THE STATE Of OHIO,
: SS:
COUNTY Of STARK.

IN THE COURT OF COMMON PLEAS

MARLA J. SPREADBURY, et al., :
plaintiffs, :
:
vs. : Case No. 1998CV1681
1998CV00589
MERCY MEDICAL CENTER, et al.,:
defendants.

Deposition Of WALTER TELESZ, M.D., a defendant herein, called by the plaintiffs for the purpose of cross-examination pursuant to the Ohio Rules of Civil Procedure, taken before Constance Campbell, a Notary Public within and for the state of Ohio, at the offices of Walter Telesz, M.D., 2815 Aaronwood Avenue, N.W., Massillon, Ohio, on THURSDAY, MAY 20TH, 1999, commencing at 3:12 p.m. pursuant to agreement of counsel.

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I N D E X

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WALTER TELESZ, M.D.

of lawful age, a defendant herein, called by the plaintiffs for the purpose of cross-examination pursuant to the Ohio Rules of Civil Procedure, being first duly sworn, as hereinafter certified, was examined and testified as follows:

MISS KOLIS: Dr. Telesz, good afternoon.

THE WITNESS: Telesz.

MISS KOLIS: Telesz, am ■ getting close enough?

We've not been formally introduced. For identification purposes on the record, let me advise you my name is Donna Kolis, I'm one of the attorneys who has been retained to represent Mr. and Mrs. Spreadbury in this matter.

My purpose today is to explore facts known to you and that may be appearant from the medical record but ■ can't always read them. Ask you some questions about your involvement in the care and the treatment of Mrs. Spreadbury.

Can ■ gather that before today you've had the opportunity in the past to give a deposition?

THE WITNESS: Yes, ■ have.

MISS KOLIS: whatever rules you were told then probably still apply. The ones I want to remind you about are that each and every time I ask you a question you need to answer it verbally; do you understand that requirement?

THE WITNESS: Yes.

MISS KOLIS: There we go, that is always the trick question, we get you to nod right out of the box.

Additionally, anything I may ask you, you do not understand, that unfortunately happens because you are a physician and I am an attorney, if I ask a question you are not clear about the information I'm seeking, you have every opportunity to tell me that, okay?

THE WITNESS: Yes.

MISS KOLIS: There may come an occasion during the time in which you are testifying today that an objection will be made either by your attorney or other persons in the room. I would advise you to wait until we've resolved the objection, then answer the question if you are instructed to answer it.

Do you understand these basic rules?

THE WITNESS: Yes.

CROSS-EXAMINATION

BY MISS KOLIS:

Q. I have been handed by your attorney what appears to be your curriculum vitae, would you identify that this in fact is your current curriculum vitae?

A. Yes, this is.

Q. At the end of the deposition we will have this marked as Plaintiffs' Exhibit A.

why don't we go through, since this is the first time I've had a chance to see this, generally the training that led you to your occupation as a physician.

It would appear that you attended medical school at the University of Pittsburgh; is that right?

A. Yes.

Q. You graduated, in 1965?

A. Yes.

Q. Following that you did a rotating internship at Akron City Hospital for one year?

A. Yes.

Q. That was not a surgical internship, just a general rotating internship?

A. Right.

Q. From the information contained on your CV you

thereafter did a general surgical residency at Akron City?

A. Yes.

Q. That was a four year program I guess, correct?

A. Yes.

Q. Following that did you receive any further specialty training by way of Fellowship or otherwise?

A. No.

Q. I gather when you completed your residency you applied for and took the general surgery Boards?

A. yes.

Q. when did you obtain a Board certification in general surgery?

A. what date is that?

Q. 1971, does that refresh your memory; is that correct?

A. Yes.

Q. Following the completion of your residency program it appears you came here to Massillon, is that accurate, to practice general surgery?

A. Yes.

Q. We are today sitting in the offices of Stark County Surgeons, Inc.?

A. Yes.

Q. Am I correct about that?

A. Yes.

Q. Are you in an association or partnership with a number of general surgeons?

A. Yes, four other general surgeons.

Q. Has this been -- I always hate to ask these questions, you have to go backwards.

How long have you been with the stark County Surgeons, Inc. group?

A. I would have to guess about 12 years, something like that, 12, 14 years.

Q. Prior to that were you on your own?

A. Yes, I started out solely.

Q. The information seems to reflect you began practicing here in Massillon, had privileges at Massillon Community Hospital, you still have those; is that correct?

A. Yes.

Q. Somewhere around 1980 you obtained courtsey privileges at Mercy Medical Center?

A. Yes.

Q. Those continue through the present?

A. Yes.

Q. can you explain to me, when you say courtesy staff privileges in general surgery at Mercy Medical Center what you are conveying to me, what kind of privileges do

you have at the hospital?

A. The same privileges at Massillon, just the fact being on courtesy staff you don't have to take emergency room call, you are not eligible to hold office in the medical staff, otherwise you have the same privileges.

Q. when you say you don't have to take emergency room call, what do you mean?

A. when you are active staff you are assigned to take call in the emergency room on a rotating basis.

Q. ■ that just something you don't want to do as it regards that hospital?

A. It's time, so forth involved that is required.

Q. Do you currently hold any positions at Massillon Community Hospital?

A. I'm Vice Chairman, Department of Surgery.

Q. How long have you had that position?

A. Just this past year.

Q. Sometime in the past, for a two year period, you were the chief of surgery, correct?

A. Yes.

Q. Tell me a little bit about the practice that you are involved in, Dr. Telesz.

A. Telesz.

Q. Can I just call you Doctor so that I don't mispronounce your name all afternoon?

Tell me a little bit about your medical practice that you are involved in.

A. we have a general surgery practice, which involves the wide scope of surgery. The majority of our surgery I would say is starting at the top thyroid, breast surgery, all the GI tract, stomach, small bowel, colon, gallbladder, hernia, appendicits and peripheral vascular surgery in the form of aortic aneurysm and lower abdomen, fem pop graphs, that type of thing, a lot of venous surgery.

Q. You yourself within this practice, do you have what you consider to be your particular specialty within general surgery?

A. Not per se, we all do everything.

Q. There isn't one particular procedure that you do more than any others because of an expertise you gained in that area?

A. NO.

Q. Fair enough.

other than the current lawsuit which we're involved in, have you previously been sued?

A. Yes.

MR. MEADOWS: show a continuing objection.

MISS KOLIS: That's fine.

Q. Do you recall how many prior lawsuits you've been involved in?

A. Two.

Q. Are you indicating by your testimony that there have only been two lawsuits filed against you that you can recall?

A. Yes.

Q. Did either of those go to verdict in favor of a plaintiff?

A. NO.

Q. Were those filed in Stark county?

A. Yes.

Q. Is Stark County the only jurisdiction where you've ever been sued?

A. Yes.

Q. In preparation for today's deposition, can you tell me what material you reviewed?

A. These records that pertain to my involvement. I did not review the entire records, as you know they are very voluminous. I did go over the depositions that were supplied to me.

Q. You're indicating these records, are you identifying the hospital chart of Mercy Medical Center?

A. yes.

Q. Have you reviewed any records other than the Mercy

Medical Center records?

A. NO.

Q. You indicate that you looked at some depositions that were supplied to you, would those be the depositions of Dr. cawthon and Dr. Sos and Dr. Kralik?

