1:79:10
anyway [2]
1:69:11 1:108:2
apart [1]
1:101:23
apnea [14]
1:20:18 1:36:15 1:37:2
1:38:4 1:38:7 1:38:11
1:38:17 1:38:22 1:39:15
1:39:15 1:39:19 1:48:16
1:75:16 1:126:11

appear [1]
1:39:13
appearances [1]
1:2:1
appeared [3]
1:74:19 1:85:4 1:111:7
applied [2]
1:55:3 1:113:1
applies [1]
1:7:17
appointments [1]
1:112:15
appropriate [13]
1:20:25 1:29:25 1:30:9
1:51:15 1:80:1 1:91:13
1:91:15 1:91:16 1:106:1
1:123:22 1:128:13 1:128:15
1:128:17
april [1]
1:55:17
area [8]
1:23:25 1:39:11 1:58:7
1:58:23 1:77:5 1:102:6
1:102:12 1:129:17
areas [8]
1:12:21 1:59:6 1:59:9
1:59:10 1:60:7 1:87:6
1:116:13 1:122:22
arrest [11]
1:30:3 1:30:4 1:80:8
1:80:9 1:80:11 1:80:12
1:80:16 1:82:14 1:82:14
1:82:20 1:124:18
arresting [1]
1:30:8
arrived [1]
1:32:1
arterial [7]
1:17:7 1:31:10 1:33:24
1:34:2 1:34:11 1:79:6
1:82:4
artery [2]
1:77:1 1:79:7
articles [2]
1:89:15 1:89:22
ascertain [1]
1:120:3
aspect [3]
1:21:2 1:21:3 1:107:2
assess [5]
1:24:5 1:30:2 1:31:11
1:83:10 1:126:15
assessing [1]
1:25:17
assessment [1]
1:30:6
assimilate [1]
1:121:10
assist [5]
1:13:14 1:13:16 1:13:18
1:13:24 1:104:5
assisted [1]
1:125:14
assisting [2]
1:27:6 1:27:6
assists [2]
1:104:2 1:112:5
ıssociated [1]
1:40:3
ıssume [14]
1:35:4 1:35:6 1:35:7
1:47:7 1:48:24 1:65:22
1:75:13 1:111:19 1:123:19
1:124:11 1:124:14 1:124:15
1:132:13 1:133:9
ıssumed [2]
1:47:2 1:47:5
ıssuming [9]
1:47:14 1:47:23 1:48:8
1:48:14 1:50:24 1:52:7
1:52:10 1:120:15 1:124:2
ıssumption [3]
1:47:10 1:47:18 1:124:12
ıtlanta [1]
1:2:6
ıttempt [2]
1:21:1 1:25:19
ittempted [5]
1:15:3 1:17:23 1:17:25
1:52:13 1:53:11
ıttend [2]
1:90:4 1:124:17
ıttending [29]
1:16:1 1:17:25 1:34:17
1:41:21 1:41:25 1:42:8
1:42:15 1:44:25 1:45:2
1:45:6 1:52:13 1:52:23
1:52:23 1:53:3 1:67:24
1:68:5 1:103:10 1:103:17
1:103:20 1:112:3 1:112:6
1:112:7 1:112:11 1:116:22
1:117:1 1:118:25 1:119:3
1:119:17 1:121:17
ittendings [3]
1:132:15 1:133:10 1:133:17
ittention [2]
1:115:10 1:121:16
ıttorney [1]
1:135:19
ıugust [6]
1:1:14 1:11:3 1:16:17
1:40:8 1:128:11 1:135:23
ıuscultation [2]
1:48:11 1:87:5
ıuthority [1]
1:14:9
ıvenue [2]
1:2:22 1:3:3
ıverage [4]
1:88:24 1:88:25 1:89:6
1:104:19
ıvoid [1]
1:37:10
ıwake [5]
1:38:24 1:39:2 1:126:3
1:126:10 1:126:12
ıwakening [1]
1:22:14
ıware [19]
1:10:25 1:15:15 1:18:24
1:28:18 1:31:24 1:45:19
1:46:19 1:46:22 1:76:6
1:76:17 1:77:22 1:81:3
1:84:4 1:84:4 1:84:6
1:10 1:19 1:101:22 1:105:25
1:121:19
background [2]
1:34:6 1:42:22
backup [2]
1:23:24 1:40:12
bad [2]
1:33:14 1:92:21
badri [9]
1:3:1 1:5:24 1:6:1
1:9:23 1:12:6 1:12:15
1:26:10 1:57:1 1:130:25
badri's [1]
1:12:10
ballgame [1]
1:102:17
ballpark [1]
1:12:17
barnes [1]
1:69:19
base [5]
1:19:21 1:20:3 1:31:11
1:35:7 1:71:3
baseball [2]
1:8:3 1:8:18
based [6]
1:44:1 1:128:10 1:128:12
1:128:18 1:128:22 1:129:13
basic [1]
1:50:4
basis [2]
1:10:19 1:59:23
bause [2]
1:117:3 1:117:7
beachwood [1]
1:1:22
beat [1]
1:40:18
became [2]
1:55:25 1:83:13
become [1]
1:70:22
began [2]
1:15:21 1:55:12
begin [4]
1:36:2 1:36:3 1:36:8
1:41:9
beginning [21]
1:15:22 1:18:2 1:18:4
1:20:12 1:25:10 1:33:7
1:36:3 1:44:12 1:44:14
1:44:16 1:44:25 1:45:8
1:58:5 1:75:1 1:75:9
1:75:21 1:83:10 1:97:11
1:116:15 1:120:5 1:130:1
begins [1]
1:119:4
begun [1]
1:84:1
behalf [5]
1:2:3 1:2:11 1:2:15
1:2:20 1:3:1
belief [1]
1:71:22
believes [1]
1:118:21
below [3]

1:48:6 1:50:5 1:50:8
beneficial [1]
1:81:19
berry [1]
1:7:8
best [2]
1:10:6 1:48:2
better [5]
1:21:14 1:21:16 1:25:11
1:79:11 1:85:11
between [27]
1:20:15 1:21:10 1:25:9
1:27:7 1:27:22 1:28:1
1:28:3 1:28:14 1:28:20
1:28:24 1:29:5 1:29:13
1:29:23 1:32:6 1:32:13
1:32:16 1:32:22 1:33:12
1:46:20 1:50:23 1:52:22
1:54:15 1:58:9 1:89:4
1:89:6 1:114:22 1:132:14
bicarb [1]
1:31:20
big [1]
1:117:18
biggest [1]
1:58:7
blank [1]
1:48:5
blanks [2]
1:59:12 1:60:3
blatant [1]
1:108:6
blood [57]
1:21:4 1:21:4 1:21:7
1:21:9 1:21:11 1:21:13
1:21:24 1:21:25 1:22:3
1:22:5 1:22:6 1:22:12
1:22:13 1:23:6 1:23:19
1:23:22 1:27:10 1:29:2
1:29:4 1:29:8 1:29:15
1:29:18 1:30:4 1:30:8
1:30:10 1:30:17 1:31:15
1:33:14 1:33:18 1:33:19
1:33:25 1:34:3 1:34:4
1:37:9 1:37:11 1:40:11
1:43:9 1:45:23 1:46:1
1:46:3 1:46:6 1:46:8
1:46:13 1:46:15 1:46:17
1:46:18 1:82:1 1:82:12
1:83:6 1:84:16 1:85:3
1:86:13 1:114:11 1:114:16
1:114:24 1:116:16 1:125:14
board [9]
1:10:4 1:24:18 1:35:4
1:70:22 1:71:14 1:71:23
1:71:25 1:72:4 1:127:3
boards [3]
1:56:15 1:71:1 1:71:2
body [2]
1:37:16 1:120:13
book [2]
1:69:8 1:69:10
books [1]
1:69:5
bottom [1]
1:115:21
box [3]
1:24:24 1:24:25 1:25:2
bradycardia [2]
1:29:7 1:114:24
breach [6]
1:50:16 1:50:20 1:51:21
1:79:18 1:79:21 1:79:24
break [6]
1:5:15 1:5:16 1:37:12
1:38:20 1:40:20 1:92:2
breath [2]
1:121:1 1:121:4
breathing [2]
1:27:19 1:80:14
brief [2]
1:40:22 1:92:4
briefly [2]
1:7:3 1:88:24
bring [2]
1:46:18 1:121:15
brought [1]
1:16:22
buck [2]
1:21:3 1:29:21
bucked [1]
1:22:3
bucking [28]
1:21:21 1:21:21 1:21:22
1:22:7 1:22:14 1:22:23
1:22:25 1:23:6 1:23:11
1:23:20 1:24:1 1:27:9
1:27:18 1:39:18 1:39:21
1:39:22 1:83:6 1:86:15
1:125:7 1:125:10 1:125:16
1:125:17 1:125:24 1:126:5
1:126:18 1:126:20 1:130:16
1:130:16
bugging [1]
1:22:19
building [3]
1:2:5 1:2:13 1:2:18
bulk [2]
1:62:3 1:89:7
bussey [1]
1:68:23
busy [2]
1:115:20 1:116:1
bypass [1]
1:64:18
cahn [1]
1:67:5
calendar [3]
1:109:3 1:109:5 1:110:22
camera [1]
1:90:11
cameras [2]
1:105:13 1:107:14
candidate [5]
1:77:8 1:100:19 1:128:13
1:128:15 1:128:17
cannot [1]
1:85:14
capable [2]
1:133:19 1:133:20
capoten [1]
1:48:4
caption [1]
1:135:16
car [3]
1:55:22 1:55:25 1:100:22
cardiac [17]
1:16:16 1:44:2 1:64:15
1:64:16 1:64:20 1:69:8
1:80:8 1:80:11 1:80:12
1:80:15 1:82:13 1:82:14
1:82:19 1:84:21 1:92:23
1:120:24 1:124:17
cardiologist [13]
1:13:6 1:16:24 1:32:3
1:43:18 1:69:14 1:70:3
1:73:12 1:73:24 1:74:3
1:74:13 1:77:6 1:119:11
1:119:15
cardiology [2]
1:11:10 1:32:1
cardiomegaly [2]
1:40:17 1:63:4
cardiomyopathy [6]
1:17:15 1:36:17 1:37:1
1:40:2 1:40:7 1:43:8
cardiopulmonary [1]
1:80:9
care [62]
1:9:16 1:10:24 1:11:1
1:11:15 1:11:16 1:11:18
1:12:22 1:13:9 1:13:10
1:13:11 1:13:20 1:14:3
1:16:2 1:19:5 1:20:23
1:28:11 1:30:13 1:33:23
1:36:13 1:37:13 1:40:3
1:41:9 1:46:14 1:50:5
1:50:9 1:50:13 1:50:17
1:50:21 1:50:22 1:50:24
1:51:1 1:51:7 1:51:13
1:51:13 1:51:14 1:51:17
1:51:21 1:65:19 1:68:2
1:68:2 1:72:14 1:73:9
1:75:9 1:75:23 1:76:1
1:77:21 1:79:15 1:79:19
1:79:21 1:79:24 1:79:25
1:84:11 1:91:3 1:91:12
1:91:15 1:91:16 1:93:14
1:112:6 1:112:12 1:114:14
1:121:9 1:128:20
career [2]
1:55:2 1:71:2
carefully [1]
1:14:23
caring [3]
1:10:18 1:10:19 1:51:15
cascorbi [6]
1:52:2 1:54:22 1:68:16
1:113:5 1:113:8 1:131:24
cascorbi's [1]
1:113:17
case [134]
1:1:8 1:5:19 1:6:12
1:6:15 1:7:1 1:8:2
1:8:4 1:8:21 1:8:23
1:9:1 1:9:13 1:9:19
1:13:23 1:14:9 1:14:10
1:15:6 1:15:8 1:15:13
1:15:14 1:15:15 1:15:20
1:15:20 1:15:22 1:15:24
1:15:25 1:16:6 1:17:3
1:17:5 1:17:9 1:17:13
1:18:2 1:18:4 1:18:5
1:25:10 1:25:10 1:31:16

1:36:22 1:38:16 1:39:12
1:41:17 1:41:19 1:41:22
1:41:25 1:42:12 1:42:13
1:42:16 1:44:7 1:51:23
1:52:11 1:57:9 1:57:12
1:57:15 1:58:5 1:59:8
1:61:5 1:61:10 1:61:12
1:61:16 1:61:18 1:62:6
1:62:13 1:62:23 1:64:7
1:64:13 1:65:2 1:65:8
1:65:11 1:65:12 1:65:14
1:65:16 1:66:9 1:66:19
1:66:22 1:67:5 1:68:14
1:74:17 1:75:1 1:77:3
1:83:5 1:85:22 1:85:24
1:87:14 1:87:16 1:90:14
1:90:18 1:90:20 1:91:1
1:91:5 1:93:17 1:94:3
1:94:6 1:94:10 1:94:14
1:94:15 1:95:14 1:95:17
1:95:17 1:95:18 1:96:20
1:96:20 1:96:21 1:96:22
1:97:7 1:97:11 1:97:14
1:98:2 1:98:22 1:99:1
1:100:4 1:100:7 1:100:8
1:106:5 1:106:15 1:116:12
1:116:14 1:116:15 1:116:15
1:116:19 1:117:21 1:117:25
1:118:2 1:118:19 1:118:22
1:118:24 1:119:4 1:121:20
1:124:20 1:125:8 1:128:11
1:130:1 1:130:8 1:130:11
1:132:2 1:133:16

cases [40]
1:7:21 1:41:17 1:42:10
1:61:12 1:62:1 1:62:4
1:62:5 1:62:11 1:62:14
1:62:17 1:62:20 1:62:22
1:64:4 1:66:12 1:66:14
1:66:15 1:66:25 1:67:2
1:67:7 1:70:16 1:90:20
1:90:23 1:92:23 1:93:12
1:93:15 1:95:6 1:95:7
1:95:12 1:95:15 1:95:20
1:95:22 1:95:23 1:96:2
1:96:14 1:96:17 1:97:24
1:98:13 1:117:15 1:117:18
1:117:18

casey [55]
1:2:12 1:4:20 1:6:5
1:6:23 1:47:23 1:49:23
1:51:2 1:52:15 1:56:7
1:57:11 1:57:16 1:57:20
1:58:4 1:58:18 1:58:24
1:59:3 1:59:4 1:59:9
1:59:14 1:59:15 1:60:6
1:60:16 1:62:9 1:63:8
1:65:6 1:66:18 1:71:10
1:75:3 1:78:23 1:90:8
1:91:20 1:92:11 1:93:20
1:94:8 1:97:9 1:97:11
1:99:20 1:99:25 1:100:6
1:107:3 1:107:6 1:109:14
1:109:18 1:109:20 1:109:21
1:110:1 1:110:3 1:110:12
1:110:14 1:118:7 1:125:18
1:127:10 1:130:24 1:131:17
1:134:8

casey's [1]
1:5:21

catheter [12]
1:17:7 1:20:14 1:24:21
1:24:23 1:34:16 1:41:24
1:43:21 1:79:6 1:83:9
1:85:10 1:86:1 1:113:10

catheterization [1]
1:44:2

catheters [1]
1:113:22

causation [2]
1:10:2 1:100:8

caused [12]
1:22:11 1:23:8 1:23:11
1:23:13 1:32:5 1:32:7
1:51:18 1:51:21 1:82:22
1:85:16 1:86:19 1:98:3

causes [1]
1:24:17

causing [2]
1:85:13 1:86:17

cc's [5]
1:15:23 1:17:10 1:24:13
1:24:16 1:85:22

center [3]
1:56:5 1:101:15 1:104:10

certain [6]
1:13:12 1:15:17 1:28:19
1:52:24 1:85:10 1:119:18

certainly [11]
1:23:10 1:49:25 1:51:7
1:51:9 1:51:20 1:79:3
1:79:5 1:80:11 1:83:19
1:103:2 1:116:4