A. Right, yes.

Q. At any time since the lawsuit has been filed in this case, have you reviewed any of Marla spreadbury's chest films or chest CT's?

A. since it's been filed?

Q. correct.

A. Yes.

Q. How recently did you have an opportunity to look at those films?

A. Today.

Q. Are you capable of interpreting chest CAT scans, Doctor?

A. No.

Q. Did you review the chest CAT scans that you told me about what you told me?

A. I looked at them, yes.

Q. Let me ask it this way: If you are incapable of interpreting chest CAT scans, can you tell me your purpose in looking at one today?

MR. MEADOWS: other than you might

ask about it?

MISS KOLIS: Excuse me?

MR. MEADOWS: other than you might ask about it? YOU might be getting into what he and I did to prepare today, I don't want that to happen.

Q. I don't want to know what you and your attorney discussed, I'm asking why you would look at the chest film performed by CAT scan you could not interpret?

A. I would take it from reviewing everything this is probably the basic issue in this whole case.

Q. Fair enough.

Doctor, in anticipation of questioning that might occur today, have you reviewed any medical literature?

A. No.

Q. Have you performed any MEDLINE searches?

A. NO.

Q. Do you consider yourself to be a trauma surgeon?

A. Is that in quotations?

Q. That is in quotations.

A. NO.

Q. How is it you became involved in the care of Marla spreadbury, can you explain that process to me?

A. Yes, in our group here we have five surgeons, Dr. Sweitzer, one member, is on the active staff at

Mercy Medical Center, so that subsequently he is assigned call in the ER. Our group divides that call among the five of us. It was my turn to be on call that day.

Q. Just to regurgitate it, sometimes I ask questions, I try to listen, I'm not taking notes, one of the surgeons in your group does have active staff privileges, as a result of that must take emergency room call on a rotating basis with other people, correct?

A. Yes.

Q. This particular doctor, although he is the person with active staff privileges, then parcels out the responsibility covering on call within your own group?

A. Correct.

Q. To your knowledge, did the hospital approve of persons who did not have active staff privileges filling in for Dr. sweitzer?

A. Never had any problem with that.

Q. So this was Dr. sweitzer's day to be called in; is that right?

A. I would assume so, yes.

Q. You got the call to come to the hospital, correct?

A. Yes.

Q. How was the decision reached for you to become the admitting physician for this patient?

MR. MEADOWS: objection. If you know.

A. To tell you the truth I'm not sure because we were all there at the same time.

Q. when a person comes in -- first of all, how long have you been going to Mercy Medical Center as the on-call emergency general surgeon?

A. Intermittently ever since Dr. sweitzer came on board, which would be six or seven years ago.

Q. Does Dr. Sweitzer have some specific certification as a trauma surgeon that you are aware of?

A. No.

Q. So for several years you've been coming in on call in emergency room cases?

A. yes.

Q. At the time that Mrs. spreadbury was transferred from the emergency room, admitted to ICU, what general surgery problems did she have left that needed to be evaluated in the ICU?

A. could you repeat that?

Q. Sure. There came a point in time, if I recall about 1550 in the afternoon, when she was actually transferred from the emergency room to ICU, you were the admitting physician for ICU?

A. Yes.

Q. I'm reading the chart correctly?

A. Yes.

Q. I would like to know at that time what general surgery problems Mrs. spreadbury had that needed further evaluation or care and treatment?

A. At that point probably basically none.

Q. Did you feel comfortable at that point being designated as the admitting physician?

MR. MEADOWS: Objection to form so far as the word comfortable could be misconstrued.

Q. Let me ask you the question a different way.

To your knowledge have you ever seen any documentation at the hospital as to how a decision would be made as to who should be an admitting physician for any particular patient?

A. NO.

Q. I'm trying to think of which way I want to go here. I guess it's forward.

How long did you stay at the hospital on September 23, 1997?

A. I'm not really sure. I have to be general. Basically until the conclusion of the CAT scan, I believe. I did, I know I was there until the conclusion of the CAT scan, after that I don't think I was there.

Q. Have you had an opportunity to review those

records or notes that were generated by yourself?

A. Yes.

Q. Based upon that review, you think you left shortly after the CAT scan was concluded?

MR. MEADOWS: Are you asking whether he came back?

MISS KOLIS: First how long he was there.

A. I was there at least probably two hours I would think.

Q. we will have an opportunity to go through your notes in a second.

were you called at home any time during the night of the 23rd or morning of the 24th?

A. Not that I remember, although I see there is an order that -- verbal order, I don't recall that.

Q. I want to ask, you a different question, then we will go straight through your notes I'm assuming.

On the 24th, Doctor, did you come to learn that Mrs. Spreadbury in fact had experienced a transected aorta?

A. On the 24? 24th, yes.

Q. The day after she was admitted?

A. Yes.

Q. Tell me as specifically as you can how you learned

that event came to happen?

A. I came to see her in the intensive care unit, I don't know the exact time, I think somewhere around 10:30 or eleven o'clock, somewhere in that ballpark.

I came to see her, just on rounds to see her, I noticed she wasn't in her room. The nurses told me that she was in the radiology department, having an arteriogram done. That she had dropped her blood pressure, that Dr. Kralik ordered an arteriogram, that is where she was. That is how I found out.

Q. At that point you didn't know she had a transected aorta, you knew she was being evaluated?

A. I knew she was having an arteriogram.

Q. what was your next knowledge?

A. I went over to the radiology suite, I forget which radiologist had done the procedure, they had just completed that procedure. They showed me the arteriogram, with the diagnosis of aortic tear.

Q. At any time on September 23rd, based upon information that you were given by any doctors involved in her care or anything that you were told by the radiologist, did you have a concern that Mrs. Spreadbury might have had an injury to her great vessels?

A. Initially with the amount of trauma she sustained to her chest that was our concern, that is why the CAT

scan of the chest was performed

Q. On the 23rd were you told that there was no injury to the great vessels?

A. Yes, I was.

Q. who told you that?

A. The radiologist.

Q. when you say the radiologist, can you specifically tell me whom you are referring to?

A. Dr. cawthon.

Q. Do you remember having a conversation with her about the CAT scan findings?

A. Yes.

Q. what did she tell you the CAT scan revealed to the best of your recollection?

MR. MEADOWS: On the 23rd?

Q. On the 23rd.

A. The 23rd?

Q. Yes.

A. The great vessels were normal.

Q. Do you know about what time of the day you had that conversation with her?

A. It would have been while the procedure was going on, somewhere probably around one o'clock I would think.

Q. when you say while the procedure was going on, were you down stairs in radiology speaking with her?

A. Yes, I was at the patient's bedside monitoring the patient during the procedure.

Q. You stayed with Mrs. Spreadbury in the CAT scan suite the entire time of the scan?

A. Yes, I did.

Q. On the 24th after you learned there was a transection of the aorta, at any time during that day did you have a conversation with Dr. Cawthon about the chest CT performed on the 23rd?

A. Yes, I did.

Q. Did you look at the chest CT with her at the time of the conversation?

A. Yes, I did.

Q. Can you tell me approximately when this meeting between the two of you occurred, if you know, Doctor?

A. Somewhere around eleven o'clock.

Q. Eleven o'clock in the morning?

A. Yes.

Q. Not in the evening?

A. No.

Q. Tell me how this -- I don't like the word encounter -- did Dr. cawthon contact you or did you contact her, how did the two of you come to be together?

A. No, after I saw the arteriogram, I was curious why we didn't pick it up on the CAT scan. so I went over

to -- they are quite far apart, the CAT scan unit and the arteriography unit. I went to the CAT scan unit to have her review the films.

Q. When you got there were the films there?

A. Yes, she had them available. Yes.

Q. Do you know whether prior to you coming over to look at them she had already looked at them?

MR. MEADOWS: The prior day or that day?

Q. I'm sorry, I'm not asking the best question.

when you arrived your recollect is it was about eleven o'clock?

A. About 11:00.

Q. There is no documented note in the chart you wrote when you went to visit Dr. cawthon, right, there is no note?

A. No. There was prior to me going into OR, probably shortly before 11:00.

Q. You are saying prior to going to OR you actually went to the CAT scan suite to discuss this or look at the film; is that right?

A. Yes.

Q. when you got there, did Dr. cawthon already seem to know about the situation?

MR. OCKERMAN: objection.

A. I honestly don't remember.

Q. she didn't say to you, yes, I was advised there is a problem?

MR. OCKERMAN: objection.

A. Not that I'm aware of.

Q. can you tell me today the content of the conversation that you had with her at about eleven o'clock on the 24th?

MR. OCKERMAN: objection.

A. well, I can't quote you. Basically to the fact that I know I went there, looked at the films, I think I told her that the arteriogram showed the tear, I wondered why we didn't see it on the CAT scan which was done the day before.

The gist of the thing was she said there it is, must have missed it, I don't know why, it's there. That is what I was told.

Q. That is what Dr. cawthon told you, she had missed it, there it was?

MR. OCKERMAN: objection.

A. Yes.

Q. Did you share that information what Dr. cawthon had said to you with any other of the doctors involved in Mrs. Spreadbury's care on the 24th?

A. No.

Q. Dr. Telesz, did you -- Telesz, I'm sorry, I'm going to call you Dr. T, I don't want to be disrespectful.

A. My wife would be very upset with you.

Q. Don't tell her, please.

Did you on the 24th of September have an opportunity to speak with Mr. Spreadbury or Mrs. Spreadbury or their son or daughter?

A. I don't think so. I don't think so on the 24th. I may be wrong, I don't think so.

Q. At any time after Mrs. Spreadbury's surgical procedure of the 24th, did you have an occasion to speak with her husband about the transected aorta?

A. No, the only recollection I have is I think I saw her family was at the bedside one time when I went to see her after surgery, I know there was no extensive discussion about any of her problems or care.

Q. Did any radiologist at the hospital, other than Dr. cawthon, at any point after that eleven o'clock on September 24th, through the time I filed the lawsuit, we will use that as sort of a cut-off date, ever again have a conversation with you about the reading of that film.?

MR. OCKERMAN: objection.

A. The reading of the CAT scan you mean?

Q. Yes. I should make that clear, the reading of the

CAT scan.

A. NO.

Q. Let's go back and look at some of the admission notes. I have pieces parts, I don't have everything with me today.

when you initially got to the hospital -- first of all, can you identify what time you arrived at Mercy Medical Center?

MR. MEADOWS: The progress sheets.

THE WITNESS: You know where it is?

MISS KOLIS: You want the nurses' progress sheets?

MR. MEADOWS: No, the doctor's.

A. I read somewhere where it did mention the time. Did you ever come across it somewhere around 11:10 or something like that. 11:30, somewhere in that ballpark figure, somewhere around eleven o'clock, shortly after she got there.

Q. when you got to the emergency room did you perform a physical examination on the patient?

A. Yes.

Q. From your notes or from your recollection, tell me what kind of physical exam you performed.

A. Let me look at my note here, history and physical.

Q. Looking for your typed note?

A. Looking for my history and physical. Here we go.

First of all, when I got there the patient was intubated, the ER physician had intubated her so she was paralyzed as a result of medication he had given her in order to do the intubation. So she was being ventilated by the respiratory therapist. Basically there were not very many external injuries, small laceration of the forehead, so forth, nothing really major, no major scalp lacerations.

According to my exam the right pupil was approximately 50 percent larger than the left. Bot reactive to light.

chest exam revealed some ecchymosis of the left anterior chest; however, the lungs were clear to auscultation. The emergency room physician -- right when I saw her the chest tubes were -- I think he was -- he had already put the right one in, I'm not sure.

Q. would that be Dr. Menia?

A. Yes. He put both tubes in, I'm not sure if the right was in or he was in the process of putting it in, because she had a lot of subcutaneous emphysema. That means air under the skin, I told him I think we should put one in the left side also, so he put one in the left side.

The abdomen was soft without masses, she did not -- it was difficult to evaluate under those circumstances being paralyzed, she can't respond appropriately, did not have any peritoneal irritation I could tell. There was no ecchymotic areas on the abdomen.

The extremities were not deformed. She did have I believe it was her right hand bandaged, they said there was a small laceration on the right hand. That was pretty much the extent of the exam.

Q. Let me ask you a couple of questions about that.

You just related your physical examination I gather from reading your eventual typed and transcribed note?

A. Yes.

Q. Is this your note? That is your note, correct?

A. Yes.

Q. That's the handwritten note you made timed 12:15, this would be the note you had handwritten into the chart?

A. Yes.

Q. This is probably about the time you arrived?

A. shortly after.

Q. At the time you arrived it's progress note --

MR. POTENZA: Three pages in.

MISS KOLIS: No number on the bottom, dated 9-23-97 12:15.

Q. At this point Dr. Menia had already preliminarily put together a set of orders; is that your recollection?

A. Yes.

Q. Did you review his order sheet at 12:15?

A. I knew what was going on, I did not review specifically that order sheet,

Q. In addition to performing a physical examination and forming some impression at that point, did you look at the chest films, chest x-rays, excuse me, so we're not confused?

A. No, I honestly can't tell you for sure I did. In looking over, reviewing this stuff, I know I did not look at the later ones. By that I mean the ones after they backed out the left chest tube. I'm not sure what the timing was, I think the third or fourth one. I would have to assume that I did look at the first two. I can't honestly tell you that for sure.

Q. The reason I'm asking you is you had just related a couple of minutes ago that on the 23rd, I think I'm paraphrasing this correctly, we had a concern that there might be a great vessel injury; do you recall telling me that today?

A. Yes.

Q. Your concern for the great vessel injury in this patient was based upon what pieces of medical information?

A. She had severe chest trauma

Q. when you say yourconcern was based on the fact she had severe chest trauma, is that based upon the collision itself, or based upon additionally your review of the chest films?

A. The collision plus the fractured ribs. She had multiple fractured ribs bilaterally.

Q. Did you have an opinion -- first of all, do you regularly look at chest films to assess the degree of chest trauma, chest x-rays?

A. I usually review them with a radiologist. I think it's important.

Q. Did you review these particular chest x-rays with the radiologist on the 23rd?

A. Not that I'm aware of.

Q. Do you believe you just looked at them on your own?

MR. MEADOWS: If you recall.