certainty [3]
1:25:6 1:85:6 1:86:5

certificate [1]
1:135:2

certified [9]
1:5:8 1:10:4 1:70:22
1:71:9 1:71:15 1:71:23
1:72:1 1:72:4 1:127:3

certify [3]
1:135:6 1:135:15 1:135:18

cetera [4]
1:6:13 1:11:10 1:73:24
1:80:23

chain [1]
1:8:12

chairman [5]
1:54:24 1:55:24 1:56:1
1:100:21 1:132:1

chance [3]
1:5:25 1:52:2 1:92:25

change [4]
1:18:10 1:24:1 1:45:22
1:60:12

changed [2]
1:97:13 1:125:5

changes [2]
1:15:14 1:60:11

chapter [3]
1:7:11 1:7:13 1:7:13

chapters [2]
1:69:11 1:69:11

characterization [1]
1:52:16

charge [2]
1:87:13 1:88:5

charged [1]
1:88:15

charges [1]
1:87:15

charities [1]
1:88:21

Charles [9]
1:2:4 1:5:13 1:51:2
1:58:18 1:63:9 1:65:8
1:75:4 1:88:5 1:127:11

chart [32]
1:9:19 1:27:24 1:27:25
1:28:25 1:29:3 1:29:13
1:31:5 1:45:22 1:47:6
1:49:1 1:49:9 1:49:15
1:49:21 1:50:3 1:50:6
1:50:12 1:50:15 1:51:11
1:73:13 1:114:9 1:114:12
1:114:17 1:116:4 1:117:7
1:117:12 1:117:14 1:120:14
1:120:19 1:120:22 1:125:17
1:129:3 1:130:10

charted [4]
1:47:11 1:47:12 1:49:10
1:49:11

charting [6]
1:58:8 1:60:7 1:115:4
1:115:10 1:115:11 1:115:17

chest [10]
1:37:17 1:37:24 1:38:1
1:38:2 1:38:6 1:40:16
1:48:18 1:86:25 1:120:25
1:121:3

chf [1]
1:75:15

chief [8]
1:100:16 1:100:17 1:100:18
1:100:19 1:132:18 1:132:20
1:132:20 1:132:23

chin [1]
1:37:18

cholecystitis [1]
1:48:13

cholelithiasis [1]
1:48:13

choose [2]
1:113:12 1:113:14

Cincinnati [6]
1:35:3 1:35:9 1:110:16
1:110:23 1:110:25 1:111:20

circles [1]
1:69:7

circulating [1]
1:115:14

circulation [1]
1:48:6

civil [1]
1:1:18

claim [1]
1:9:25

clair [2]
1:2:13 1:2:18

clarify [3]
1:12:2 1:34:9 1:85:5

clear [10]
1:10:13 1:11:6 1:11:11
1:12:18 1:48:10 1:72:19
1:87:5 1:109:13 1:114:21
1:114:25

clearance [8]
1:10:20 1:120:16 1:120:18
1:120:20 1:120:21 1:121:7
1:121:8 1:121:14
clearing [2]
1:11:17 1:119:7
clearly [1]
1:128:20
Cleveland [12]
1:1:21 1:2:9 1:2:13
1:2:18 1:2:23 1:3:3
1:55:13 1:55:14 1:66:16
1:100:25 1:102:4 1:135:22
clinical [1]
1:89:18
clinically [1]
1:87:2
close [4]
1:81:22 1:102:2 1:102:3
1:113:2
closely [1]
1:16:6
closing [2]
1:101:17 1:101:20
co2 [1]
1:31:3
code [1]
1:120:23
columbus [1]
1:69:19
coma [3]
1:72:9 1:72:13 1:72:15
comatose [1]
1:84:6
coming [4]
1:44:20 1:84:24 1:84:25
1:92:25
commands [2]
1:60:15 1:126:4
commencing [1]
1:1:23
comment [1]
1:48:7
comments [1]
1:9:21
commissioned [1]
1:135:5
common [2]
1:1:4 1:71:15
communicated [1]
1:53:5
communication [3]
1:46:19 1:46:22 1:52:22
community [1]
1:51:16
company [4]
1:63:17 1:63:24 1:64:4
1:88:19
compared [1]
1:96:11
competitor [1]
1:102:15
complete [1]
1:6:3
completed [1]
1:112:23
completely [2]
1:26:7 1:100:3
complex [1]
1:41:5
complicated [10]
1:23:17 1:36:14 1:36:22
1:38:18 1:41:19 1:41:22
1:41:25 1:42:7 1:42:12
1:42:19
compounded [2]
1:36:15 1:36:16
compressions [1]
1:82:19
computer-aided [1]
1:135:12
concentration [1]
1:54:14
concern [4]
1:58:7 1:58:23 1:59:6
1:59:11
concerned [5]
1:37:9 1:39:16 1:45:11
1:73:3 1:83:19
concerns [3]
1:58:17 1:59:14 1:60:3
conclude [1]
1:33:16
concluded [1]
1:134:18
condition [8]
1:10:3 1:17:14 1:52:12
1:53:10 1:80:17 1:82:11
1:84:5 1:85:1
conditions [2]
1:83:4 1:86:8
condominium [1]
1:56:17
conference [1]
1:110:2
confidence [1]
1:120:17
confused [1]
1:118:18
congestive [19]
1:20:16 1:34:7 1:36:7
1:36:9 1:36:15 1:36:24
1:36:25 1:40:12 1:43:4
1:43:10 1:48:16 1:48:19
1:63:4 1:84:22 1:86:23
1:87:2 1:87:10 1:119:20
1:119:21
conomy [1]
1:68:18
consider [3]
1:77:15 1:77:17 1:93:14
considered [2]
1:102:15 1:126:8
consisted [1]
1:109:20
consists [1]
1:122:17
constantly [2]
1:15:13 1:16:1
consult [5]
1:11:24 1:12:1 1:48:20
1:73:2 1:74:4
1:11:5 1:11:9 1:11:20
1:12:25 1:73:5 1:73:24
contacted [1]
1:7:22
continual [1]
1:32:7
continue [3]
1:16:11 1:27:21 1:28:23
continuing [2]
1:26:3 1:29:21
contra [2]
1:108:18 1:108:18
control [3]
1:21:15 1:82:1 1:82:12
controlled [5]
1:21:13 1:22:22 1:23:1
1:84:17 1:85:4
controlling [1]
1:27:12
conversation [1]
1:110:13
conversations [8]
1:8:1 1:59:2 1:59:17
1:59:18 1:59:20 1:68:13
1:93:21 1:109:20
cor [3]
1:76:18 1:77:2 1:77:4
correct [33]
1:9:10 1:10:14 1:11:24
1:12:19 1:13:10 1:14:17
1:25:15 1:25:21 1:40:15
1:41:1 1:41:5 1:43:15
1:49:16 1:50:7 1:51:1
1:55:7 1:61:20 1:64:1
1:64:4 1:66:7 1:71:23
1:75:2 1:76:8 1:80:6
1:82:8 1:90:20 1:90:21
1:99:19 1:100:4 1:103:19
1:112:15 1:123:8 1:135:13
corrections [1]
1:134:11
correctly [1]
1:42:5
correspondence [2]
1:94:5 1:94:7
cough [1]
1:126:25
coughing [3]
1:21:23 1:22:7 1:126:24
counsel [1]
1:63:25
count [1]
1:96:19
county [2]
1:1:2 1:135:2
couple [8]
1:16:18 1:22:20 1:52:5
1:71:14 1:71:16 1:110:12
1:120:23 1:127:13
course [5]
1:24:6 1:59:8 1:59:8
1:70:25 1:97:21
courses [1]
1:97:18
court [1]
1:1:4

1:44:9
created [1]
1:10:3
credit [11]
1:35:2 1:35:5 1:35:17
1:35:19 1:35:20 1:110:18
1:111:4 1:111:14 1:111:15
1:112:24 1:113:2
credits [1]
1:113:4
criteria [1]
1:126:2
critical [18]
1:18:25 1:20:22 1:33:23
1:34:1 1:34:8 1:45:25
1:49:2 1:49:20 1:75:21
1:75:22 1:76:4 1:77:19
1:85:13 1:106:16 1:119:7
1:119:10 1:124:8 1:131:11
criticism [1]
1:30:14
criticisms [2]
1:16:2 1:30:12
crna [2]
1:104:21 1:104:23
crnas [2]
1:104:25 1:105:2
cross-examination [2]
1:4:4 1:5:10
cross-out [1]
1:60:13
crossed [4]
1:53:20 1:60:8 1:60:9
1:60:19
cuyahoga [2]
1:1:2 1:135:2
damage [13]
1:32:4 1:32:6 1:32:12
1:32:18 1:32:23 1:33:1
1:33:5 1:33:7 1:33:8
1:50:17 1:50:19 1:51:18
1:51:21
data [1]
1:121:10
date [2]
1:1:23 1:48:22
dated [3]
1:47:3 1:47:19 1:61:2
david [5]
1:1:13 1:1:16 1:5:2
1:5:5 1:135:6
day-to-day [1]
1:35:10
days [3]
1:16:18 1:84:16 1:134:12
deaconess [21]
1:8:11 1:55:16 1:55:17
1:55:21 1:55:21 1:56:4
1:65:20 1:100:12 1:100:13
1:100:14 1:100:16 1:100:17
1:101:4 1:101:14 1:101:17
1:102:6 1:102:6 1:102:19
1:104:10 1:104:13 1:104:19
dead [1]
1:93:10
deal [7]
1:7:14 1:7:14 1:8:16
1:37:17 1:63:21 1:70:13
1:70:15
dealing [3]
1:36:10 1:66:22 1:70:14
dealings [2]
1:61:6 1:66:2
deals [1]
1:7:11
dealt [4]
1:7:16 1:61:9 1:63:22
1:120:15
decided [4]
1:67:8 1:87:24 1:122:5
1:124:21
decision [4]
1:21:1 1:34:14 1:123:6
1:124:25
decisions [6]
1:26:23 1:34:18 1:42:2
1:108:10 1:112:5 1:112:8
decrease [2]
1:22:24 1:23:23
defend [5]
1:64:4 1:96:23 1:97:2
1:97:6 1:97:10
defendant [5]
1:2:11 1:2:20 1:3:1
1:56:24 1:63:25
defendants [3]
1:1:10 1:2:15 1:8:2
defended [2]
1:63:13 1:65:22
defending [1]
1:61:19
defense [9]
1:66:12 1:96:4 1:96:5
1:96:5 1:96:7 1:96:11
1:96:20 1:96:21 1:96:25
defensible [1]
1:97:12
defer [1]
1:132:13
define [1]
1:83:2
definition [2]
1:51:12 1:51:19
degree [6]
1:25:5 1:76:11 1:85:6
1:86:4 1:87:8 1:87:9
delay [1]
1:73:18
delayed [1]
1:73:15
delaying [1]
1:73:16
demonstrate [1]
1:71:4
demonstrates [1]
1:71:3
dental [2]
1:70:20 1:103:12
department [4]
1:32:1 1:54:24 1:132:1
1:132:3
depend [2]
1:19:6 1:47:13
depo [1]
1:88:9
deposed [3]
1:5:8 1:62:16 1:62:20
deposition [37]
1:1:13 1:1:16 1:5:2
1:9:7 1:20:11 1:27:8
1:28:8 1:28:10 1:44:16
1:44:18 1:44:21 1:52:7
1:58:15 1:60:21 1:60:23
1:60:24 1:62:15 1:64:9
1:74:15 1:74:16 1:74:16
1:74:18 1:74:19 1:74:24
1:75:8 1:75:18 1:87:17
1:89:22 1:110:24 1:114:2
1:116:9 1:117:2 1:125:16
1:125:19 1:125:21 1:134:18
1:135:15
depositions [10]
1:5:22 1:5:23 1:6:2
1:6:6 1:8:24 1:9:6
1:15:7 1:67:12 1:74:12
1:129:15
derived [1]
1:98:13
desaturation [1]
1:23:11
desaturations [2]
1:23:7 1:23:8
describe [1]
1:88:24
detailed [1]
1:116:5
determine [2]
1:12:13 1:86:1
develop [1]
1:83:10
developed [1]
1:83:11
developing [4]
1:80:5 1:80:8 1:80:24
1:83:4
devise [1]
1:15:11
dewey [28]
1:1:6 1:10:3 1:11:6
1:11:11 1:13:10 1:20:8
1:20:23 1:24:9 1:24:11
1:25:7 1:28:11 1:29:1
1:30:13 1:32:7 1:32:23
1:41:10 1:45:25 1:52:12
1:54:6 1:76:18 1:77:8
1:77:12 1:80:4 1:81:2
1:81:19 1:85:23 1:128:11
1:128:13
dewey's [5]
1:21:20 1:53:10 1:75:9
1:84:4 1:84:11
diagnose [5]
1:12:3 1:12:9 1:24:22
1:87:1 1:87:2
diagnosis [1]
1:48:14
diagnostic [1]
1:12:12
died [4]
1:72:12 1:92:18 1:92:19
1:93:5

Liffer [1]
1:113:12
lifference [7]
1:39:12 1:39:13 1:50:10
1:51:6 1:76:23 1:78:17
1:81:21
lifferent [13]
1:47:13 1:47:15 1:59:9
1:63:2 1:102:12 1:104:3
1:105:6 1:113:7 1:113:20
1:113:21 1:118:24 1:120:9
1:120:10
lifficult [15]
1:7:10 1:30:25 1:32:17
1:37:16 1:37:19 1:37:20
1:42:16 1:82:6 1:82:12
1:86:18 1:111:13 1:115:3
1:121:13 1:126:11 1:130:13
lifficulty [2]
1:130:12 1:130:17
linn [1]
1:66:23
lirect [6]
1:9:18 1:14:14 1:15:4
1:34:19 1:53:12 1:74:4
lirected [1]
1:90:5
irection [2]
1:14:10 1:14:14
irections [1]
1:112:11
irectly [4]
1:39:10 1:57:23 1:74:3
1:88:18
irects [1]
1:112:4
isagree [5]
1:52:8 1:53:1 1:53:2
1:113:11 1:113:17
iscipline [1]
1:108:21
iscoverable [1]
1:59:25
iscuss [8]
1:15:10 1:27:8 1:57:9
1:122:23 1:122:24 1:122:25
1:123:10 1:123:16
iscussed [15]
1:52:20 1:57:11 1:57:14
1:58:4 1:65:9 1:72:8
1:77:11 1:118:19 1:118:22
1:118:24 1:119:2 1:122:11
1:123:4 1:124:10 1:124:19
iscussion [8]
1:15:18 1:17:2 1:101:16
1:118:23 1:123:20 1:123:21
1:124:5 1:124:16
iscussions [3]
1:6:5 1:67:4 1:131:11
isease [4]
1:35:25 1:36:14 1:76:1
1:126:6
iseased [1]
1:76:11
dismissed [6]
1:63:15 1:63:16 1:64:6
1:64:14 1:65:3 1:95:18
disregard [3]
1:35:11 1:35:14 1:108:6
doctor [17]
1:5:12 1:11:1 1:34:20
1:61:4 1:61:19 1:76:17
1:77:13 1:87:13 1:93:8
1:100:20 1:104:23 1:107:3
1:113:5 1:114:4 1:124:6
1:128:10 1:134:8
doctor's [1]
1:59:23
doctors [8]
1:10:11 1:13:20 1:55:20
1:55:20 1:56:24 1:72:4
1:98:8 1:129:16
documents [1]
1:6:20
doesn't [10]
1:24:17 1:39:13 1:40:18
1:51:6 1:75:23 1:80:15
1:89:12 1:114:10 1:121:8
1:129:19
don [1]
1:127:25
donate [1]
1:88:21
done [30]
1:16:18 1:17:6 1:31:18
1:32:23 1:49:10 1:49:10
1:51:15 1:66:12 1:66:14
1:66:15 1:66:15 1:67:2
1:72:23 1:73:10 1:79:9
1:79:11 1:81:9 1:81:10
1:82:19 1:110:15 1:114:25
1:115:22 1:116:1 1:116:17
1:116:25 1:120:16 1:121:2
1:123:14 1:124:20 1:133:24
dose [3]
1:46:13 1:79:19 1:79:20
doses [3]
1:18:8 1:29:22 1:29:23
doubt [1]
1:97:22
down [10]
1:23:3 1:27:17 1:27:17
1:37:12 1:37:23 1:38:20
1:49:6 1:56:18 1:76:2
1:110:9
downs [1]
1:67:15
drop [1]
1:46:13
drowsy [1]
1:38:14
drug [2]
1:21:18 1:22:24
drugs [7]
1:29:14 1:29:21 1:82:18
1:114:22 1:116:5 1:116:6
1:122:24
due [8]
1:27:18 1:27:19 1:38:5
1:40:14 1:52:11 1:53:10
1:65:19 1:73:18
duly [3]
1:5:7 1:135:5 1:135:7
duplicate [1]
1:44:10
during [26]
1:15:13 1:15:19 1:17:9
1:26:19 1:29:9 1:30:13
1:33:20 1:35:17 1:40:3
1:44:17 1:44:19 1:53:22
1:53:24 1:75:20 1:83:4
1:85:21 1:86:8 1:114:4
1:116:19 1:116:21 1:118:11
1:121:20 1:122:18 1:122:19
1:123:12 1:131:12
duty [2]
1:11:9 1:12:25
dysfunction [7]
1:16:23 1:37:2 1:40:9
1:43:12 1:76:21 1:84:23
1:119:23
early [5]
1:41:23 1:61:9 1:61:22
1:83:14 1:83:25
easier [1]
1:56:13
easiest [1]
1:42:21
easily [1]
1:114:10
echo [7]
1:76:20 1:128:10 1:128:12
1:128:12 1:128:13 1:128:18
1:128:22
echocardiogram [9]
1:16:17 1:16:18 1:16:21
1:40:7 1:43:11 1:43:19
1:44:2 1:119:22 1:121:5
edema [22]
1:7:3 1:7:6 1:7:12
1:23:13 1:23:15 1:23:25
1:26:25 1:27:19 1:80:6
1:80:12 1:80:23 1:80:23
1:82:22 1:83:1 1:83:11
1:85:7 1:85:13 1:85:16
1:86:5 1:86:7 1:86:17
1:114:23
edge [1]
1:83:6
effect [5]
1:21:20 1:22:4 1:79:4
1:84:18 1:85:2
effects [1]
1:20:17
efficiently [1]
1:40:18
effort [1]
1:114:11
efforts [1]
1:33:11
eight [7]
1:29:1 1:53:23 1:54:2
1:61:11 1:61:16 1:61:25
1:66:6
either [16]
1:13:6 1:27:11 1:62:21
1:62:22 1:78:3 1:78:5
1:78:9 1:91:25 1:101:17
1:104:23 1:108:17 1:122:14
1:126:24 1:128:11 1:131:1
1:135:19
eject [2]
1:40:10 1:43:9
ejection [9]