A. I think with the ER physician, I think I looked at them.

Q. Is it your recollection from looking on that date, that the mediastinum was widened?

A. I don't recall really.

Q. You looked at those films this morning, the chest films?

A. Yes.

Q. From looking at them today would you agree that the mediastinum was widened?

MR. TABER: objection.

A. Not entirely. The first film is not a very good quality. The other films don't look too bad at all.

Q. what do you think the appearance of a widened mediastinum means?

A. I wouldn't have -- think would be concerned about it, would -- certainly not diagnostic.

Q. Do you think a chest film is diagnostic for a great vessel injury, suggestive of one?

MR. MEADOWS: can it be in general?

MISS KOLIS: Right.

A. In general, not diagnostic.

Q. Fair enough. You at the time, following the physical examination, might have you read that in a second, you wrote admit to ICU orders at about the same time, 12:15; do you remember that?

A. Yes.

Q. mark those as Exhibit B. Identify what your

orders are, read them into the record.

A. 9-23-97 12:15 admit to ICU, NG to low suction. I&O hourly, call if less than 25 cc's per hour. I.V. 150 cc's per hour, 1,000 cc's of 5 percent glucose and lactated ringers. H&H q. 6 hours, Ancef one gram I.V. q. 8 hours. consult Dr. sos, head trauma; consult Dr. Tawil, chest trauma; consult Dr. Packer, ventilation care. chest tube 20 centimeters of water suction.

Q. Going back. If you hang on to it, I'm going to ask you some questions. YOU read eight items on the order, correct?

A. Yes.

Q. Going through your testimony one by one, beginning with number one, tell us once again what the order was for and what the purpose is in issuing the order, what you are concerned with or looking for, what did you want monitored?

A. First of all the nasogastric tube, any time you have a major trauma basically one of the first things I was taught way back in training is put a tube in every hole the exists. The GI track is one frequently you have gastric dilatation, especially if someone is swallowing a lot of air or bagged, gastric dilatation. NG tube you frequently have the so-called ileus after major trauma so the bowel lays quiet, so that is to keep

the stomach quiet.

I&O is to keep a record of how much fluid is being put in and what she is putting out. The reason about the hourly output is to watch the urine closely because of pending renal failure in someone who requires a lot of fluid or -- so that is what that is.

The I.V.'s, it's a little higher than standard, basically we didn't want to give her *too* much fluid because of potential of head injury. You like to keep things a little on the dry side so cerebral edema is not a problem. The solution we use is 5 percent glucose and lactated ringers, which is a very standard crystalloid replacement in any patient.

H&H every six hours is basically to follow her blood count. Try to establish any excessive blood loss. with the amount of trauma she had to her ribs, I would anticipate it dropping significantly. It reaches the point where it may be critical to transfuse her.

Ancef is simply a general broad spectrum antibiotic that is frequently given as a prophylaxis.

The consults, Dr. Sos is the neurosurgeon. she indeed had a head trauma and concussion. Dr. Tawil is the chest surgeon who I wished to have his expertise in handling her chest problem.

Dr. Packer is a pulmonologist. I used a pulmonologist to handle the ventilator which she was on, to handle blood gases.

The last order for chest tubes. She has bilateral chest tubes in, these are connected to a so-called water seal to prevent any air leak, 20 millimeters of water suction is a standard type situation.

Q. At the point that you wrote these orders and performed your physical exam she had not yet been transported down to CAT scan; is that a fair statement?

A. Correct.

Q. Did you contemplate contacting Dr. Tawil to determine what kind of diagnostic evaluation he might want of the chest?

A. He was there with me throughout this time really.

Q. That wasn't clear to me. Now you've given me information.

Is it your testimony that Dr. Tawil was in the ER at the same time you were?

A. Yes.

Q. Did Dr. Tawil also go down to the CAT scan with your patient and yourself?

A. Yes, he was there.

Q. was he present during the entire time?

A. I can't answer that. I know he was there part of the time.

Q. Was there any suggestion made that you can recall of an aortogram being performed?

A. None.

Q. No one suggested that?

A. NO.

Q. Doctor, you indicated that you were downstairs in CAT scan the entire time with Marla, you talked with Dr. cawthon periodically during the examination?

A. Yes.

Q. Do you have a recollection that there came a point in time during the CAT scan that Dr. cawthon was concerned about any of the frames she was looking at in the chest?

MR. OCKERMAN: objection.

Q. Did she express any concern to you?

A. No. Let me explain.

when I was there I didn't go over the so-called hard copies with her. That is what you see on the film. Basically intermittently I would look at the monitor, which is a computerized thing. She mentioned about some air in the mediastinum she was concerned about. She thought there was maybe some hematoma in the mediastinum, that is about it.

Q. Do you have a specific recollection of her stating to you she thought there might be hematoma in the mediastinum?

A. I'm pretty sure she said that.

Q. Do you have a recollection of another radiologist coming to look at the films, the chest CT's while Mrs. Spreadbury was still downstairs in CAT scan?

A. No, I don't.

Q. Do you know Dr. Murphy?

A. Yes, I know him.

Q. can you state from your own memory whether or not while you were with the patient while the CAT scan was being performed, whether or not Dr. Murphy came over and looked at the films?

A. I don't remember that.

Q. Did you ever talk with Dr. Murphy after the discovery of Mrs. Spreadbury's transected aorta about that finding?

A. NO.

Q. So you are downstairs in CAT scan with Mrs. Spreadbury, you come back upstairs when she is done, that is what your testimony is, right?

A. Yes.

Q. when she came back from CAT scan pursuant to Dr. Menia and your orders there were going to be

consultations with Dr. Sos and Dr. Tawil, right?

A. Yes.

Q. Did you stay in the emergency room with Mrs. Spreadbury while those examinations were taking place?

A. Not that I remember.

Q. You think you left at that point?

A. I think I did.

Q. Then you came back later?

A. Yes.

Q. Is that right?

A. Yes.

Q. You wrote a short note about 6:00 in the evening; am I stating that correctly?

A. Yes, 1800 hours.

Q. There are no other notes written by you in that interim period of time, correct?

A. correct.

Q. what information did you have at 1800 about examinations being completed by your consultants?

A. I know I had talked with Dr. Sos personally, I think we felt that the head injury -- the CAT scan looked okay. we felt the head injury probably was not going to be a big problem. certainly would have to be monitored closely.

MR. TABER: For clarification, which CT, head CT?

MISS KOLIS: Head CT.

THE WITNESS: Yes.

MR. TABER: Thank you.

A. That was with Dr. Tawil, I didn't really have a whole lot of conversation with him. AS I said, he was there intermittently, at least when we were doing a CAT scan. I knew he was planning on doing a bronchoscope for the air in the mediastinum to rule out a tracheal tear. offhand I don't remember exactly when he did it. I think it was before I saw her at 1800. I would have to look at the record to see when he did his bronchoscope. He did not convey to me anything further needed to be done.

Q. Let me see if I can understand what the situation was. YOU went with her to CAT scan, when you came back up you had already signed the admitting orders for ICU, you had consultants on board to perform exams so you left the area for a while, right?

A. Yes.

Q. You came back according to your note at six o'clock in the evening?

A. Yes.

Q. At six o'clock in the evening can you read into

the record, which we will eventually mark this Exhibit C, what your note says?

A. Patient's blood pressure down to 70 to 80 systolic, I.V. increased, blood pressure now 120 over 80. Awaiting repeat H&H. Very little drainage from the right chest tube, none from the left chest tube. Patient starting to wake up. Abdomen was negative to physical exam.

Q. Let's talk about the blood pressure 70 to 80's you said systolic?

A. Yes.

Q. That is what the abbreviation means there?

A. Yes.

Q. couldn't read that part.

what did you suspect caused the drop in the blood pressure?

A. I thought probably third space fluid loss from the blunt trauma to the chest where all the rib fractures -- she was putting fluid, some blood into those areas, probably some blood into the mediastinum with hematoma they talked about.

Q. The next portion said I.V., I'm sorry, I wasn't listening?

A. Increased. I think I have to review the nurses' notes, she was given a bolus of 250 cc's of I.V. fluid,

her blood pressure responded rapidly back up to the normal range.

Q. If a person's blood pressure increases with an I.V. -- can we call it a push?

A. Yes.

Q. what does that indicate to you?

A. She was slightly hypovolemic.

Q. The contention, conclusion at that time was that the hypovolemia would have been caused by third space fluid losses?

A. Yes.

Q. Were you awaiting a repeat H&H?

A. Yes.

Q. Dr. Sos talked about a concern she may have continued to have a decline in H&H; is that your recollection?

MR. TABER: objection.

MR. MEADOWS: Objection as well.

A. I don't recall that.

Q. Did you have a concern that she would have continued to drop her hemoglobin?

A. Anyone with major trauma you watch that.

Q. what did you plan to do for a drop in H&H?

A. Transfuse her.

Q. Do you believe you left an order, leave any

standing orders with the nursing staff that evening in regard to a change in, fluctuation, changes and/or fluctuation in blood pressure or change in H&H?

A. Not that I'm aware of.

Q. why wouldn't you have done that?

A. Can you repeat the question?

Q. why wouldn't you have done that? Can you answer the question?

MR. MEADOWS: Can I ask for some clarification, why wouldn't he have done what?

Q. when you left the hospital her blood pressure had stabilized, you agree with that?

A. Yes.

Q. Did you have a concern because of potential ongoing third space losses there might be continued fluctuation of blood pressure during the evening?

A. she responded very rapidly, I did not think it was going to be a serious problem. Again I would think that I did not give any specific orders because I felt that the nursing staff was quite competent, had a lot of experience. she was in ■ CU, these nurses are supposed to be trained in this type of thing, to notify me if anything significant did happen.

Q. Your review of the hospital chart, did you review the nursing notes that were generated between the time

you -- what time did you leave the hospital? Let me preface it.

A. what time?

Q. After your examination at six o'clock what time did you leave the hospital?

A. Shortly after that I would imagine.

Q. Have you had the opportunity to review the nursing notes generated between 6:00 that evening and say nine o'clock the following morning?

A. Yes, I did.

Q. were there any blood pressures recorded that you have reviewed that concerned you that occurred in that time period?

A. There was one, I have to look specifically. I believe there were two instances they were low, then came right back up. They never stayed down very long, just a few minutes.

Q. would you have expected to be called based upon those pressures?

MR. MEADOWS: objection.

A. I think if they would have stayed down, but they came back so quickly. she had an arterial line in, so that could have been simply positional. The way the -- I didn't put the arterial line in, I think Dr. Tawil put it in, she had one. That momentary drop would simply

have been a positional thing, the way the catheter was. If it stayed down for any period of time, I would expect to be called.

Q. what do you consider to be an extended period of time so I can get a definition?

A. I would say a half hour, hour, something like that.

Q. what pressure -- I never ask this question appropriately. what systolic, diastolic pressure reading by art line would you anticipate an experienced nurse would begin watching the blood pressure for hypotension?

MR. TABER: objection, vague.

MISS WYLER: objection.

MR. OCKERMAN: very vague.

MISS KOLIS: They all objected.

MR. MEADOWS: I forget the question, what is the question?

MISS KOLIS: You didn't forget the question.

MR. MEADOWS: she can read it, it's realtime.

(Question read.)

A. If it stayed down in the range of 70 to 80, that is concerning enough.

Q. Are you talking --

A. systolic staying down over a period of time.

Q. So if the systolic stayed down in the range of 70 to 80 over a half an hour, would you have anticipated a phone call from the nursing staff?

MR. MEADOWS: Objection.

A. Yes.

Q. The reason I ask that, Doctor, you didn't put any specific order on when you left saying watch for these particular pressures, if they occur call me, correct?

A. Correct.

Q. The reason I'm putting words in your mouth, you felt comfortable doing that I gather from what you told me because you perceived this to be an experienced nursing staff?

A. Yes.

Q. If we look at the notes by the time you left, if you left shortly after 6:00, if you would like to look back, does it occur to you or is it your recollection that Dr. Tawil had already performed the bronchoscope?

A. I have to look at the notes.

MR. MEADOWS: Do you have it handy, save some time.

Q. Those are the nursing progress notes, I'm letting you look at those.

A. Says here 7:15 nursing note Dr. Tawil attempting to do bronchoscope, patient very combative, small emesis. It's my recollection when I went there, they told me the bronchoscope was negative as I recall. I did not have any direct communication with Dr. Tawil.

Q. About the bronchoscope?

A. Right.

Q. You did have other -- you had contact with him earlier in the day, you are relating it to this finding, correct?

A. Yes.

Q. You would have looked at the chart to see what had already occurred?

A. I would assume that the nurses told me what had occurred.

Q. At that point did you have an understanding whether or not further testing was going to occur?

A. At that point I was not aware of any further testing.

Q. In other words, you weren't aware they were going to do an esophogram?

A. offhand I don't remember being told that.

Q. During that entire evening, the evening of the

23rd, beginning about 6:00 when you were in to see her through the next morning, did Dr. Tawil ever call you to give you his impressions of his consult?

A. NO.

Q. would you have anticipated that he would call?

MR. POTENZA: objection.

A. NO.

Q. In the Mercy Medical Center setting, I'm not going to ask you about Massillon, have you ever seen a set of guidelines for what the admitting physician should do for the patient in terms of confirming that all consultations and tests are completed?

A. NO.

Q. would you have expected or was it the practice for the staff to also call you with the results of tests since you were the attending physician?

MR. POTENZA: objection.

MR. MEADOWS: can we be specific in terms of what test? That runs the gamut between a lot of different things.

Q. I can withdraw and rephrase.

was it the practice of Mercy Medical Center during the time when you were called in to be an attending for the staff, to call you with results of any and all tests, including diagnostic evaluations

performed by consultants, H&H, blood pressure, did they call you periodically to advise you of patient's status and results of the tests?

MR. POTENZA: objection.

A. Not that I am aware of.

Q. You didn't anticipate being notified of Dr. Tawil's consult until you saw it in the chart?

A. we saw the patient simultaneously, I guess if there was anything different, if he felt that my input was needed, he would have asked for it.

In the same token, I felt that if there was something he felt, for instance the bronchoscopy, he didn't ask me whether the bronchoscopy should be done. He did the bronchoscopy, which was the right thing to do.

Q. His decision?

A. His decision, which was the right thing to do.

No, I didn't expect him to call me. Different physicians are different. some will call you about everything, some won't call you about anything. It wasn't unusual that he didn't call I don't think. Bronchoscopy was normal.