1:16:25 1:40:6 1:43:13
1:43:17 1:43:19 1:44:1
1:74:9 1:74:9 1:119:25
elaborate [1]
1:42:9
elevated [3]
1:76:25 1:77:1 1:79:7
emergence [3]
1:122:20 1:123:1 1:123:2
employed [3]
1:101:2 1:101:9 1:101:11
employee [1]
1:135:19
end [20]
1:15:25 1:17:13 1:18:3
1:18:5 1:22:12 1:25:10
1:26:23 1:30:14 1:31:3
1:33:14 1:33:15 1:38:10
1:54:1 1:55:11 1:81:22
1:93:11 1:122:21 1:123:1
1:126:20 1:130:8
ended [2]
1:22:9 1:103:1
endotracheal [6]
1:22:7 1:22:11 1:22:25
1:126:16 1:126:18 1:126:24
enlarged [2]
1:40:17 1:40:18
enriched [1]
1:54:8
entire [5]
1:10:16 1:12:17 1:18:17
1:18:20 1:42:8
entirely [1]
1:12:14
environment [1]
1:54:8
epinephrine [2]
1:29:23 1:29:24
errands [3]
1:28:6 1:28:7 1:58:13
especially [3]
1:18:11 1:59:7 1:130:8
esq [6]
1:2:4 1:2:7 1:2:12
1:2:17 1:2:21 1:3:2
essential [1]
1:119:24
essentially [4]
1:24:24 1:27:5 1:27:6
1:93:10
evaluate [2]
1:49:14 1:73:12
evaluated [1]
1:76:6
evaluation [7]
1:47:1 1:47:3 1:47:5
1:49:22 1:50:6 1:72:19
1:75:14
evaluations [1]
1:98:15
event [3]
1:19:19 1:106:23 1:135:20
events [2]
1:114:17 1:114:18
eventually [1]
1:82:15
everybody [2]
1:71:22 1:116:1
evidence [1]
1:29:10
exacerbated [1]
1:83:13
exact [9]
1:17:2 1:17:6 1:30:19
1:52:6 1:53:8 1:109:16
1:110:8 1:131:25 1:132:4
exactly [23]
1:14:25 1:16:25 1:18:14
1:19:12 1:24:5 1:24:25
1:25:3 1:29:11 1:30:9
1:32:11 1:32:18 1:33:8
1:44:8 1:60:22 1:80:21
1:86:21 1:102:1 1:105:20
1:111:13 1:114:15 1:116:5
1:117:15 1:129:6
exam [1]
1:71:5
examination [4]
1:1:17 1:5:6 1:92:6
1:131:21
examine [1]
1:87:3
examiner's [1]
1:71:6
example [4]
1:21:7 1:24:8 1:34:16
1:158:13
examples [2]
1:44:5 1:44:6
except [4]
1:75:11 1:78:7 1:78:11
1:79:13
excuse [1]
1:32:5
exhibit [2]
1:5:1 1:34:19
exhibits [1]
1:4:13
expect [9]
1:19:24 1:36:6 1:50:3
1:51:8 1:100:20 1:115:12
1:116:20 1:121:15 1:121:24
expectancy [1]
1:10:8
expected [5]
1:44:8 1:117:6 1:122:7
1:122:10 1:131:12
experience [6]
1:14:1 1:34:25 1:35:23
1:107:17 1:117:10 1:131:23
expert [12]
1:9:16 1:61:17 1:61:18
1:63:12 1:65:25 1:89:25
1:94:11 1:94:20 1:95:19
1:96:1 1:96:16 1:97:25
expertise [1]
1:20:7
experts [1]
1:68:22
explain [4]
1:11:13 1:23:2 1:41:7
1:43:5
expression [1]
1:50:8
extremely [3]
1:55:5 1:69:3 1:77:17
extubate [9]
1:17:16 1:21:1 1:38:11
1:39:3 1:108:14 1:123:3
1:123:11 1:123:17 1:130:9
extubated [10]
1:19:15 1:38:25 1:39:2
1:39:14 1:65:1 1:126:12
1:129:1 1:129:3 1:129:10
1:129:13
extubating [3]
1:39:8 1:39:17 1:126:10
extubation [20]
1:17:22 1:17:24 1:19:3
1:20:20 1:22:22 1:23:2
1:23:3 1:37:20 1:38:18
1:38:22 1:39:16 1:63:1
1:78:19 1:123:11 1:123:17
1:126:3 1:129:9 1:130:13
1:130:13 1:130:18
eye [1]
1:60:16
eyes [1]
1:126:5
face [1]
1:90:10
facility [1]
1:84:7
fact [15]
1:20:7 1:22:10 1:35:17
1:37:4 1:38:22 1:43:3
1:43:8 1:79:10 1:79:12
1:80:17 1:82:17 1:84:20
1:102:4 1:114:15 1:115:19
1:118:1 1:118:10 1:118:23
factor [4]
1:35:18 1:43:4 1:82:23
1:85:13
factors [9]
1:23:18 1:36:19 1:36:21
1:36:23 1:37:3 1:40:3
1:77:12 1:86:17 1:86:19
facts [1]
1:76:20
fail [1]
1:50:6
failed [1]
1:79:12
failure [20]
1:20:16 1:34:7 1:36:7
1:36:9 1:36:15 1:36:24
1:36:25 1:40:13 1:43:4
1:43:10 1:48:16 1:48:19
1:63:4 1:79:14 1:84:22
1:86:23 1:87:2 1:87:10
1:119:21 1:119:22
fair [1]
1:58:6
fairly [2]
1:79:17 1:100:22
fall [1]
1:23:14
falls [1]
1:46:6
family [1]
1:95:2

amily's [1]
1:65:18
ar [8]
1:39:15 1:40:1 1:44:4
1:58:19 1:64:10 1:65:2
1:80:4 1:111:7
ather-in-law [1]
1:56:18
avorite [1]
1:68:5
eels [1]
1:11:20
ees [1]
1:88:11
ell [1]
1:46:18
ellow [1]
1:68:11
ellowship [3]
1:55:6 1:109:1 1:109:1
elt [9]
1:11:21 1:11:23 1:12:25
1:13:3 1:13:3 1:13:4
1:14:21 1:19:15 1:121:12
ew [4]
1:58:3 1:71:25 1:101:23
1:121:21
igure [1]
1:108:20
ill [1]
1:59:11
illed [3]
1:47:15 1:47:21 1:60:3
inal [1]
1:134:10
ine [1]
1:73:5
inish [2]
1:70:25 1:106:15
inished [1]
1:55:11
inishing [1]
1:108:14
inn [14]
1:2:4 1:2:8 1:5:21
1:7:23 1:61:6 1:63:13
1:63:17 1:65:21 1:66:23
1:67:5 1:95:9 1:127:23
1:128:3 1:128:8
irms [2]
1:96:7 1:96:11
irst [20]
1:5:7 1:7:22 1:16:7
1:16:14 1:24:8 1:34:21
1:37:14 1:64:6 1:67:14
1:83:22 1:89:21 1:90:13
1:90:17 1:90:19 1:94:9
1:97:14 1:111:1 1:118:15
1:133:15 1:135:7
irst-year [1]
1:120:18
it [1]
1:11:17
ive [3]
1:7:24 1:27:4 1:98:16
lorida [4]
1:56:6 1:56:10 1:56:17
1:56:21
luid [15]
1:17:1 1:17:2 1:23:24
1:24:19 1:24:24 1:25:6
1:40:12 1:78:20 1:85:8
1:85:12 1:85:15 1:85:21
1:85:22 1:85:24 1:86:9
luids [1]
1:120:1
olks [1]
1:131:18
ollow [2]
1:14:6 1:112:11
ollow-up [1]
1:127:10
ollowed [1]
1:108:11
ollowing [1]
1:52:8
ollows [1]
1:5:9
oolish [1]
1:17:16
orce [1]
1:43:23
oregoing [2]
1:135:13 1:135:16
orgotten [1]
1:37:7
orm [3]
1:85:18 1:108:21 1:134:10
ormed [1]
1:61:19
orms [1]
1:59:22
ormulated [1]
1:8:21
orth [2]
1:1:24 1:42:14
ortunately [1]
1:89:9
ound [1]
1:47:11
our [8]
1:7:24 1:55:16 1:57:7
1:89:6 1:104:16 1:104:20
1:104:20 1:109:7
ourth [6]
1:19:23 1:34:21 1:35:2
1:35:6 1:41:1 1:44:7
raction [9]
1:16:25 1:40:6 1:43:13
1:43:17 1:43:19 1:44:1
1:74:9 1:74:10 1:119:25
racture [1]
1:65:5
rame [1]
1:60:23
rancis [1]
1:69:19
requently [14]
1:15:16 1:19:10 1:21:25
1:22:12 1:22:24 1:23:12
1:46:12 1:49:7 1:51:9
1:73:6 1:78:6 1:78:9
1:81:9 1:117:11
riend [1]
1:95:7
riends [3]
1:94:25 1:95:5 1:95:8
ront [2]
1:90:10 1:90:11
rontier [1]
1:63:22
ull [5]
1:35:21 1:38:14 1:111:1
1:114:1 1:126:9
unctions [1]
1:132:22
ag [1]
1:39:25
allbladder [7]
1:12:4 1:12:9 1:12:14
1:42:13 1:42:18 1:76:11
1:76:15
ame [1]
1:8:3
ap [1]
1:58:9
as [5]
1:30:17 1:31:15 1:33:14
1:33:18 1:33:19
ases [2]
1:33:25 1:34:3
athered [1]
1:35:8
eneral [4]
1:7:14 1:7:20 1:9:24
1:90:13
enerally [1]
1:81:25
enerated [1]
1:6:12
eorgia [1]
1:2:6
iven [33]
1:5:21 1:5:23 1:9:16
1:16:23 1:17:13 1:20:23
1:27:3 1:27:4 1:29:14
1:29:22 1:29:22 1:30:13
1:43:17 1:45:9 1:55:19
1:60:13 1:65:14 1:67:12
1:67:13 1:72:14 1:79:7
1:81:2 1:81:2 1:81:15
1:83:3 1:104:15 1:114:22
1:116:6 1:116:6 1:125:5
1:129:21 1:135:9 1:135:14
iving [6]
1:45:8 1:45:9 1:46:12
1:79:9 1:90:5 1:92:10
lass [1]
1:92:3
lean [2]
1:39:7 1:44:15
len [1]
1:1:6
oes [8]
1:43:7 1:43:7 1:56:3
1:80:22 1:88:20 1:124:22
1:133:12 1:134:10
olf [1]
1:97:21
one [11]

1:19:16 1:22:5 1:22:6
1:22:8 1:27:10 1:27:17
1:58:2 1:88:11 1:114:1
1:119:14 1:122:1

good [3]
1:56:7 1:127:5 1:132:16

grave [1]
1:54:5

great [1]
1:89:7

greater [1]
1:85:6

green [1]

greendyke [1]
1:69:21

greene [1]
1:1:8

greenhouse [1]
1:69:23

group [11]
1:1:22 1:2:16 1:8:15
1:55:13 1:55:14 1:56:3
1:100:24 1:100:25 1:101:2
1:101:12 1:103:2

guess [7]
1:25:19 1:48:22 1:66:5
1:68:20 1:83:17 1:103:7
1:117:10

guide [6]
1:31:2 1:31:5 1:82:4
1:82:5 1:82:8 1:82:9

gunshots [1]
1:93:2

guy [1]
1:7:8

guys [1]
1:68:23

half [1]
1:24:10

halfway [1]
1:15:24

hall [1]
1:93:25

hallway [1]
1:74:21

hand [7]
1:6:18 1:6:19 1:27:13
1:60:16 1:109:23 1:115:7
1:135:21

handle [3]
1:63:24 1:85:11 1:132:16

handled [1]
1:17:1

handles [1]
1:63:24

hands [2]
1:12:14 1:90:10

hands-on [3]
1:14:24 1:20:9 1:42:7

handwriting [2]
1:47:16 1:47:16

happening [10]
1:15:16 1:15:17 1:19:11
1:23:18 1:24:8 1:27:23
1:105:20 1:106:8 1:114:21
1:117:25

hard [14]
1:24:5 1:27:16 1:27:18
1:28:20 1:30:2 1:32:11
1:33:8 1:78:21 1:79:4
1:83:11 1:83:16 1:83:16
1:83:17 1:84:2

he'd [1]
1:36:11

head [2]
1:119:14 1:119:17

health [7]
1:8:14 1:46:1 1:73:18
1:84:11 1:101:6 1:101:9
1:101:13

healthy [1]
1:54:7

heard [4]
1:67:19 1:69:4 1:92:15
1:131:4

heart [51]
1:20:16 1:20:17 1:20:21
1:21:20 1:22:1 1:22:1
1:22:4 1:23:23 1:23:24
1:29:3 1:29:6 1:29:9
1:29:11 1:29:12 1:29:22
1:29:24 1:30:13 1:34:7
1:36:7 1:36:9 1:36:15
1:36:24 1:36:25 1:40:11
1:40:13 1:40:15 1:40:17
1:40:18 1:43:4 1:43:9
1:43:10 1:43:22 1:48:16
1:48:19 1:63:4 1:64:17
1:64:18 1:80:17 1:82:17
1:86:23 1:87:2 1:87:10
1:119:21 1:119:22 1:119:25
1:129:4 1:129:6 1:129:18
1:129:20 1:129:23 1:130:2

heart's [1]
1:43:24

heartbeat [1]
1:48:9

heights [3]
1:56:4 1:101:15 1:104:11

held [2]
1:99:16 1:100:4

hello [4]
1:58:1 1:68:10 1:68:12
1:110:4

help [6]
1:17:19 1:24:21 1:31:2
1:31:4 1:56:19 1:89:23

helped [6]
1:25:1 1:31:13 1:31:14
1:46:18 1:55:2 1:60:4

helpful [5]
1:17:20 1:31:11 1:74:7
1:74:8 1:74:10

helps [5]
1:54:9 1:71:2 1:82:3
1:82:4 1:120:1

hereby [1]
1:135:6

herein [2]
1:1:17 1:5:6

hereinafter [1]
1:5:8

hereunto [1]
1:135:21

hermann [1]
1:67:5

high [15]
1:20:8 1:24:4 1:29:16
1:63:3 1:77:16 1:77:17
1:80:4 1:80:15 1:86:13
1:90:14 1:90:23 1:92:22
1:113:6 1:114:24 1:117:18

higher [8]
1:38:4 1:80:5 1:80:8
1:80:10 1:80:11 1:80:24
1:98:20 1:128:22

highest [1]
1:68:4

highly [2]
1:55:4 1:69:6

himself [1]
1:79:16

hindsight [2]
1:114:19 1:116:2

hip [1]
1:65:4

hired [3]
1:7:23 1:93:17 1:96:24

history [9]
1:37:11 1:41:4 1:41:16
1:42:23 1:48:12 1:48:15
1:54:7 1:119:20 1:120:24

ho's [7]
1:6:2 1:9:18 1:11:9
1:12:3 1:12:20 1:119:14
1:119:16

hochman [1]
1:66:23

hold [7]
1:9:22 1:26:9 1:44:23
1:99:7 1:112:14 1:113:5
1:113:6

honest [1]
1:60:22

hook [1]
1:97:8

hospital [28]
1:1:9 1:2:11 1:5:20
1:8:11 1:9:12 1:47:13
1:55:13 1:55:15 1:55:16
1:55:17 1:56:4 1:56:4
1:56:4 1:65:19 1:72:3
1:84:16 1:84:18 1:89:1
1:89:3 1:96:25 1:100:12
1:101:4 1:101:7 1:101:10
1:101:14 1:101:17 1:101:18
1:133:10

hospitalization [1]
1:10:20

hospitalizations [3]
1:10:24 1:10:25 1:11:2

hospitals [12]
1:8:12 1:8:12 1:67:25
1:101:11 1:101:21 1:101:23
1:102:5 1:102:15 1:104:3
1:104:6 1:104:7 1:104:9

hour [5]
1:24:10 1:24:13 1:87:15
1:87:18 1:88:1

hours [3]
1:8:25 1:9:5 1:24:15

howard [1]

1:67:20
humanly [2]
1:106:18 1:106:21
hunch [1]
1:61:21
hundred [2]
1:21:8 1:46:16
huron [6]
1:1:9 1:2:11 1:5:20
1:111:23 1:133:10 1:133:16
hurts [1]
1:81:13
hypertension [9]
1:17:15 1:20:16 1:20:17
1:34:7 1:36:16 1:37:1
1:48:15 1:63:4 1:75:15
hypertrophic [3]
1:17:15 1:36:16 1:40:1
hypervolemic [1]
1:25:18
hypovolemic [1]
1:25:18
hypoxia [1]
1:32:13
hypoxic [1]
1:33:4
hysterectomy [1]
1:42:11
idea [6]
1:96:9 1:102:3 1:103:9
1:111:17 1:111:21 1:111:21
ideal [2]
1:21:18 1:41:13
identification [1]
1:5:3
implications [1]
1:35:25
important [15]
1:18:2 1:19:2 1:33:13
1:35:18 1:35:18 1:37:3
1:37:6 1:43:12 1:45:12
1:77:3 1:112:5 1:115:11
1:115:22 1:115:23 1:116:22
impossible [2]
1:27:22 1:42:14
impression [1]
1:92:9
inadequately [1]
1:31:21
inappropriate [2]
1:118:5 1:123:8
inappropriately [3]
1:14:17 1:14:18 1:14:19
inc [1]
1:1:22
incidence [1]
1:38:4
incision [8]
1:45:14 1:45:15 1:45:17
1:45:18 1:45:23 1:45:25
1:46:7 1:46:17
including [2]
1:95:23 1:95:24
income [1]
1:98:13
incorrect [2]
1:121:7 1:124:12
increase [7]
1:23:6 1:29:24 1:38:8
1:86:10 1:86:11 1:86:12
1:88:10
increased [2]
1:31:22 1:86:15
increasing [1]
1:98:18
independence [1]
1:120:12
independent [4]
1:12:25 1:14:9 1:72:19
1:73:24
independently [1]
1:14:3
index [1]
1:4:1
indians [1]
1:102:18
indicate [6]
1:29:13 1:31:6 1:74:22
1:75:13 1:129:3 1:130:11
indicated [1]
1:38:24
indicates [1]
1:125:17
indication [3]
1:74:24 1:75:7 1:88:7
individual [1]
1:126:15
induction [25]
1:44:13 1:44:14 1:44:17
1:44:17 1:44:19 1:44:19
1:44:23 1:44:25 1:45:2
1:45:6 1:46:4 1:46:5
1:62:25 1:74:18 1:74:21
1:75:21 1:116:9 1:116:21
1:116:25 1:117:14 1:118:11
1:118:12 1:122:17 1:122:18
1:124:23
information [23]
1:13:5 1:13:7 1:13:19
1:15:7 1:16:15 1:27:20
1:33:2 1:43:20 1:44:3
1:60:4 1:73:13 1:74:2
1:74:4 1:74:7 1:74:13
1:74:15 1:74:22 1:74:23
1:74:25 1:77:6 1:87:13
1:119:18 1:129:14
injected [1]
1:98:3
injuries [1]
1:100:22
inlaws [1]
1:56:16
inserted [1]
1:91:2
insertion [2]
1:76:23 1:90:25
insistence [1]
1:60:20
instance [1]
1:85:15
institution [1]
1:103:11
instructed [2]
1:34:13 1:108:5
instructions [1]
1:108:18
instructors [1]
1:54:25
insurance [4]
1:63:17 1:63:24 1:63:25
1:64:3
intensive [3]
1:13:20 1:68:1 1:68:2
interacted [1]
1:10:12
interested [1]
1:135:20
internist [5]
1:10:12 1:11:17 1:12:21
1:13:6 1:74:1
internship [2]
1:51:25 1:108:25
interpretation [1]
1:79:14
intraoperative [1]
1:13:9
intraoperatively [4]
1:13:12 1:14:12 1:14:13
1:78:16
intrathoracic [4]
1:7:6 1:21:23 1:24:1
1:86:16
introduced [3]
1:5:12 1:8:9 1:97:22
intubated [11]
1:39:1 1:64:16 1:64:18
1:64:22 1:64:25 1:123:13
1:125:2 1:129:5 1:129:20
1:130:4 1:130:5
intubation [7]
1:37:15 1:37:18 1:106:4
1:106:10 1:126:11 1:129:25
1:130:7
involve [1]
1:62:7
involved [17]
1:19:20 1:41:8 1:62:13
1:74:17 1:74:20 1:74:20
1:90:19 1:91:5 1:94:10
1:94:13 1:94:21 1:96:14
1:97:4 1:98:12 1:107:11
1:128:19 1:128:21
involvement [3]
1:10:21 1:10:22 1:10:23
involves [2]
1:62:8 1:66:17
involving [2]
1:90:14 1:90:23
irreversible [1]
1:125:4
irritated [1]
1:127:1
iso [1]
1:53:18
isoflurane [3]
1:22:9 1:53:17 1:54:14
issue [1]
1:79:17
issues [1]
1:64:7

tself [2]
1:42:19 1:43:1

ack [1]
1:2:7

acobson [5]
1:2:22 1:3:2 1:65:21
1:66:4 1:97:20

ames [1]
1:2:12

ob 171
1:55:3 1:56:2 1:6 1:23
1:105:22 1:105:25 1:106:11
1:113:1

oel [1]
1:68:25

ohn [2]
1:67:15 :68:18

ones [31]
1:1:6 :3:2 1:10:21
1:11:6 :11:11 1:13:10
1:20:8 :20:23 1:24:11
1:25:7 :26:13 1:28:11
1:29:1 :30:13 1:32:7
1:32:24 :33:15 1:41:10
1:45:18 :76:18 1:77:8
1:77:12 :81:19 1:88:4
1:91:24 1:114:5 1:114:8
1:123:25 1:128:11 1:128:13
1:128:21

ones' [10]
1:10:3 1:24:9 1:34:6
1:46:1 1:52:12 1:54:7
1:77:20 1:80:4 1:82:13
1:85:23

oseph [1]
1:68:23

udge [1]
1:1:8

udgment [1]
1:30:3

uly [2]
1:55:12 1:55:12

me [1]
1:55:11

unior [7]
1:14:8 1:18:11 1:18:12
1:18:13 1:42:2 1:132:25
1:133:4

ury [1]
1:92:14

ustify [1]
1:115:23

ahn [1]
1:69:17

alur [2]
1:2:22 1:3:2

aplan [4]
1:5:23 1:68:25 1:69:3
1:113:6

aplan's [1]
1:9:6

eenan [4]
1:2:4 1:2:5 1:127:22
1:127:25

keeps [1]
1:68:11

keith [1]
1:3:11

kilogram [1]
1:24:10

kilograms [1]
1:24:12

kind [10]
1:28:7 1:74:23 1:94:19
1:95:4 1:98:7 1:102:11
1:102:17 1:115:16 1:120:2
1:120:24

knew [3]
1:75:15 1:110:15 1:111:22

knowing [3]
1:19:22 1:24:25 1:35:8

knowledge [12]
1:19:21 1:20:3 1:20:19
1:35:7 1:50:4 1:67:17
1:71:3 1:71:4 1:71:16
1:75:9 1:81:14 1:81:15

known [2]
1:19:22 1:43:14

kupiac [1]
1:65:18

lab [1]
1:48:17

lady [1]
1:65:4

Lakeland [1]
1:2:16

lakeside [2]
1:2:22 1:3:3

landskroner [6]
1:2:7 1:2:8 1:59:22
1:66:20 1:128:3 1:128:5

lanoxin [1]
1:48:5

large [1]
1:46:13

largest [1]
1:96:4

lasix [3]
1:48:4 1:79:8 1:79:20

last [8]
1:55:16 1:56:3 1:66:11
1:67:3 1:70:17 1:70:19
1:88:16 1:98:16

late [2]
1:89:5 1:117:24

latitude [1]
1:14:20

lauren [3]
1:1:19 1:135:3 1:135:24

law [12]
1:2:4 1:2:8 1:5:21
1:7:23 1:61:6 1:63:16
1:65:21 1:96:11 1:97:17
1:97:18 1:127:23 1:128:3

lawsuit [1]
1:63:13

lawsuits [1]
1:63:15

lawyer 161
1:76:2 1:93:19 1:94:2
1:94:13 1:95:2 1:95:7

lawyer's [1]
1:94:16

lawyers [4]
1:66:3 1:94:6 1:94:25
1:95:5

lay [1]
1:131:12

lead [1]
1:43:10

leading [4]
1:29:11 1:30:5 1:30:10
1:38:21

learn [2]
1:14:1 1:133:13

learned [6]
1:58:12 1:58:14 1:111:10
1:111:13 1:111:19 1:111:22

least [2]
1:121:25 1:132:9

leave [2]
1:64:16 1:123:13

leaving [2]
1:39:1 1:64:22

lectures [1]
1:69:5

led [2]
1:23:25 1:86:10

left [12]
1:16:22 1:37:2 1:40:9
1:42:1 1:42:1 1:43:11
1:64:18 1:64:24 1:76:21
1:84:22 1:113:25 1:119:23

Length [1]
1:39:7

les [1]
1:94:17

less [2]
1:38:23 1:116:3

letter [7]
1:6:11 1:8:21 1:8:24
1:34:20 1:44:5 1:60:19
1:128:8

letters [1]
1:55:2

level [13]
1:20:7 1:20:19 1:31:11
1:35:22 1:46:9 1:51:16
1:52:22 1:120:3 1:120:4
1:120:7 1:120:10 1:120:11
1:120:17

license [1]
1:56:15

licensed [2]
1:56:6 1:56:13

lidocaine [1]
1:22:24

life [1]
1:10:7

likely [8]
1:32:12 1:33:5 1:38:23
1:78:20 1:80:19 1:82:7
1:85:14 1:85:15

illian [1]
1:1:8

line [12]
1:16:9 1:17:7 1:31:10
1:33:24 1:34:2 1:34:11
1:48:5 1:48:19 1:53:17
1:79:6 1:82:4 1:115:21

listen [1]
1:87:3
literature [1]
1:6:25
liters [7]
1:29:1 1:53:23 1:53:23
1:53:25 1:53:25 1:54:2
1:54:2
local [1]
1:98:2
located [1]
1:102:2
long-term [3]
1:10:19 1:72:13 1:72:15
longer [6]
1:10:21 1:10:22 1:10:23
1:32:12 1:32:20 1:39:1
look [26]
1:6:10 1:12:21 1:16:13
1:24:6 1:24:7 1:39:9
1:45:22 1:45:24 1:53:17
1:77:25 1:85:24 1:85:25
1:87:6 1:120:19 1:120:20
1:120:22 1:120:22 1:120:23
1:120:23 1:120:23 1:120:25
1:120:25 1:121:1 1:121:4
1:121:6 1:126:14
looked [8]
1:7:2 1:11:5 1:16:6
1:16:17 1:16:19 1:60:11
1:120:14 1:126:2
looking [14]
1:7:4 1:7:5 1:25:13
1:40:5 1:40:24 1:58:8
1:60:10 1:75:11 1:84:14
1:85:21 1:91:7 1:91:14
1:91:15 1:91:17
looks [7]
1:21:10 1:46:16 1:47:15
1:48:7 1:53:16 1:54:16
1:129:20
Lose [1]
1:103:8
lousy [1]
1:61:23
Low [2]
1:20:15 1:83:20
Lower [2]
1:88:9 1:102:6
lung [1]
1:86:11
lungs [5]
1:23:24 1:25:12 1:27:14
1:43:21 1:87:4
Lutheran [2]
1:102:10 1:102:11
m-hm [7]
1:8:19 1:10:15 1:21:6
1:52:4 1:73:25 1:113:16
1:114:7
mail [1]
1:9:7
main [3]
1:60:7 1:87:1 1:87:1
maintaining [1]
1:125:2
maintenance [2]
1:53:24 1:122:19
major [3]
1:19:19 1:82:23 1:100:22
makes [8]
1:37:15 1:39:12 1:39:13
1:42:19 1:62:2 1:80:19
1:112:4 1:112:8
malpractice [2]
1:62:3 1:63:17
man [1]
1:85:22
manage [2]
1:82:6 1:120:1
management [5]
1:7:10 1:30:4 1:84:11
1:84:11 1:116:14
managing [1]
1:13:21
marc [1]
1:69:14
mark [1]
1:3:2
marked [4]
1:4:13 1:5:3 1:37:10
1:86:12
markedly [2]
1:38:9 1:83:13
marshal1 [1]
1:69:25
mass [1]
1:37:16
material [2]
1:7:17 1:8:25
materials [1]
1:6:13
matter [4]
1:49:8 1:49:13 1:49:18
1:131:5
may [29]
1:11:10 1:15:21 1:15:22
1:15:24 1:20:2 1:21:4
1:33:7 1:33:21 1:38:15
1:42:12 1:61:2 1:61:3
1:71:25 1:74:1 1:83:4
1:83:5 1:84:1 1:84:21
1:84:25 1:86:10 1:90:5
1:94:17 1:94:22 1:98:21
1:98:22 1:105:20 1:110:12
1:126:20 1:126:23
maynard [3]
1:2:22 1:3:2 1:65:22
mcgregor [1]
1:3:11
mean [28]
1:9:24 1:10:23 1:21:21
1:32:15 1:33:6 1:50:11
1:51:5 1:54:25 1:59:3
1:59:6 1:59:7 1:59:8
1:66:8 1:68:10 1:79:19
1:80:12 1:80:13 1:81:12
1:83:10 1:83:17 1:83:20
1:106:14 1:120:7 1:121:24
1:124:1 1:125:18 1:128:19
1:133:12
meaning [1]
1:36:5
means [3]
1:30:20 1:40:10 1:54:13
meant [2]
1:36:9 1:130:5
measurement [1]
1:34:3
med-mal [1]
1:66:6
medical [16]
1:2:16 1:5:17 1:10:20
1:14:3 1:25:6 1:34:6
1:41:4 1:41:16 1:48:15
1:56:15 1:63:21 1:85:6
1:86:4 1:86:8 1:90:4
1:90:6
medical-legal [3]
1:10:2 1:94:10 1:98:14
medically [7]
1:10:13 1:11:6 1:11:11
1:11:15 1:11:16 1:12:18
1:72:19
medications [2]
1:77:20 1:78:14
medicine [4]
1:56:19 1:56:21 1:97:6
1:103:13
medicines [5]
1:77:23 1:78:7 1:78:12
1:79:4 1:80:2
meds [5]
1:48:4 1:78:1 1:78:3
1:78:7 1:79:13
meet [3]
1:97:20 1:109:10 1:109:23
meeting [6]
1:56:25 1:57:17 1:109:14
1:109:17 1:109:19 1:109:20
meetings [1]
1:89:10
meets [1]
1:126:2
memorandum [1]
1:99:5
mention [1]
1:71:18
mentioned [3]
1:28:8 1:58:9 1:63:14
meridia [3]
1:1:9 1:2:11 1:5:20
met [11]
1:8:3 1:57:3 1:57:5
1:57:20 1:57:21 1:57:23
1:66:4 1:69:12 1:127:20
1:127:22 1:128:2
methods [1]
1:22:21
metro [3]
1:102:5 1:102:8 1:102:9
michael's [6]
1:8:11 1:101:10 1:101:14
1:101:17 1:102:1 1:102:7
middle [5]
1:44:23 1:116:14 1:116:15
1:118:12 1:124:16
midnight [5]
1:48:3 1:78:7 1:78:11
1:78:15 1:107:7
might [11]
1:15:20 1:56:14 1:85:11
1:92:11 1:92:15 1:98:20