Q. Mercy Medical Center does not have house officers in the [illegible]

A. Not that I'm aware of.

Q Have you ever seen a house officer in the ICU in the four to five years you've been there?

A. NO.

Q. So, there is no house officers?

A. Correct.

Q. At about 2145 in the evening there appears in the chart what I'm interpretting to be a telephone order, can you take a look at that and see what that says?

A. Says 9-23-97 SMA 6 in a.m., says voice order Dr. Telesz. I honestly don't recollect that order. Obviously I gave it or signed it the next morning.

Q. would it be your habit if you call in a telephone order, the next day when you came in you would sign off on the chart?

A. Yes.

Q. Your signature appears next to that order?

A. I would assume that is my order.

Q. Having looked at the chart, knowing you signed it, I call it a take off the next day, do you know why at 2145 you would have called in an order to do an SMA in the a.m.?

A. I really don't.

Q. once again, in going through the nurses' progress notes, were there any attempts to reach you in that night period until the next morning?

A. Not that I'm aware of.
Q. They didn't call you with any labs, any other additional information?
A. No.
Q. The next day I think you relate that you came in about 10:30 or 11:00; is that right?
A. Yes.
Q. One of your partners had seen Mrs. spreadbury that morning?
A. Yes.
Q. I can't really make out the handwriting, can you identify which one of your partners saw her?
A. Dr. Sweitzer.
Q. Am I reading the wrong or right -- was it at 7:25 in the morning?

MR. POTENZA: Looking at the progress notes?

MISS KOLIS: Yes, one titled general surgery. I don't know if that is correct or not.

A. Yes.
Q. Dr. Sweitzer, how was it Dr. Sweitzer would have come to see her that particular morning?
A. I'll try to explain. Basically we do -- first of all we work out of three hospitals; Massillon, Aultman

and Mercy. we do see each other's patients. I'm not sure whether he would have been the surgeon on call that night. One of us -- we cover each other's patients. He may or may not have been the surgeon on call, I don't know. I have no record of who was on call when.

Frequently he does more work at Mercy than the rest of us. I probably told him that I had this major trauma there, that he may have had a case scheduled at Massillon, if he would look in on her on his rounds, see how she was doing. That would be my explanation of the scenario why he saw her.

Q. At that point are you still the attending physician, you have to have someone round that patient, correct?

A. Yes. Someone covering from our practice, right.

Q. Are you able to read his handwriting?

A. No.

Q. Hand it back.

How long has he been your partner?

A. Six, seven years.

Q. You can't read his handwriting, am I stating that accurate1y?

A. Nobody can.

Q. Did you have a conversation with Dr. Sweitzer -- am I pronouncing that correctly?

A. Yes.

Q. Did you have a conversation with Dr. Sweitzer on the 24th about his physical examination of Mrs. Spreadbury on that morning?

A. No. Not on the 24th, no.

Q. Did you at some time discuss with him his physical exam?

A. when I was reviewing the chart I asked him to interpret his note for me.

Q. You were reviewing the chart later in the day?

A. No, when I was reviewing the chart for the case.

MR. MEADOWS: The lawsuit.

Q. Do you have a recollection of what interpretation he gave you of his findings that morning?

A. Things were pretty stable basically.

Q. It indicates to me, at least the part I can read, I'm going to ask you what you may or may not recall about this, at the bottom of that note from Dr. Sweitzer discuss with Dr. Packer; do you see that?

A. Yes.

Q. can you read at least that part?

A. Yes.

Q. Do you know what Dr. Sweitzer discussed with Dr. Packer?

MR. MEADOWS: Objection. If you

know.

Q. If you know.

A. I would be --

MR. MEADOWS: Don't guess.

A. I assume --

MR. MEADOWS: No, don't guess.

Q. If you do not remember what the conversation was?

A. I really don't.

Q. Did you become aware on the morning of the 24th that Mrs. spreadbury had another chest film at about 6:15 in the morning for respiratory insufficiency?

A. I wasn't aware of that, no.

Q. Did you have a conversation with Dr. Packer that day about the episode that preceded her hypotension?

A. NO.

Q. Have you ever talked with Dr. Packer about what happened to Mrs. spreadbury from the date of the 24th through the present?

A. we discussed things I would say very briefly because we know we are both involved in this situation. It wasn't anything specific really. very generalities.

Q. On the morning of the 24th, when Dr. Sweitzer was seeing Mr. spreadbury -- I hate to say on your behalf -- the H&H was 24.6 and 24.8; did you consider that to be stable in light of her situation?

A. Yes, I would expect that to be within reason considering what she went through.

Q. Because as you have testified, you anticipated that there would be a lowering of those numbers due to ongoing third space losses?

A. There would be some bleeding, yes.

Q. when you left the hospital at six o'clock on the 23rd, did you have a concern that there might be a bleed somewhere other than the third space?

A. No.

Q. How do you confirm a third space bleed?

A. You really can't.

Q. Right. were there any other tests that you were thinking about performing to discover the actual site of the bleeding in this patient?

A. Really when I saw her I didn't have an indication she was bleeding. wasn't -- the drop when I saw her, 1800, I don't have the count in front of me, had not changed significantly.

Q. Since the time of admission?

A. Right.

Q. Do you recall what her hemoglobin was when she arrived in the emergency department?

A. Yes, I think around -- I don't have it with me, do you have the record?

Q. I'm sure it's in here shuffled in my notes. Hang on, I think I've got mine. Your admit notes maybe. Those don't have an H&H on it. See if I can find it here. Everything but. You think it would not be this hard to find that number.

Doctor, let me ask you this question: You had an opportunity to first of all be involved in the care and treatment of Marla at the time, subsequently look at the records and the films; do you have any criticism of any of the medical personnel involved in the care and treatment of this patient?

MR. MEADOWS: Objection.

Q. You may answer.

A. Repeat your question.

Q. Do you have any criticism of any of the medical personnel, be it physician or nurses involved in the care and treatment ,of this patient prior to her surgery on 9-24-97?

MR. MEADOWS: objection.

MISS WYLER: objection.

MR. TABER: objection.

MR. POTENZA: objection.

MR. OCKERMAN: 1'11 join.

A. That is a tough question.

Q. why is it tough?

A. We are all human.

Q. Meaning we are all capable of making errors?

A. Sure.

I would say this: I would have to leave it up to the expertise of the people involved in their fields to pass criticism rather than myself. I'm not a thoracic surgeon, I'm not a radiologist, I think it would not be right for me to criticize people out of my basic field in handling this case. If criticism is to be handed out, I would rather see it be done by specialists in their field.

Q. During your years of seeing people in the emergency room with chest trauma, I assume Mrs. Spreadbury is not the first person you ever saw with a chest trauma; am I correct?

A. You are correct.

Q. Have you ever been involved with a person with a diagnosis of a transected thoracic aorta?

A. I had one myself way back in the '70s, a young boy about 12 or 14 hit by a car. We transferred him up to Akron city, where he was operated on. That is the only one I had personally.

Dr. Sweitzer had one several years ago that we transferred to Cleveland and she expired. Those are the only two that I have any kind of personal

experience with other than this present case.