1:102:14 1:107:11 1:113:12
1:125:25 1:126:17
niles [1]
1:101:23
nilligram [2]
1:27:4 1:27:5
nind [2]
1:26:14 1:76:20
ninimize [1]
1:89:11
ninimum [1]
1:39:4
ninutes [8]
1:24:16 1:32:19 1:40:20
1:45:21 1:58:3 1:110:7
1:110:7 1:114:1
nissed [1]
1:125:11
nisstate [1]
1:35:23
noment [4]
1:122:4 1:123:19 1:123:20
1:124:2
noments [2]
1:121:21 1:122:6
noney [1]
1:88:18
nonitor [2]
1:31:3 1:33:24
nonitored [3]
1:16:1 1:78:16 1:79:5
nonitoring [6]
1:17:5 1:17:6 1:36:11
1:37:22 1:59:7 1:122:18
nonitors [5]
1:17:17 1:31:2 1:31:4
1:31:6 1:34:14
nonopolized [1]
1:110:13
nonth [6]
1:19:23 1:34:21 1:35:2
1:35:6 1:41:1 1:89:10
nonths [25]
1:7:24 1:34:24 1:34:25
1:35:11 1:35:15 1:35:19
1:55:16 1:57:7 1:100:21
1:109:4 1:109:4 1:109:5
1:109:8 1:110:22 1:110:25
1:111:1 1:111:11 1:111:20
1:111:23 1:112:23 1:113:2
1:113:2 1:113:3 1:120:5
1:133:15
norning [13]
1:47:4 1:49:5 1:78:1
1:78:4 1:79:10 1:80:3
1:81:3 1:89:4 1:113:8
1:117:19 1:117:21 1:117:23
1:118:2
nost [6]
1:18:1 1:32:12 1:33:4
1:33:13 1:33:18 1:35:18
nove [5]
1:18:16 1:22:16 1:51:2
1:56:14 1:131:14
noving [1]
1:18:19
nulti-factorial [2]
1:86:7 1:86:20
multiple [1]
1:106:22
muscle [1]
1:38:14
must [1]
1:111:14
name [9]
1:63:14 1:65:16 1:65:18
1:69:25 1:70:3 1:94:16
1:94:21 1:100:24 1:117:12
named [1]
1:7:8
names [1]
1:71:18
nassau [1]
1:2:5
natural [1]
1:70:25
nature [3]
1:41:16 1:42:10 1:50:1
near [1]
1:58:5
nearby [1]
1:20:5
nearman [5]
1:67:20 1:67:20 1:67:23
1:67:24 1:68:4
necessarily [1]
1:72:1
necessary [10]
1:11:5 1:11:11 1:11:20
1:13:1 1:13:4 1:13:20
1:16:16 1:20:14 1:34:3
1:43:12
need [24]
1:5:15 1:5:16 1:13:19
1:14:24 1:18:3 1:18:5
1:18:8 1:22:20 1:31:19
1:45:16 1:73:5 1:73:11
1:73:12 1:74:2 1:74:3
1:77:5 1:86:1 1:96:6
1:122:16 1:122:21 1:122:23
1:122:24 1:122:25 1:124:7
needed [21]
1:11:24 1:12:12 1:13:5
1:14:21 1:14:22 1:15:15
1:17:1 1:17:5 1:17:7
1:17:10 1:19:15 1:19:19
1:19:22 1:20:5 1:21:13
1:24:23 1:45:5 1:45:16
1:123:3 1:124:5 1:124:9
needs [11]
1:16:13 1:20:4 1:26:17
1:26:21 1:41:21 1:45:7
1:54:7 1:56:19 1:73:10
1:115:21 1:119:18
negate [1]
1:39:15
negligence [1]
1:64:25
negligent [1]
1:93:14
neostigmine [1]
1:27:4
neuro [1]
1:48:11
never [20]
1:26:14 1:42:1 1:42:1
1:53:15 1:54:3 1:54:19
1:57:23 1:59:16 1:64:10
1:65:22 1:67:19 1:72:8
1:72:14 1:81:13 1:93:23
1:101:25 1:103:2 1:103:11
1:103:18 1:103:21
new [1]
1:94:19
next [5]
1:42:12 1:48:5 1:48:12
1:119:4 1:124:18
nice [2]
1:31:9 1:83:8
night [18]
1:46:20 1:47:1 1:47:3
1:47:5 1:47:6 1:47:10
1:47:15 1:47:21 1:48:25
1:49:1 1:49:21 1:73:6
1:73:9 1:77:20 1:77:24
1:78:4 1:79:13 1:117:18
nine [3]
1:56:3 1:96:17 1:98:12
nitrates 1]
1:82:2
nitroglycerin [2]
1:21:19 1:79:8
nitrous [3]
1:53:19 1:53:20 1:53:25
non-board [1]
1:71:9
noncompliance [3]
1:84:10 1:84:17 1:85:2
noncompliant [1]
1:84:20
none [4]
1:11:21 1:48:4 1:63:3
1:63:7
nor [1]
1:30:21
norcuron [1]
1:125:6
norflurane [1]
1:60:12
notary [4]
1:1:20 1:135:4 1:135:24
1:135:25
note [19]
1:16:8 1:29:6 1:34:23
1:47:3 1:48:23 1:48:24
1:48:25 1:50:3 1:50:11
1:79:16 1:87:4 1:114:15
1:116:5 1:117:2 1:129:7
1:129:18 1:129:20 1:130:20
1:131:1
notes [10]
1:6:13 1:6:14 1:9:19
1:27:7 1:60:14 1:81:8
1:81:8 1:129:8 1:130:12
1:130:20
nothing [21]
1:6:14 1:27:23 1:28:25
1:29:3 1:29:12 1:31:5
1:32:15 1:42:20 1:51:10
1:65:12 1:65:12 1:74:14
1:74:21 1:81:8 1:111:11
1:125:17 1:129:2 1:129:9

1:129:10 1:130:11 1:135:8
iotice [2]
1:1:21 1:89:14
ıow [49]
1:8:11 1:12:24 1:18:23
1:19:1 1:24:23 1:25:23
1:37:12 1:38:16 1:40:1
1:40:24 1:44:4 1:51:22
1:54:21 1:55:6 1:56:3
1:58:20 1:61:4 1:62:1
1:62:4 1:63:12 1:63:21
1:65:21 1:66:5 1:66:17
1:67:15 1:70:10 1:76:10
1:80:4 1:81:2 1:87:15
1:91:19 1:94:9 1:95:6
1:98:13 1:100:11 1:101:8
1:102:19 1:106:3 1:109:1
1:109:10 1:109:22 1:110:18
1:113:8 1:114:4 1:114:8
1:116:21 1:128:10 1:128:25
1:131:4
ıpo [5]
1:48:3 1:77:24 1:78:7
1:78:11 1:79:13
iuisance [1]
1:64:13
ıumber [7]
1:16:5 1:37:14 1:59:2
1:60:14 1:131:25 1:132:3
1:132:4
ıumbers [2]
1:25:9 1:31:17
iumerous [1]
1:15:19
ıurenburg [1]
1:66:16
ıurse [30]
1:19:6 1:70:11 1:70:11
1:70:12 1:70:13 1:81:11
1:103:15 1:103:24 1:104:1
1:104:4 1:104:4 1:104:7
1:104:10 1:104:11 1:104:13
1:104:16 1:104:21 1:107:18
1:108:3 1:108:9 1:108:13
1:108:16 1:115:9 1:115:12
1:115:13 1:115:14 1:115:15
1:122:14 1:122:15 1:131:5
ıurse's [1]
1:81:8
ıurses [2]
1:13:18 1:70:15
›'neill [1]
1:5:22
›bese [1]
1:38:3
›besity [8]
1:17:14 1:36:18 1:36:24
1:37:12 1:37:13 1:48:16
1:63:6 1:75:16
›bject [5]
1:52:15 1:58:20 1:62:10
1:99:20 1:100:5
›bjection [1 i j
1:13:2 1:16:4 1:16:9
1:26:3 1:26:13 1:41:12
1:49:23 1:75:3 1:85:17
1:97:9 1:100:6
›bjections [1]
1:4:19
obligated [1]
1:134:2
obligation [1]
1:13:5
observing [1]
1:42:3
obstetrical [1]
1:103:14
obstruct [2]
1:38:12 1:38:15
obstructed [1]
1:37:21
obstruction [1]
1:38:4
occasion [1]
1:73:18
occasional [1]
1:29:7
occasionally [4]
1:55:1 1:68:3 1:105:4
1:105:18
occasions [1]
1:61:4
occur [1]
1:33:7
occurred [13]
1:15:19 1:19:1 1:23:6
1:26:25 1:32:6 1:32:12
1:32:13 1:32:18 1:33:9
1:33:9 1:45:23 1:78:3
1:125:10
occurring [3]
1:19:3 1:28:21 1:45:17
occurs [2]
1:46:12 1:49:4
october [1]
1:128:12
off [10]
1:22:10 1:22:10 1:41:17
1:42:11 1:53:8 1:54:13
1:54:14 1:54:17 1:86:14
1:97:8
offer [1]
1:9:15
offhand [3]
1:33:22 1:44:20 1:108:3
office [1]
1:135:22
often [12]
1:37:17 1:38:14 1:40:17
1:41:16 1:42:10 1:42:20
1:49:4 1:73:2 1:82:10
1:114:13 1:117:22 1:130:17
ohio [14]
1:1:1 1:1:18 1:1:21
1:1:22 1:2:9 1:2:13
1:2:18 1:2:23 1:3:3
1:56:22 1:135:1 1:135:5
1:135:22 1:135:25
once [3]
1:23:5 1:68:9 1:119:4
one [95]
1:7:2 1:11:2 1:11:3
1:11:25 1:15:20 1:16:13
1:17:8 1:17:25 1:19:8
1:21:2 1:22:21 1:23:10
1:23:18 1:23:19 1:24:17
1:24:22 1:26:16 1:27:4
1:28:19 1:29:20 1:33:2
1:33:20 1:33:21 1:34:2
1:35:19 1:42:21 1:45:9
1:49:17 1:50:2 1:51:10
1:54:25 1:56:12 1:56:25
1:57:5 1:61:10 1:62:8
1:62:22 1:63:15 1:64:2
1:64:6 1:66:4 1:66:8
1:66:9 1:66:17 1:66:22
1:67:24 1:68:4 1:73:8
1:73:15 1:75:6 1:79:19
1:79:20 1:86:18 1:86:22
1:87:1 1:87:1 1:91:1
1:94:22 1:95:6 1:95:6
1:95:13 1:95:17 1:95:23
1:95:24 1:95:25 1:96:19
1:97:4 1:98:2 1:101:21
1:104:15 1:105:3 1:105:15
1:105:19 1:106:4 1:106:5
1:106:10 1:106:13 1:108:11
1:110:16 1:112:7 1:113:1
1:114:12 1:115:3 1:116:25
1:118:18 1:120:14 1:122:6
1:122:13 1:125:24 1:126:1
1:128:11 1:129:7 1:131:8
1:132:7 1:132:22
‹me-year [1]
1:108:25
‹nes [1]
1:50:14
‹ngoing [9]
1:62:11 1:62:14 1:65:8
1:66:16 1:66:19 1:66:23
1:67:1 1:67:6 1:83:12
‹nset [1]
1:82:25
‹pening [2]
1:60:16 1:126:4
‹perating [18]
1:24:15 1:41:18 1:41:23
1:42:11 1:49:6 1:55:1
1:68:3 1:76:7 1:80:14
1:80:16 1:104:18 1:105:13
1:105:23 1:105:25 1:106:22
1:113:25 1:114:3 1:122:2
›peration [Si]
1:13:7 1:13:13 1:15:11
1:18:3 1:18:3 1:18:25
1:19:1 1:19:2 1:19:19
1:22:9 1:22:13 1:22:15
1:26:19 1:26:19 1:26:21
1:33:20 1:37:21 1:38:10
1:38:13 1:49:4 1:50:10
1:50:11 1:53:22 1:53:24
1:54:1 1:54:9 1:64:17
1:64:17 1:64:18 1:73:14
1:73:15 1:77:13 1:81:10
1:81:11 1:82:10 1:83:9
1:83:21 1:85:3 1:86:9
1:87:11 1:93:11 1:108:14
1:119:19 1:121:25 1:122:19
1:122:20 1:123:2 1:123:12
1:124:9 1:131:12 1:133:24
›perations [6]
1:42:21 1:45:8 1:73:16
1:73:18 1:89:7 1:92:24
›pinion [50]
1:6:11 1:11:22 1:11:23
1:15:20 1:15:21 1:15:23
1:15:25 1:17:21 1:19:16

1:22:2 1:23:5 1:23:9
1:23:16 1:25:25 1:26:24
1:29:19 1:31:1 1:32:4
1:32:5 1:34:20 1:34:24
1:35:1 1:36:22 1:39:19
1:41:7 1:42:4 1:44:11
1:47:20 1:54:19 1:59:23
1:60:19 1:76:24 1:77:11
1:78:24 1:79:23 1:80:9
1:81:18 1:81:23 1:83:24
1:85:7 1:86:4 1:86:22
1:99:12 1:103:6 1:113:18
1:115:25 1:125:8 1:128:25
1:129:12 1:130:2

opinions [26]
1:9:9 1:9:12 1:9:16
1:9:18 1:9:25 1:10:1
1:10:7 1:10:9 1:10:11
1:33:11 1:61:19 1:71:17
1:76:10 1:76:14 1:77:7
1:90:6 1:97:13 1:97:15
1:99:8 1:99:10 1:99:16
1:100:3 1:100:8 1:113:20
1:113:21 1:132:14

optimal [6]
1:49:3 1:49:25 1:50:21
1:51:9 1:79:3 1:116:3

optimized [2]
1:12:23 1:85:4

optional [1]
1:109:1

oral [2]
1:98:2 1:129:24

order [3]
1:47:6 1:78:6 1:78:11

orders [1]
1:14:5

organization [1]
1:101:5

oriented [1]
1:48:11

original [1]
1:53:18

orloff [1]
1:70:1

otherwise [2]
1:123:15 1:135:19

outcome [3]
1:50:10 1:50:23 1:50:25

outcomes [1]
1:92:22

outing [1]
1:8:18

output [11]
1:15:23 1:17:9 1:20:16
1:22:1 1:23:23 1:24:7
1:24:11 1:83:20 1:85:25
1:86:9 1:86:10

outside [1]
1:14:16

overall [2]
1:46:1 1:77:15

overload [6]
1:24:19 1:25:6 1:78:20
1:85:8 1:85:12 1:85:16

oversee [1]
1:17:22

own [3]
1:101:13 1:123:7 1:123:23

owned [2]
1:101:4 1:101:12

owns [1]
1:101:14

oxide [3]
1:53:19 1:53:20 1:53:25

oximeter [3]
1:29:2 1:31:4 1:114:12

oximetry [1]
1:60:11

oxygen [15]
1:23:7 1:23:8 1:23:11
1:23:13 1:27:16 1:29:1
1:32:16 1:33:3 1:53:20
1:53:23 1:54:2 1:54:8
1:81:3 1:81:12 1:81:16

page [3]
1:34:21 1:34:23 1:35:22

pages [1]
1:4:2

pain [2]
1:120:25 1:121:4

paper [2]
1:9:5 1:128:7

paragraph [3]
1:35:21 1:40:25 1:44:8

paraphrase [1]
1:52:6

paraphrasing [1]
1:53:7

pardon [2]
1:18:18 1:78:8

parent [1]
1:8:12

part [12]
1:33:14 1:44:24 1:47:20
1:48:22 1:55:14 1:73:21
1:79:15 1:91:7 1:108:8
1:108:8 1:116:16 1:133:13