Q. In the instance where you had a patient, apparently a young man you told me that was involved in a collision, was surgery performed?

A. Young boy in the first case?

Q. Yes.

A. Yes, he had surgery.

Q. Did your patient end up paraplegic?

MR. TABER: objection.

A. NO.

Q. Based upon your own knowledge as a general surgeon is it better to operate on a transected aorta sooner or later?

MR. POTENZA: objection.

MR. MEADOWS: objection.

A. I really don't operate on transected aortas, I don't have the expertise to answer that.

Q. YOU know nothing about the medical issues involved with timing in terms of these surgeries and paraplegia as an outcome or not?

A. I do not.

Q. Lastly the question that you just discussed where you had the young man transferred or the young lady transferred to Cleveland, was it from Massillon?

A. Yes.

Q. Why would you transfer someone to Cleveland?

MR. OCKERMAN: I thought he said Akron.

Q. Did you say Akron?

A. One was to Cleveland, that was Dr. sweitzer's decision, not mine.

Q. Were there no cardiothoracic surgeons at Massillon?

MR. MEADOWS: objection. If you know.

A. No.

Q. There aren't any?

A. No,

MISS KOLIS: I would like a few minutes to talk with Mr. Emershaw in the hallway.

(Recess had.)

MISS KOLIS: No further questions.

MR. MEADOWS: We will read it.

(Plaintiffs' Exhibits A through C marked for identification.)

(Deposition concluded; signature not waived.)

ERRATA SHEET

NOTATION	PAGE/LINE

I have read the foregoing transcript and the same is true and accurate.

.....

WALTER TELESZ, M.D.

The State of Ohio,

county of Cuyahoga. : CERTIFICATE:

I, Constance Campbell, Notary public within and for the state of Ohio, do hereby certify that the within named witness, WALTER TELESZ, M.D. was by me first duly sworn to testify the truth in the cause aforesaid; that the testimony then given was reduced by me to stenotypy in the presence of said witness, subsequently transcribed onto a computer under my direction, and that the foregoing is a true and correct transcript of the testimony so given as aforesaid.

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

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal of office at Cleveland, Ohio, this 26th day of May, 1999.

Constance campbell, stenographic Reporter,
Notary Public/State of Ohio.
Commission expiration: January 14, 2003.

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4-436: Marla Spreadbury

Deposition Outline
Walter Telesz, M.D.

Thursday, May 20,11999

Exhibits: **Dr. Telesz's CV**
9-23-97 order sheet
9-23-97 order sheet

Page / Line	Description
Review of Curriculum Vitae	
7 / 16-18	Attended University of Pittsburgh medical school; graduated 1965
7/21	Interned at Alu-on City Hospital for one year
7 / 24	General internship
8 / 3	Completed general surgical residency at Akron City
81 17	Was board certified in general surgery in 1971
9 / 4	Is in association or partnership with Stark County Surgeons, Inc. with 4 other physicians
9 / 9	With this group for about 12 to 14 years
9 / 17	Has privileges at Massillon Community Hospital
9/20	Obtained courtesy privileges at Mercy in 1980
10 12-5	Courtesy privileges are the same as at Massillon except one does not have to take emergency room calls and is not eligible to hold office
10 / 15	Is vice chairman, dept. of surgery at Massillon
10 / 17	Just in the past year
10/ 20	Was chief of surgery for a 2-year period
11/ 3-10	Current practice involves wide scope of surgery: top thyroid, breast, GI tract, stomach, small bowel, colon, gallbladder, hernia, appendicitis, peripheral vascular such as aortic aneurysm and lower abdomen, fern pop graphs – a lot of venous surgery
11 / 14	No particular specialty – practice involves everything

PRIOR LITIGATION

11/22 Has been sued before

12/3 Twice

12/10 Neither went to verdict in favor of plaintiff

12/15 Has only been sued in Stark County

RECORDS REVIEWED FOR DEPOSITION

12/18-21 Reviewed his records and depositions

1312 Did not review any records other than Mercy Med Ctr

13/6 Reviewed depos of Cawtlion, Sos, and Kralik

13/12 Has reviewed the CT films since filing of lawsuit

13/15 Day of this deposition

13/18 Cannot interpret CT films

14115 Did not review any medical literature

14117 No medline searches

14/21 Does not consider himself to be a "trauma surgeon"

CARE OF MARLA SPREADBURY

14124–1514 Came to be involved with Marla's care because it was his turn to be on call; calls are divided among 5 surgeons from Stark County Surgeons

15/10 One member of the Stark group (Dr. Sweitzer) does have active privileges at Mercy

15/18 Never had a problem with Sweitzer sharing his call duty with his associates who don't have active privileges

1613 Cannot remember how he came to be the admitting physician as all members were there

1618 Has been on-call emergency physician for approx. 6-7 years; since Sweitzer joined Stark

16112 Not aware of Sweitzer's certifications

16/25 Telesz was Marla's admitting physician to ICU

17 / 6	Basically had no surgical problems at that time
17 / 16	Doesn't know how it is decided who becomes the admitting physician
17 / 21	Stayed at the hospital on 9/23 until the conclusion of CT scan
18 / 9	Thinks he was there for approx. 2 hours
18 / 15	Doesn't remember being called at home although there is a verbal order in the chart
18 / 24	Learned of the transected aorta on the morning of 9124
19 12-10	Came to learn of it because when he arrived at the hospital b/t 10:30 & 11:00, Marla was undergoing an arteriogram per Dr. Kralik because her blood pressure dropped
19 / 15-18	Then went to the radiology suite and was show the aortic tear
19/24-2011	On 9/23, was concerned of injury to tlie great vessels because of the amount of trauma to Marla's chest; that is wliy the CT was ordered
20 / 4	Was told on 9/23 the CT was no injury to the great vessels
20 / 9	Was told by Dr. Cawthon
201 19	Cawtlion told him on 9/23 that the great vessels were normal
20 / 22	Was told tliat around 1:00 while the procedure was going on
21 / 1	Was at the patient's bedside during CT
21 / 10	Spoke with Cawthon on 9/24 after learning of tlie transected aorta
21 / 13	Also reviewed the scan with her
21 / 18	Somewhere around 11:00 a.m. on 9/24
21/24-22/3	After arteriogram, was curious why the CT didn't pick up the tear, so he went to the CT scan suite to have Cawthon review the films
23 / 1	Doesn't recall if Cawthon already luiew of the situation at this time
23 / 10-17	Recalls telling Cawthon of the arteriogram, the tear and why wasn't it seen on the CT; Cawtlioii'sresponse was must have missed it, I don't know why
23 / 25	Did not share that with anyone else
24 19-10	Doesn't think he spoke with the Spreadbury's on 9/24

25 / 2 Has not spoken with anyone about the CT since 9/24 through the filing of the lawsuit

25 / 15-19 Arrived at the hospital somewhere around 11:30 – shortly after Marla arrived

25 / 22 Performed a PE in the emergency room

26 / 3-10 When Telesz arrived, Marla was intubated and ventilated by the respiratory therapist; not many external injuries

TELESZ'S PHYSICAL EXAM IN ER ON 9/23

26 / 11-18 Exam revealed right pupil 50% larger than the left – both reactive to light; chest exam revealed ecchymosis on left anterior; clear lungs with auscultation; chest tubes already in place