particular [5]
1:38:16 1:38:17 1:42:20
1:96:25 1:117:25

particularly [1]
1:97:3

partner [1]
1:118:13

partners [2]
1:94:23 1:117:1

parts [2]
1:18:2 1:38:20

party [1]
1:135:19

pass [3]
1:71:1 1:91:18 1:131:15

passed [1]
1:56:15

passing [5]
1:57:8 1:57:10 1:68:10
1:97:22 1:110:4

past [5]
1:48:12 1:48:15 1:78:7
1:95:15 1:124:6

pathology [1]
1:76:15

patient [167]
1:10:13 1:11:15 1:11:16
1:11:17 1:11:18 1:12:18
1:12:21 1:12:22 1:13:12
1:13:13 1:13:14 1:13:17
1:13:21 1:15:19 1:16:14
1:17:16 1:18:7 1:19:5
1:19:15 1:21:1 1:21:3
1:21:9 1:22:2 1:22:14
1:22:18 1:22:22 1:22:23
1:23:20 1:24:2 1:24:3
1:24:9 1:27:11 1:30:7
1:31:21 1:31:23 1:31:25
1:34:5 1:36:7 1:36:14
1:38:11 1:38:22 1:38:24
1:38:25 1:39:6 1:39:9
1:39:14 1:41:3 1:41:9
1:41:13 1:41:15 1:41:24
1:42:6 1:42:7 1:42:9
1:42:23 1:42:25 1:45:6
1:46:12 1:46:20 1:47:8
1:47:10 1:48:18 1:49:2
1:49:6 1:49:6 1:49:14
1:49:15 1:50:4 1:50:13
1:50:14 1:51:15 1:51:19
1:53:11 1:53:14 1:53:15
1:54:3 1:54:4 1:54:5
1:60:15 1:63:3 1:64:15
1:64:16 1:64:17 1:64:18
1:64:19 1:64:22 1:64:25
1:65:1 1:72:9 1:72:12
1:72:14 1:72:20 1:73:4
1:73:5 1:73:6 1:73:9
1:73:10 1:73:11 1:73:12
1:73:19 1:75:15 1:75:23
1:75:25 1:76:2 1:76:3
1:76:7 1:77:16 1:77:18
1:80:13 1:83:3 1:86:7
1:90:15 1:112:2 1:112:10
1:112:13 1:113:10 1:113:14
1:114:6 1:114:14 1:115:2
1:115:10 1:119:8 1:119:20
1:120:16 1:121:9 1:121:11
1:121:12 1:121:13 1:121:14
1:121:16 1:122:5 1:122:18
1:122:19 1:122:20 1:123:3
1:123:7 1:123:11 1:123:13
1:123:14 1:123:17 1:123:23
1:124:19 1:124:21 1:125:1
1:125:7 1:125:14 1:125:23
1:126:2 1:126:3 1:126:3
1:126:4 1:126:7 1:126:8
1:126:9 1:126:10 1:126:12
1:126:13 1:126:15 1:126:20
1:126:24 1:126:25 1:128:23
1:129:1 1:130:3 1:130:15
1:133:23 1:134:2

patient's [13]
1:16:16 1:16:25 1:17:11
1:17:14 1:23:12 1:35:25
1:40:6 1:42:22 1:43:13
1:82:1 1:82:11 1:120:24
1:121:3

patients [13]
1:7:10 1:72:11 1:82:5
1:90:23 1:92:17 1:92:21
1:92:24 1:93:4 1:93:7
1:112:7 1:117:22 1:120:15
1:128:20

paul [1]
1:70:3

pavulon [1]
1:125:6

pay [1]
1:115:10

pco2 [5]
1:30:18 1:30:18 1:30:19
1:31:16 1:31:20

pediatric [3]
1:7:10 1:7:18 1:103:13

pediatrics [2]
1:7:14 1:7:16

pentothal [2]
1:45:10 1:46:13

people [9]
1:38:3 1:50:12 1:68:12
1:71:14 1:71:25 1:93:2
1:113:19 1:113:21 1:115:3

per [4]
1:24:10 1:24:10 1:121:9
1:132:21

percent [11]
1:33:4 1:54:16 1:74:9
1:74:10 1:85:6 1:89:8
1:98:13 1:98:16 1:98:21
1:100:14 1:100:15

percentagewise [1]
1:89:2

performed [1]
1:12:13

perhaps [3]
1:108:1 1:115:2 1:120:18

period [7]
1:13:15 1:24:14 1:32:21
1:35:17 1:39:1 1:114:4
1:118:10

periodically [3]
1:49:4 1:56:18 1:117:12

person [3]
1:55:21 1:69:4 1:132:22

personal [2]
1:68:8 1:95:8

pertains [1]
1:112:12

peter [13]
1:2:20

physician [3]
1:10:18 1:113:12 1:113:14

physicians [4]
1:101:1 1:113:11 1:127:3
1:127:5

pie [1]
1:63:18

piece [1]
1:128:7

pittsburgh [1]
1:67:1

place [12]
1:22:11 1:25:4 1:25:23
1:26:11 1:33:24 1:34:14
1:39:14 1:43:15 1:56:7
1:81:24 1:81:25 1:135:16

placed [5]
1:17:8 1:17:8 1:17:11
1:34:11 1:90:15

places [1]
1:16:5

plaintiff [3]
1:5:13 1:10:8 1:94:2

plaintiff's [9]
1:62:3 1:67:1 1:67:5
1:91:9 1:91:10 1:95:7
1:96:14 1:96:19 1:97:25

plaintiffs [5]
1:1:7 1:1:17 1:2:3
1:5:7 1:66:25

plaintiffs' [5]
1:4:13 1:5:1 1:62:4
1:68:22 1:94:6

plan [17]
1:6:8 1:15:11 1:18:4
1:18:5 1:18:8 1:18:10
1:18:12 1:52:25 1:53:5
1:55:2 1:119:3 1:119:6
1:122:16 1:122:16 1:122:21
1:131:13 1:133:25

planned [1]
1:39:1

planning [2]
1:38:21 1:122:17

plans [1]
1:56:10

play [2]
1:37:7 1:37:8

played [2]
1:103:18 1:133:3

pleas [1]
1:1:4

pleasant [1]
1:68:11

plevin [1]
1:66:16

pmh [1]
1:48:14

po2 [1]
1:30:20

pocket [1]
1:88:18

point [40]
1:17:11 1:19:12 1:20:19
1:21:17 1:27:11 1:27:15
1:29:10 1:30:5 1:30:11
1:31:7 1:32:13 1:33:4
1:33:9 1:34:19 1:40:25
1:41:14 1:46:7 1:53:4
1:54:15 1:55:15 1:55:23
1:56:14 1:58:11 1:67:8
1:79:8 1:84:2 1:89:16
1:106:14 1:106:16 1:106:17
1:108:15 1:109:11 1:117:8
1:119:13 1:122:12 1:123:12
1:124:8 1:125:6 1:125:7
1:125:10

policy [3]
1:72:3 1:72:7 1:108:18

portion [2]
1:18:25 1:18:25

portions [1]
1:90:4

position [1]
1:103:21

possibility [3]
1:14:22 1:37:20 1:83:18

possible [6]
1:12:23 1:32:25 1:43:4
1:105:22 1:106:19 1:106:21

possibly [1]

postoperative [2]
1:13:10 1:13:14

postoperatively [1]
1:14:13

potential [1]
1:113:13

potentially [2]
1:24:5 1:37:15

potter [1]
1:66:23

pounds [1]
1:24:11

practical [1]
1:35:10

practice [2]
1:70:8 1:94:20

practiced [1]
1:56:20

practicing [1]
1:104:2

pre-op [7]
1:12:12 1:13:9 1:47:19
1:50:6 1:75:12 1:120:16
1:121:14

precipitated [2]
1:82:21 1:85:8

prefer [1]
1:52:18

preoperative [5]
1:16:14 1:46:9 1:46:24
1:47:14 1:75:14

preoperatively [5]
1:13:13 1:14:13 1:33:21
1:34:11 1:74:13

preparation [1]
1:16:14

prepared [1]
1:109:11

presence [1]
1:135:10

present [17]
1:3:9 1:10:3 1:45:2
1:45:5 1:45:7 1:52:14
1:55:3 1:55:10 1:61:12
1:84:4 1:84:5 1:84:15
1:95:21 1:98:14 1:108:15
1:116:8 1:117:7

pressure [51]
1:7:6 1:21:4 1:21:4
1:21:7 1:21:10 1:21:12
1:21:13 1:21:24 1:21:24
1:21:25 1:22:3 1:22:5
1:22:6 1:22:8 1:22:12
1:22:13 1:23:7 1:23:19
1:23:22 1:24:1 1:27:10
1:29:2 1:29:4 1:29:16
1:29:19 1:30:5 1:30:8
1:30:10 1:34:5 1:37:10
1:37:11 1:45:23 1:46:1
1:46:4 1:46:6 1:46:8
1:46:14 1:46:15 1:46:18
1:46:18 1:82:1 1:82:12
1:83:7 1:84:16 1:85:3
1:86:13 1:86:16 1:114:11
1:114:24 1:116:16 1:125:15

pressures [5]
1:29:8 1:43:21 1:77:2
1:79:7 1:114:16

pretend [2]
1:123:20 1:124:3
pretty [6]
1:8:22 1:44:6 1:81:22
1:97:15 1:108:19 1:110:13
prevent [2]
1:22:18 1:126:23
prevented [1]
1:125:7
previous [3]
1:10:23 1:37:4 1:75:9
previously [1]
1:63:22
primarily [3]
1:7:16 1:55:21 1:100:11
primary [6]
1:8:14 1:10:18 1:11:1
1:101:6 1:101:9 1:101:13
problem [19]
1:20:2 1:20:3 1:40:21
1:43:6 1:45:3 1:46:10
1:46:11 1:46:16 1:50:8
1:50:15 1:54:5 1:114:20
1:117:5 1:118:25 1:121:11
1:121:12 1:121:23 1:123:15
1:134:13
problems [5]
1:60:7 1:78:18 1:80:23
1:80:25 1:122:25
procardia [2]
1:48:4 1:79:19
procedure [2]
1:1:18 1:42:25
proceed [1]
1:72:25
proceeding [1]
1:121:25
process [8]
1:23:17 1:36:1 1:36:14
1:83:12 1:84:1 1:120:12
1:126:6 1:135:12
processes [1]
1:76:1
produce [1]
1:6:21
produced [2]
1:6:12 1:24:16
product [2]
1:58:20 1:59:21
professional [2]
1:1:19 1:135:4
program [10]
1:9:10 1:34:23 1:50:1
1:68:7 1:70:13 1:71:9
1:102:20 1:103:8 1:112:23
1:132:19
programs [1]
1:41:16
progress [4]
1:81:8 1:89:15 1:129:8
1:130:20
progresses [2]
1:77:4 1:120:10
projects [1]
1:112:19
prone [4]
1:38:15 1:40:12 1:40:12
1:83:3
proper [2]
1:30:23 1:82:2
properly [2]
1:30:22 1:46:15
protective [1]
1:63:21
provide [1]
1:14:3
provided [2]
1:10:20 1:99:5
public [4]
1:1:20 1:2:8 1:135:4
1:135:25
publications [2]
1:89:17 1:112:17
pull [2]
1:58:25 1:126:16
pulling [1]
1:126:17
pulmonale [3]
1:76:18 1:77:2 1:77:4
pulmonary [29]
1:7:3 1:7:6 1:7:11
1:7:12 1:7:15 1:12:1
1:23:12 1:23:15 1:23:25
1:26:25 1:27:19 1:48:20
1:77:1 1:79:7 1:80:5
1:80:12 1:80:23 1:80:23
1:80:24 1:82:22 1:83:1
1:83:11 1:85:7 1:85:13
1:85:16 1:86:5 1:86:6
1:86:17 1:114:23
pulmonology [2]
1:11:10 1:11:23
pulse [9]
1:21:8 1:29:2 1:29:5
1:30:5 1:30:8 1:30:10
1:31:3 1:60:11 1:114:12
pumping [1]
1:43:24
pure [1]
1:8:23
purely [6]
1:12:11 1:14:10 1:25:20
1:26:15 1:48:22 1:99:25
purpose [2]
1:6:1 1:7:1
purposes [2]
1:5:3 1:73:8
pursuant [1]
1:1:21
pushed [1]
1:83:5
put [9]
1:24:19 1:27:11 1:51:7
1:53:11 1:79:18 1:90:10
1:99:17 1:99:23 1:100:8
putting [4]
1:24:9 1:24:12 1:24:24
1:34:16
pvc's [1]
1:29:7
qualified [4]
1:97:5 1:115:16 1:120:3
1:135:5
qualify [1]
1:33:8
quantify [2]
1:111:13 1:111:22
quantitate [2]
1:32:23 1:32:25
questioning [1]
1:16:10
questions [11]
1:10:5 1:52:9 1:58:6
1:60:2 1:62:18 1:71:6
1:71:7 1:91:23 1:91:25
1:110:13 1:116:7
quick [1]
1:87:12
rafal [1]
1:3:1
ran [1]
1:68:1
rapkin [9]
1:1:13 1:1:16 1:5:2
1:5:5 1:57:21 1:59:16
1:59:18 1:92:8 1:135:7
rate [5]
1:21:8 1:23:4 1:29:3
1:29:5 1:29:24
rather [3]
1:9:20 1:31:20 1:92:18
ratio [1]
1:104:13
re-paralyze [2]
1:22:23 1:125:1
re-paralyzed [1]
1:125:6
reacting [1]
1:39:24
reaction [1]
1:98:3
read [15]
1:9:19 1:40:8 1:43:18
1:47:21 1:47:24 1:48:19
1:67:16 1:69:5 1:69:10
1:75:18 1:75:20 1:89:22
1:116:9 1:129:15 1:134:9
reading [4]
1:48:21 1:74:11 1:114:12
1:130:15
ready [3]
1:12:18 1:13:13 1:73:11
real [2]
1:30:2 1:61:22
realistic [1]
1:92:25
realize [2]
1:41:21 1:92:13
really [8]
1:5:24 1:28:12 1:56:12
1:66:8 1:97:5 1:132:6
1:132:19 1:132:20
reason [18]
1:24:18 1:29:18 1:51:10
1:64:3 1:75:22 1:81:5
1:81:7 1:96:3 1:111:15
1:111:16 1:111:17 1:115:25
1:116:24 1:122:1 1:123:5
1:124:18 1:133:22 1:134:1
reasonable [8]
1:25:5 1:85:5 1:86:4

1:87:7 1:87:9 1:113:11
1:113:12 1:113:14
reasons [4]
1:19:9 1:22:6 1:24:22
1:113:7
received [7]
1:74:12 1:94:5 1:94:7
1:111:14 1:111:15 1:113:1
1:113:3
receiving [1]
1:6:1
recent [5]
1:33:18 1:36:24 1:119:21
1:121:3 1:121:4
recess [2]
1:40:22 1:92:4
recognize [1]
1:35:5
recognized [2]
1:52:11 1:53:10
recollection [1]
1:114:2
recommendation [1]
1:55:3
recommendations [1]
1:73:4
record [35]
1:20:21 1:21:5 1:30:9
1:30:13 1:31:6 1:32:2
1:39:7 1:44:15 1:45:24
1:46:3 1:46:24 1:47:11
1:47:14 1:47:19 1:47:20
1:47:22 1:53:15 1:53:19
1:53:19 1:54:18 1:62:16
1:71:18 1:74:25 1:75:7
1:75:12 1:79:14 1:82:17
1:115:22 1:125:12 1:125:13
1:129:4 1:129:10 1:129:21
1:129:23 1:130:3
recording [1]
1:34:4
records [6]
1:5:18 1:5:19 1:25:14
1:74:11 1:76:4 1:129:13
recovery [2]
1:13:17 1:125:3
recreate [3]
1:114:16 1:114:18 1:116:2
recross-examination [1]
1:127:18
recruit [1]
1:98:8
reduced [1]
1:135:10
refer [1]
1:21:5
referring [1]
1:21:22
reflects [1]
1:53:19
reflex [1]
1:39:25
regard [8]
1:9:18 1:16:16 1:37:19
1:37:22 1:40:6 1:59:6
1:60:23 1:113:6
regarding [1]
1:9:21
registered [2]
1:1:19 1:135:3
rehabilitation [1]
1:84:7
reinker [24]
1:2:21 1:4:6 1:4:8
1:4:21 1:13:2 1:16:4
1:16:8 1:18:16 1:18:19
1:22:16 1:26:2 1:41:12
1:92:1 1:92:7 1:99:22
1:107:9 1:118:9 1:125:22
1:127:8 1:127:15 1:131:14
1:131:19 1:131:22 1:134:5
reintubate [1]
1:130:10
reintubated [3]
1:129:11 1:129:19 1:129:19
reiterate [1]
1:124:8
relate [2]
1:39:16 1:50:22
related [1]
1:48:8
relates [3]
1:20:18 1:62:23 1:70:9
relationship [9]
1:7:5 1:20:15 1:25:9
1:50:23 1:54:22 1:67:22
1:68:6 1:68:8 1:132:14
relative [2]
1:86:10 1:135:18
relatively [5]
1:38:13 1:41:4 1:41:14
1:41:15 1:102:2
relied [1]
1:59:24
remain [1]
1:46:16
remained [2]
1:55:14 1:111:8
remedy [1]
1:126:18
remember [13]
1:7:7 1:11:25 1:28:9
1:33:22 1:41:23 1:44:20
1:61:11 1:76:19 1:94:16
1:94:18 1:97:23 1:108:6
1:110:8
reminger [27]
1:2:12 1:2:12 1:2:17
1:2:17 1:9:11 1:9:11
1:57:8 1:57:8 1:57:10
1:57:10 1:61:5 1:61:5
1:63:16 1:63:16 1:93:18
1:93:18 1:94:15 1:94:15
1:94:23 1:94:24 1:95:9
1:96:6 1:96:6 1:96:24
1:96:24 1:109:17 1:109:17
remove [2]
1:22:25 1:125:25
removed [2]
1:126:19 1:126:25
rendered [3]
1:16:3 1:99:8 1:99:17
repeat [1]
1:11:7
rephrase [1]
1:5:15
report [16]
1:16:21 1:60:25 1:61:1
1:61:2 1:67:16 1:76:15
1:76:20 1:98:22 1:99:7
1:99:11 1:99:18 1:99:24
1:100:1 1:100:2 1:100:9
1:109:11
reporter [2]
1:1:20 1:135:4
reports [1]
1:98:25
represented [1]
1:95:16
representing [4]
1:9:12 1:95:11 1:95:13
1:95:25
represents [1]
1:94:2
request [1]
1:6:4
requested [1]
1:12:1
requesting [1]
1:34:10
require [1]
1:41:5
required [4]
1:11:21 1:11:22 1:20:8
1:109:2
research [2]
1:89:18 1:112:19
residency [22]
1:9:10 1:34:22 1:51:25
1:55:11 1:61:22 1:68:1
1:68:7 1:70:21 1:71:1
1:71:8 1:71:13 1:71:23
1:72:5 1:72:6 1:102:20
1:102:25 1:103:3 1:103:5
1:108:22 1:108:25 1:110:20
1:132:25
resident [60]
1:13:22 1:14:1 1:14:8
1:18:11 1:18:12 1:18:13
1:19:6 1:19:23 1:35:22
1:42:2 1:44:24 1:46:20
1:49:1 1:49:8 1:49:14
1:49:21 1:50:6 1:50:11
1:52:10 1:52:22 1:52:25
1:53:6 1:53:9 1:54:23
1:70:18 1:70:19 1:70:20
1:70:21 1:78:6 1:78:10
1:79:12 1:79:15 1:87:4
1:91:5 1:91:12 1:97:6
1:112:1 1:112:4 1:112:5
1:112:9 1:112:25 1:120:2
1:120:8 1:120:9 1:120:10
1:120:11 1:120:17 1:120:18
1:121:6 1:121:8 1:121:12
1:121:13 1:121:15 1:122:5
1:122:7 1:122:15 1:130:21
1:132:18 1:132:20 1:132:23
resident's [2]
1:40:25 1:91:15
residents [29]
1:42:14 1:49:9 1:50:2
1:50:2 1:70:9 1:70:10
1:91:4 1:97:3 1:97:6

1:103:11 1:103:12 1:103:13
1:103:13 1:103:14 1:103:14
1:103:15 1:103:18 1:103:25
1:108:10 1:112:22 1:120:15
1:129:8 1:131:24 1:132:7
1:132:14 1:132:25 1:133:4
1:133:7 1:133:11

respect [2]
1:68:4 1:69:6

respiration [1]
1:48:10

respond [1]
1:42:17

responding [1]
1:126:4

response [2]
1:45:17 1:45:20

responsibilities [1]
1:112:2

responsibility [18]
1:16:24 1:17:22 1:19:1
1:19:4 1:19:7 1:25:24
1:26:8 1:26:9 1:26:16
1:26:20 1:27:25 1:44:24
1:52:20 1:52:24 1:53:4
1:112:9 1:123:10 1:123:16

responsible [6]
1:105:8 1:105:24 1:131:5
1:131:6 1:131:9 1:131:10

responsive [1]
1:60:15

rest [2]
1:85:24 1:98:4

result [2]
1:33:14 1:33:15

results [1]
1:30:15

resuscitation [2]
1:33:11 1:33:17

retained [4]
1:9:9 1:9:11 1:65:24
1:96:1

retains [3]
1:63:17 1:63:25 1:64:4

retire [1]
1:56:8

reversal [12]
1:15:3 1:19:3 1:22:22
1:27:3 1:33:9 1:52:12
1:122:9 1:122:11 1:124:19
1:124:23 1:125:4 1:129:21

reverse [13]
1:15:18 1:18:7 1:18:8
1:18:9 1:21:1 1:122:5
1:123:7 1:123:14 1:123:23
1:124:21 1:130:9 1:133:22
1:134:2

reversed [5]
1:21:9 1:86:14 1:114:23
1:114:23 1:114:24

review [8]
1:5:25 1:6:25 1:7:3
1:8:20 1:87:14 1:87:15
1:88:11 1:90:20

reviewed [6]
1:5:18 1:5:19 1:5:21
1:76:4 1:90:21 1:97:14

reviewing [6]
1:6:8 1:6:14 1:8:23
1:9:7 1:62:6 1:67:8

richmond [3]
1:56:4 1:101:15 1:104:11

rid [1]
1:54:9

right [57]
1:11:25 1:12:2 1:12:5
1:12:7 1:20:22 1:23:1
1:24:23 1:25:22 1:26:22
1:28:15 1:28:22 1:29:17
1:37:17 1:37:17 1:41:2
1:41:6 1:42:9 1:43:2
1:44:22 1:49:18 1:49:19
1:54:11 1:55:8 1:56:2
1:57:16 1:62:4 1:63:21
1:64:5 1:65:2 1:66:17
1:70:10 1:73:17 1:77:1
1:77:25 1:91:19 1:96:3
1:101:24 1:102:7 1:102:12
1:102:13 1:103:11 1:107:16
1:109:9 1:111:25 1:116:11
1:117:2 1:117:6 1:117:11
1:117:22 1:118:8 1:118:21
1:126:23 1:129:1 1:129:24
1:132:11 1:134:9 1:134:14

rise [1]
1:23:22

rising [3]
1:23:20 1:46:8 1:83:7

risk [24]
1:20:8 1:36:18 1:36:21
1:37:13 1:38:8 1:40:3
1:43:4 1:63:3 1:77:12
1:77:16 1:77:17 1:80:4
1:80:5 1:80:8 1:80:11
1:80:12 1:80:15 1:80:24
1:90:14 1:90:23 1:92:23
1:113:13 1:117:18 1:128:23

risks [2]
1:128:19 1:128:21

road [4]
1:1:22 1:111:24 1:133:10
1:133:16

robinul [1]
1:27:5

role [41]
1:9:13 1:10:11 1:10:16
1:11:9 1:11:19 1:12:3
1:12:8 1:12:10 1:12:20
1:13:8 1:13:11 1:13:21
1:13:22 1:13:24 1:14:2
1:14:5 1:14:16 1:34:10
1:34:12 1:34:17 1:37:7
1:37:8 1:38:17 1:55:22
1:72:17 1:72:21 1:73:21
1:84:10 1:84:13 1:96:22
1:97:2 1:97:7 1:97:10
1:99:13 1:99:15 1:100:1
1:100:10 1:101:7 1:103:18
1:124:23 1:133:3

room [70]
1:13:18 1:15:16 1:19:7
1:19:10 1:24:15 1:28:6
1:28:13 1:28:16 1:28:17
1:41:18 1:41:23 1:42:1
1:42:12 1:42:14 1:42:15
1:44:12 1:45:10 1:46:2
1:49:7 1:53:11 1:53:15
1:54:3 1:54:4 1:54:19
1:55:1 1:58:3 1:58:13
1:66:3 1:68:3 1:76:7
1:80:14 1:80:16 1:92:8
1:104:22 1:104:24 1:105:15
1:105:19 1:105:19 1:105:20
1:105:23 1:105:25 1:106:4
1:106:5 1:106:6 1:106:6
1:106:8 1:106:9 1:106:10
1:106:12 1:106:13 1:106:14
1:106:24 1:106:24 1:108:12
1:109:15 1:109:25 1:110:2
1:113:25 1:114:3 1:115:4
1:116:19 1:116:22 1:118:12
1:121:20 1:122:2 1:122:7
1:124:17 1:124:18 1:125:3
1:131:1

rooms [11]
1:104:18 1:105:6 1:105:9
1:105:11 1:105:12 1:105:13
1:105:16 1:106:20 1:106:22
1:107:12 1:107:15

roughly [2]
1:94:11 1:109:8

routine [2]
1:7:10 1:64:15

rpr [1]
1:135:24

rules [2]
1:1:18 1:5:7

rumors [1]
1:71:14

run [1]
1:124:17

running [2]
1:58:13 1:68:9

sat [17
1:58:3

saturation [4]
1:23:13 1:27:16 1:32:16
1:33:3

saw [13]
1:11:17 1:15:6 1:16:22
1:27:8 1:46:20 1:47:2
1:47:6 1:49:1 1:74:15
1:81:7 1:81:8 1:87:5
1:120:16

says [29]
1:32:1 1:40:25 1:47:17
1:48:6 1:48:10 1:48:11
1:48:12 1:48:13 1:48:14
1:48:18 1:48:20 1:48:21
1:53:17 1:53:18 1:60:14
1:68:12 1:74:15 1:76:15
1:78:7 1:78:11 1:82:18
1:129:5 1:129:8 1:129:10
1:129:11 1:129:18 1:129:20
1:129:24 1:130:4

scheduled [2]
1:49:5 1:73:14

scheduling [1]
1:132:22

schlanger [1]
1:67:18

schneider [1]
1:67:6

school [3]
1:70:14 1:97:17 1:97:18

scratch [3]
1:15:2 1:32:5 1:81:24

seal [1]
1:135:22

second [7]
1:21:2 1:23:20 1:23:25
1:24:18 1:34:22 1:35:22
1:39:11

sections [1]
1:69:5

sedation [1]
1:45:9

see [18]
1:12:18 1:12:22 1:45:22
1:45:25 1:46:2 1:46:11
1:49:5 1:49:7 1:49:15
1:50:4 1:73:3 1:73:6
1:83:22 1:89:23 1:90:8
1:118:7 1:121:4 1:121:6

seeing [2]
1:48:3 1:73:8

self-explanatory [1]
1:44:7

semigran [1]
1:69:15

seminar [1]
1:90:5

seminars [1]
1:90:2

senchyshak [71]
1:5:22 1:9:14 1:13:23
1:14:2 1:14:9 1:14:23
1:15:3 1:15:10 1:18:13
1:19:14 1:19:18 1:19:20
1:20:1 1:20:2 1:20:6
1:27:8 1:28:4 1:28:13
1:34:10 1:34:15 1:34:21
1:41:8 1:44:8 1:45:1
1:52:11 1:52:21 1:53:9
1:57:3 1:57:13 1:57:19
1:57:21 1:57:24 1:59:5
1:59:11 1:59:14 1:59:15
1:60:4 1:60:18 1:75:5
1:96:23 1:97:1 1:97:3
1:97:5 1:97:8 1:97:10
1:99:13 1:100:1 1:100:10
1:103:22 1:109:10 1:109:14
1:109:18 1:109:22 1:110:3
1:113:25 1:114:3 1:118:19
1:118:21 1:118:24 1:122:11
1:123:6 1:123:14 1:123:18
1:123:22 1:123:24 1:124:11
1:124:20 1:124:22 1:133:16
1:133:19 1:134:1

senchyshak's [9]
1:13:24 1:20:11 1:20:19
1:34:12 1:35:22 1:44:21
1:74:19 1:125:19 1:125:21

senior [6]
1:120:4 1:120:7 1:120:11
1:120:17 1:132:21 1:132:24

sent [1]
1:28:5

separate [1]
1:50:24

september [1]
1:11:3

sequence [1]
1:109:16

services [1]
1:98:7

serving [1]
1:96:16

set [2]
1:1:23 1:135:21

setting [1]
1:35:10

settled [1]
1:64:12

seven [4]
1:61:10 1:61:16 1:61:25
1:66:5

several [4]
1:9:5 1:23:18 1:61:24
1:84:16

severe [2]
1:34:6 1:84:2

severity [3]
1:12:3 1:12:9 1:12:13

shake [1]
1:109:23

shooting [1]
1:29:19

shortly [4]
1:46:5 1:46:7 1:46:17
1:63:16

shortness [2]
1:121:1 1:121:4

shot [2]
1:21:10 1:93:3

showed [6]
1:17:18 1:20:12 1:30:18
1:40:8 1:40:16 1:40:17

showing [2]
1:31:7 1:43:11

shown [1]
1:92:14

shows [1]
1:119:23

sick [1]
1:128:20

sickest [1]
1:117:22

side [7]
1:60:14 1:66:24 1:91:9
1:91:10 1:102:4 1:102:6
1:102:11

sign [1]
1:83:22

signature [3]
1:46:23 1:75:13 1:134:19

signed [2]
1:75:12 1:100:2

significance [1]
1:36:6

significant [7]
1:8:22 1:16:22 1:37:1
1:40:9 1:43:11 1:77:4
1:130:8

similar [5]
1:64:7 1:65:11 1:65:13
1:90:21 1:90:22

simple [6]
1:41:4 1:41:14 1:41:15
1:41:17 1:42:10 1:126:22

sinai [16]
1:55:13 1:55:18 1:55:20
1:56:3 1:70:12 1:93:1
1:100:13 1:100:15 1:101:14
1:102:24 1:102:25 1:103:5
1:104:8 1:104:9 1:104:9
1:107:10

Sinai's [3]
1:56:5 1:101:15 1:104:9

sit [1]
1:110:9

sitting [2]
1:66:3 1:76:2

situation [12]
1:21:18 1:26:21 1:38:19
1:40:16 1:41:20 1:42:21
1:107:21 1:107:25 1:108:9
1:115:1 1:124:12 1:132:17

situations [1]
1:115:6

six [7]
1:35:19 1:55:20 1:62:4
1:96:13 1:97:24 1:100:21
1:113:2

size [3]
1:24:9 1:38:2 1:85:23

skipped [1]
1:43:3

slash [1]
1:53:18

sleep [14]
1:20:18 1:36:15 1:37:2
1:38:4 1:38:7 1:38:11
1:38:17 1:38:22 1:39:15
1:39:15 1:39:19 1:48:16
1:75:16 1:126:10

sleeping [1]
1:38:12

slippery [1]
1:33:6

slope [1]
1:33:7

slow [1]
1:37:23

slower [2]
1:23:3 1:23:4

small [3]
1:45:8 1:79:17 1:89:9

socially [1]
1:68:9

sodium [2]
1:45:10 1:46:13

solely [1]
1:25:24

solution [1]
1:126:22

someone [18]
1:19:10 1:38:11 1:38:13
1:41:13 1:47:7 1:47:9
1:51:8 1:54:6 1:64:14
1:73:2 1:74:8 1:80:13
1:97:22 1:115:8 1:117:13
1:130:9 1:131:8 1:131:11

something's [1]
1:106:13

sometimes [5]
1:42:13 1:92:24 1:93:3
1:117:9 1:117:20

somewhere [2]

1:20:22 1:116:25
soon [2]
1:56:11 1:56:14
sophistication [1]
1:36:13
sorry [6]
1:61:14 1:61:15 1:63:23
1:64:3 1:99:14 1:124:2
sort [6]
1:43:25 1:58:2 1:68:7
1:80:22 1:82:16 1:126:22
south [1]
1:1:22
speak [2]
1:69:4 1:97:8
specialty [1]
1:7:18
specific [3]
1:6:25 1:28:10 1:47:13
specifically [6]
1:9:13 1:45:15 1:74:2
1:100:9 1:130:21 1:130:22
specified [1]
1:135:17
speculating [1]
1:25:20
spelled [1]
1:18:10
spelling [1]
1:134:11
spend [6]
1:8:20 1:41:22 1:56:17
1:88:25 1:89:1 1:89:3
spent [3]
1:9:3 1:55:6 1:110:23
spirometry [1]
1:48:21
spisak [1]
1:94:17
square [1]
1:2:8
squeezing [1]
1:60:16
stable [2]
1:46:4 1:116:16
stage [2]
1:19:2 1:45:25
stages [1]
1:36:3
standard [18]
1:50:5 1:50:9 1:50:16
1:50:20 1:50:22 1:50:24
1:50:25 1:51:7 1:51:12
1:51:13 1:51:14 1:51:17
1:51:21 1:79:15 1:79:19
1:79:21 1:79:24 1:79:25
standards [2]
1:51:16 1:80:2
stands [1]
1:48:15
start [5]
1:27:1 1:41:17 1:42:11
1:53:23 1:81:12
started [8]
1:23:19 1:45:1 1:66:6
1:83:6 1:83:7 1:83:14
1:83:24 1:88:12
starting [1]
1:23:22
starts [4]
1:22:23 1:46:5 1:46:8
1:125:23
state [12]
1:1:1 1:1:20 1:18:24
1:32:8 1:33:15 1:56:13
1:84:4 1:84:15 1:99:10
1:135:1 1:135:5 1:135:25
statement [5]
1:52:14 1:52:19 1:53:1
1:53:3 1:75:17
stating [1]
1:130:3
status [14]
1:16:16 1:17:3 1:17:12
1:20:8 1:24:3 1:24:4
1:24:6 1:26:18 1:27:14
1:31:11 1:80:5 1:84:21
1:86:2 1:119:24
stayed [1]
1:116:16
stenotypy [1]
1:135:10
step [3]
1:13:8 1:15:15 1:19:12
stephen [1]
1:2:17
steve [1]
1:91:21
still [12]
1:38:13 1:40:24 1:50:12
1:55:18 1:77:2 1:84:6
1:85:19 1:120:19 1:123:9
1:126:25 1:126:25 1:127:5
stimulus [3]
1:39:24 1:39:25 1:126:19
stomach [1]
1:126:9
stop [1]
1:72:24
stopped [1]
1:77:22
stopping [2]
1:54:11 1:77:19
straight [1]
1:124:14
street [1]
1:2:5
strength [1]
1:38:14
stress [2]
1:26:19 1:121:6
stresses [1]
1:82:10
strictly [1]
1:9:10
strike [4]
1:18:16 1:18:20 1:22:16
1:131:14
stuck [1]
1:76:20
student [1]
1:122:14
students [7]
1:70:12 1:70:14 1:103:16
1:104:1 1:104:5 1:104:8
1:133:14
stuff [1]
1:26:4
subsequently [2]
1:64:19 1:72:12
successful [1]
1:33:16
successfully [1]
1:119:19
such [9]
1:11:9 1:22:24 1:73:11
1:118:23 1:123:19 1:123:21
1:124:3 1:124:8 1:130:7
sued [4]
1:64:20 1:64:20 1:64:24
1:93:12
suggest [2]
1:34:15 1:34:15
suggested [1]
1:39:5
suggestion [1]
1:124:3
suing [1]
1:65:17
suite [3]
1:2:8 1:2:22 1:3:3
suites [1]
1:101:20
summary [1]
1:100:3
supervise [4]
1:14:22 1:70:15 1:104:25
1:131:8
supervised [5]
1:70:17 1:70:19 1:70:20
1:70:20 1:71:8
supervising [2]
1:19:9 1:105:2
supervision [2]
1:15:4 1:53:12
supplemental [1]
1:99:4
supposed [2]
1:72:4 1:90:9
surgeon [6]
1:9:24 1:26:10 1:26:21
1:64:20 1:69:25 1:78:10
surgeon's [1]
1:26:20
surgeons [2]
1:73:1 1:73:16
surgery [29]
1:10:13 1:11:11 1:12:19
1:19:11 1:42:18 1:47:4
1:49:5 1:72:20 1:72:23
1:72:24 1:72:25 1:73:11
1:77:9 1:78:1 1:78:10
1:78:14 1:80:3 1:81:3
1:86:24 1:97:6 1:98:2
1:117:19 1:117:21 1:117:23
1:118:2 1:119:8 1:121:15
1:129:7 1:130:20
surgical [5]
1:48:12 1:68:2 1:78:6

1:101:20 1:103:12
susan [4]
1:2:21 1:91:21 1:118:8
1:127:14
swan-ganz [29]
1:17:7 1:17:10 1:17:19
1:20:13 1:24:21 1:24:23
1:25:1 1:25:4 1:25:8
1:25:14 1:25:23 1:34:16
1:41:24 1:43:14 1:43:16
1:43:20 1:63:1 1:76:23
1:79:6 1:81:24 1:81:25
1:83:9 1:85:10 1:86:1
1:90:15 1:90:25 1:91:2
1:113:10 1:113:22
swings [1]
1:37:10
switch [1]
1:42:14
sworn [2]
1:5:8 1:135:7
system [2]
1:39:23 1:47:14
systems [4]
1:8:14 1:101:6 1:101:9
1:101:13
table [1]
1:26:23
takes [1]
1:119:5
taking [14]
1:10:24 1:11:15 1:11:16
1:11:18 1:12:22 1:19:5
1:50:12 1:71:5 1:75:23
1:82:16 1:112:6 1:112:12
1:114:14 1:128:20
task [1]
1:130:8
teach [1]
1:103:15
teacher [1]
1:133:13
teaching [2]
1:71:22 1:122:13
team [2]
1:108:8 1:108:10
telling [3]
1:19:6 1:107:23 1:112:20
ten [2]
1:98:21 1:110:7
tend [2]
1:38:3 1:115:19
tends [1]
1:38:11
term [4]
1:10:23 1:32:12 1:120:20
1:121:7
terms [2]
1:60:15 1:62:10
terry [1]
1:70:6
test [1]
1:121:6
testified [5]
1:53:9 1:87:22 1:90:14
1:90:17 1:94:10
testify [3]
1:65:7 1:66:18 1:92:12
testimony [13]
1:53:8 1:62:15 1:64:9
1:65:14 1:87:21 1:92:10
1:106:18 1:111:10 1:111:12
1:112:1 1:112:3 1:135:9
1:135:14
tests [2]
1:12:12 1:121:1
textbook [1]
1:7:7
textbooks [1]
1:7:2
thank [2]
1:63:8 1:125:21
thereafter [1]
1:46:7
thereupon [3]
1:5:1 1:40:22 1:92:4
they've [2]
1:13:18 1:65:22
thickening [1]
1:40:14
third [4]
1:24:2 1:35:21 1:40:24
1:110:19
third-year [1]
1:120:8
thompson [1]
1:70:4
thought [5]
1:69:3 1:69:6 1:97:12
1:98:10 1:120:12
three [27]
1:5:20 1:29:22 1:48:12
1:51:3 1:53:25 1:53:25
1:60:14 1:66:12 1:89:10
1:95:22 1:95:23 1:96:1
1:104:16 1:105:4 1:105:5
1:105:5 1:105:8 1:106:6
1:106:9 1:106:19 1:107:11
1:108:23 1:108:24 1:109:3
1:111:23 1:133:15 1:134:12
through [19]
1:6:20 1:8:25 1:9:6
1:14:6 1:15:24 1:26:4
1:26:24 1:53:16 1:55:9
1:59:3 1:66:5 1:94:8
1:94:22 1:95:4 1:95:7
1:109:18 1:110:19 1:125:11
1:135:11
tia [1]
1:37:4
tia's [1]
1:37:11
tidal [1]
1:31:3
tie [2]
1:106:14 1:106:17
tied [4]
1:105:19 1:114:14 1:116:24
1:118:10
times [8]
1:15:19 1:19:8 1:20:5
1:48:11 1:51:4 1:70:15
1:81:10 1:106:12
today [5]
1:66:3 1:70:8 1:99:8
1:99:17 1:127:20
together [1]
1:57:17
tonight [1]
1:92:9
too [4]
1:24:4 1:64:23 1:76:4
1:116:1
took [1]
1:55:15
tools [1]
1:87:2
totally [2]
1:39:2 1:63:2
toward [2]
1:90:5 1:112:2
towards [1]
1:112:10
town [2]
1:96:7 1:102:11
tracheostomy [1]
1:64:19
trained [5]
1:51:22 1:115:14 1:127:2
1:131:8 1:132:7
training [14]
1:19:23 1:20:7 1:35:6
1:35:12 1:41:1 1:41:14
1:41:16 1:41:23 1:50:1
1:61:9 1:70:14 1:110:15
1:120:5 1:131:24
transcribed [1]
1:135:11
transcript [3]
1:52:7 1:134:9 1:135:13
transcription [1]
1:135:12
trauma [1]
1:93:2
treat [1]
1:31:18
treated [3]
1:30:22 1:31:17 1:46:14
treating [2]
1:31:25 1:36:10
trend [2]
1:77:3 1:77:3
trial [8]
1:6:9 1:76:3 1:87:21
1:87:22 1:88:10 1:92:10
1:92:14 1:134:12
trouble [1]
1:25:17
true [8]
1:9:22 1:20:9 1:20:10
1:92:19 1:96:12 1:103:23
1:106:11 1:135:13
trust [1]
1:26:22
truth [3]
1:135:8 1:135:8 1:135:8
try [3]
1:17:16 1:74:4 1:114:16
tube [17]
1:21:23 1:22:7 1:22:11
1:22:25 1:23:12 1:39:14

1:39:22 1:39:23 1:125:25
1:126:5 1:126:16 1:126:18
1:126:24 1:129:25 1:129:25
1:130:5 1:130:6

urn [3]
1:52:18 1:52:19 1:114:11

urned [6]
1:22:10 1:54:13 1:54:14
1:54:16 1:81:15 1:86:14

urning [2]
1:22:10 1:23:3

uschman [2]
1:2:22 1:3:2

welve [1]
1:109:5

WO [38]
1:8:6 1:11:2 1:18:1
1:22:6 1:24:8 1:24:15
1:24:17 1:29:20 1:29:21
1:32:19 1:34:4 1:38:20
1:40:20 1:44:5 1:44:6
1:45:21 1:52:9 1:55:20
1:61:12 1:62:1 1:62:5
1:63:14 1:66:15 1:66:25
1:87:6 1:89:10 1:95:12
1:95:20 1:101:21 1:101:23
1:102:5 1:104:15 1:105:4
1:105:11 1:105:12 1:106:6
1:106:8 1:107:11

wo-hour [1]
1:24:14

wo-minute [1]
1:92:2

wo-year [1]
1:108:25

ype [1]
1:35:12

ypes [1]
1:7:21

ypical [4]
1:41:3 1:42:9 1:64:15
1:120:11

ypically [8]
1:37:25 1:73:1 1:73:6
1:73:25 1:89:3 1:89:5
1:92:22 1:105:4

ltimately [1]
1:131:6

nchanged [1]
1:48:18

incomplicated [3]
1:41:4 1:41:15 1:42:6

nder [8]
1:1:17 1:5:7 1:14:10
1:53:12 1:53:17 1:92:9
1:98:21 1:127:2

nderlying [6]
1:17:14 1:24:2 1:82:11
1:83:3 1:85:1 1:86:8

nderneath [1]
1:14:8

nderstand [22]
1:5:14 1:10:10 1:12:15
1:20:12 1:26:18 1:35:24
1:36:2 1:36:6 1:36:8
1:36:12 1:36:13 1:42:4
1:46:25 1:49:12 1:51:22
1:52:17 1:58:24 1:60:5
1:75:24 1:75:25 1:75:25
1:96:22

understands [2]
1:26:17 1:52:25

understood [1]
1:10:17

uneventfully [2]
1:83:21 1:121:25

unilateral [1]
1:123:6

unit [3]
1:13:20 1:68:2 1:68:2

university [2]
1:7:9 1:67:25

unless [2]
1:53:12 1:88:2

unreasonable [3]
1:85:23 1:88:2 1:88:6

unusual [6]
1:94:19 1:118:3 1:118:13
1:118:14 1:118:16 1:118:17

upset [2]
1:108:19 1:108:20

urine [10]
1:15:23 1:17:9 1:20:15
1:24:7 1:24:10 1:24:16
1:83:20 1:85:25 1:86:9
1:86:10

using [2]
1:120:21 1:122:24

usually [5]
1:53:19 1:104:20 1:105:2
1:105:11 1:105:12

vacation [2]
1:109:6 1:109:7

value [1]
1:30:19

values [4]
1:29:2 1:29:3 1:48:17
1:60:12

various [1]
1:78:12

vasodilators [2]
1:21:17 1:82:2

vegetative [1]
1:32:7

ventilated [2]
1:30:21 1:31:22

ventilation [7]
1:27:7 1:27:13 1:30:24
1:31:3 1:31:22 1:38:9
1:125:14

ventilator [2]
1:27:12 1:125:2

ventricular [8]
1:16:23 1:37:2 1:40:9
1:43:11 1:76:21 1:77:1
1:84:22 1:119:23

verbal [1]
1:60:15

versus [1]
1:60:23

video [2]
1:90:11 1:107:14

videographics [1]
1:3:11

videography [1]
1:92:16

videotaped [1]
1:92:14

videotapes [1]
1:89:23

violated [1]
1:108:16

violation [3]
1:50:25 1:51:13 1:51:20

virginia [1]
1:7:9

virtue [1]
1:132:15

volume [12]
1:17:12 1:24:2 1:24:4
1:24:6 1:24:18 1:24:20
1:25:2 1:25:6 1:26:18
1:85:8 1:86:2 1:86:11

volumes [1]
1:5:20

voluntarily [1]
1:35:3

waited [1]
1:39:8

waive [2]
1:134:13 1:134:15

waived [1]
1:134:19

wake [2]
1:92:18 1:93:4

waking [3]
1:39:22 1:54:6 1:54:8

walk [3]
1:27:2 1:45:21 1:66:5

walking [1]
1:80:14

wall [1]
1:40:15

walters [5]
1:2:17 1:4:22 1:85:17
1:91:22 1:100:5

watched [1]
1:44:19

watching [1]
1:105:15

water [2]
1:86:11 1:92:3

ways [5]
1:36:10 1:36:10 1:36:10
1:37:14 1:108:12

Wednesday [1]
1:1:14

weeks [2]
1:8:6 1:109:7

weigh [1]
1:126:6

weighed [1]
1:24:11

weight [3]
1:37:24 1:38:1 1:38:2

west [2]
1:102:4 1:102:6

western [1]
1:51:23

whatsoever [21]

1:111:11 1:112:2
whereof [1]
1:135:21
who've [1]
1:112:22
whole [3]
1:8:15 1:16:9 1:135:8
wide [2]
1:126:9 1:126:12
winkler [1]
1:70:6
winston [1]
1:2:15
withdrew [1]
1:35:3
within [11]
1:25:5 1:25:12 1:43:21
1:43:22 1:66:11 1:79:25
1:85:5 1:86:4 1:87:7
1:87:9 1:135:4
within-named [1]
1:135:6
without [12]
1:15:4 1:24:25 1:44:25
1:45:2 1:45:10 1:52:13
1:76:3 1:80:20 1:107:23
1:115:20 1:123:23 1:133:12
witness [17]
1:1:16 1:5:6 1:40:19
1:65:25 1:89:25 1:94:11
1:95:19 1:96:17 1:107:5
1:107:8 1:125:20 1:131:2
1:131:16 1:134:15 1:135:6
1:135:11 1:135:21
woken [1]
1:72:11
word [2]
1:83:2 1:120:21
words [1]
1:120:23
worked [5]
1:55:1 1:68:2 1:103:11
1:119:3 1:132:3
worse [1]
1:85:1
worsened [1]
1:84:21
worth [1]
1:34:25
wrap [1]
1:89:20
write [15]
1:6:18 1:49:15 1:49:21
1:50:3 1:50:14 1:50:21
1:78:6 1:78:11 1:89:15
1:99:25 1:114:11 1:114:15
1:116:4 1:117:12 1:130:10
writes [1]
1:50:11
writing [2]
1:6:19 1:9:5
written [21]
1:7:8 1:27:23 1:28:25
1:29:3 1:29:8 1:31:5
1:48:23 1:48:24 1:48:25
1:51:10 1:53:21 1:61:1
1:61:2 1:98:25 1:117:14
1:120:20 1:121:7 1:128:8
1:128:8 1:130:19 1:130:20
wrong [3]
1:72:2 1:124:4 1:124:13
wrote [7]
1:8:24 1:60:24 1:79:16
1:98:22 1:99:7 1:100:9
1:130:25
x-ray [2]
1:48:18 1:86:25
x-rays [1]
1:40:16
year [19]
1:49:8 1:49:13 1:49:18
1:66:8 1:66:10 1:66:11
1:66:12 1:67:3 1:88:16
1:98:16 1:98:19 1:98:20
1:100:22 1:109:4 1:110:16
1:110:18 1:111:2 1:132:21
1:132:24
years [17]
1:56:3 1:61:11 1:61:17
1:61:24 1:61:25 1:66:6
1:103:1 1:108:23 1:108:24
1:109:3 1:131:23 1:131:25
1:132:3 1:132:4 1:132:5
1:132:9 1:132:15
yesterday [1]
1:5:23
yet [4]
1:5:25 1:62:16 1:65:8
1:87:22
zero [3]
1:48:12 1:53:23 1:54:2
zigmont-miller [3]
1:1:19 1:135:3 1:135:24