26 120-25 Dr. Menia may have been in process of inserting Right chest tube; notices subcutaneous emphysema and suggested inserting left chest tube

27 11-10 Abdomen was soft w/out masses; did not have peritoneal irritation; no ecchymotic areas on abdomen; extremities were not deformed

2817 Did not specifically review Dr. Menia's order sheet because he knew what was going on

28 / 13-19 Cannot honestly say if he looked at the chest xrays

29 / 4 Was concerned about great vessel injury because of the severe chest trauma

29 / 9 Based upon the collision and multiple fractured ribs

29/ 14 Usually reviews films with the radiologist if he feels it's important

29 / 22 Believes he reviewed the films with the ER doctor if he even looked at them

30 / 1 Doesn't recall the mediastinum being widened

30 / 8 Does not completely agree, in looking at the films today, that the mediastinum was widened; not a good film

30 / 12 Wouldn't be concerned about it being widened – doesn't find it diagnostic

30 / 19 A chest film is not diagnostic in general for a great vessel injury

30 / 24 Admitted Marla to ICU at 12:15

31 / 2-8 Read of 9/23, 12:15 order into record; consult with Sos, head trauma; consult with Tawil, chest trauma; consult with Packer, ventilation

31/18-3211	First item on order, NG tube: was trained to put one in every hole for a major trauma; GI tract is one frequently has gastric dilatation – keeps the bowel and stomach quiet
32/2-13	I&O is to record patient's fluid I/O; IV's, a little higher than standard to limit fluid intake due to possible head injury
32/14-19	H&H every *6* hrs to follow patient's blood count, to establish any blood loss in case so critical that the patient has to be transfused
32/ 20-21	Ancef is a general broad spectrum Abx given prophylactically
32/22-33/3	Consults: Sos because she had a concussion; Tawil because of her chest trauma; Packer to handle blood gases
3314	Order for bilateral chest tubes connected to a water seal to prevent any air leak
33 / 12	Had not yet been taken for CT scan when these orders were written
33 / 16	Tawil was there throughout the entire time
33 / 21	Tawil was in the ER with Telesz
33 / 24	Tawil also went down to the CT scan
34 I5	No suggestion of aortogram being performed at that time
34 / *19-25*	Did not review hard copies of scan during scan; occasionally looked at monitor; Cawthon mentioned concern about air in the mediastinum and thought there may be some hematoma in the mediastinum
35 / 4	Pretty sure she said "hematoma''
35 / 8	Doesn't recall any other radiologist coming in to look at the scan
35 / 15	Doesn't remember if Dr. Murphy had come in to look at the films
35 / 19	Never talked with Dr. Murphy after the discovery of the transected aorta
36 / 6	Doesn't remember staying for the exams by the consults
36 / *15*	Next note written at 1800 hours (6:00 p.m.)
36 / 21-25	Recalls spealting the Dr. Sos – CT of head was not a problem, but head would be monitored closely
37 16-15	Didn't have a whole lot of conversation with Tawil; knew of plan to do a bronchoscope for air in the mediastinum to R/O tracheal tear – thinks before 1800 hours

38 / 3-8	Reading of 6:00 p.m. note into the record
38 / 11	BP 70 to 80's systolic
38 / 17-21	Thought cause of blood loss could have been third space fluid loss from blunt trauma to the chest where all the rib fractures were; probably some blood into the mediastinum with the hematoma
38 / 24	IV was increased resulting in her BP going back to normal range
39 / 5	This is called a "push"
39 / 7	Indicates that Marla was slightly hypovolemic
39 / 11	Hypovolemia would have been caused by 3rd space fluid losses
39 / 13	Was waiting for a repeat H&H
39 / 20	A drop in hemoglobin is watched for in patients with major trauma
39 / 24	Would order a transfusion if there was a drop in her H&H
4014	Doesn't recall leaving any standing orders for changes or fluctuations in BP or H&H
40 / 17-23	Because her BP responded rapidly, didn't think anymore fluid loss would be a problem; left no specific orders because he felt nursing staff was quite competent and had a lot of experience; would be notified by ICU nurses if anything significant happened
41 / 6	Would have left the hospital shortly after 6:00 exam
41 / 10	Did review nurses notes between leaving and returning the hospital
41 114-17	Found 2 instances of Marla having low BP then they came right back up; never stayed down long
41 / 21-25	Would have expected a call of BP stayed down; but they came back up quickly; she had an arterial line, so it could have been positional
4214	Down time would be after half hour, hour
43 / 1	If pressure stayed in the range of 70 to 80, that is concerning enough
43 / 4	If systolic pressure stayed down over a period of time
43 / 18	Did not leave any specific written order because he felt nurses would know to call him if pressure stayed down

44 / 3-7	Was told the bronchoscope was negative; did not have any direct conversation with Tawil about it
44 / 20	Was not aware of any further testing at that point
44 / 24	Doesn't remember of order for an esophogram
45 / 4	Tawil didn't call him with his impressions from 6:00 p.m. on 9/23 through the next morning
45 / 13	Has never seen guidelines set by Mercy for confirmation of completed consultations or tests
46 / 5	Not aware of any hospital practice of the attending being updated
46 18-14	Saw the patient simultaneously with Tawil; if Tawil needed Telesz's input, Tawil would have asked; it was Tawil's decision to do bronchoscopy
46 / 25	Unaware of Mercy having house officers
47 19-11	Doesn't recall telephone order of 9-23-97, 6 a.m. for SMA
48 / 1	Unaware of any attempts made to reach him during the night of 9/23
48 / 13	Marla had been seen by Dr. Sweitzer in the morning of 9/24
48/24-4915	Group works out of 3 hospitals – Massillon, Aultman and Mercy; takes care of each other's patients; Sweitzer niay have been one of the surgeons on call then
49 / 7-11	Sweitzer does more work at Mercy than the others; Telesz may have told him about Marla and asked him to look in on her
49 / 23	No one can read Sweitzer's writing
50 / 5	Did not speak with Sweitzer on the 24th
5018	When Telesz reviewed the chart, asked Sweitzer to interpret the note
50 / 11	When reviewing the chart for the lawsuit
50 / 15	Things were pretty stable
50 / 22	Can read that Sweitzer talked with Packer
51 / 8	Doesn't know what that discussion was
51 / 12	Was not aware that Marla had another chest film at 6:15 a.m. on 9/24 for respiratory insufficiency
51 / 15	Did not talk with Packer prior to the hypotension episode

51 / 19-21	Has spoken with Packer in general terms since 9/24 through the present
52 / 1	Found H&H at 24.6 and 24.8 to be within reason
52110	Had no concern of a bleed other than the 3rd space
52/ 12	Can't really confirm a 3rd space bleed
52 / 16-19	Didn't have any indication Marla was bleeding because her count had not changed significantly
54 / 4-11	Cannot criticize doctors in other fields of medicine – would leave it up to others in the same field
54 / 19-22	Had a case of transected aorta in the 70's
54 / 23-25	Sweitzer had one several years ago where the woman was transferred to Cleveland and she expired
55 / 7	His case, involving a young boy, the boy had surgery
55 / 10	Patient did not end up paraplegic
55 / 16	Cannot answer if it's better to operate sooner or later as it's not his area of surgery
55 / 21	Knows nothing of the issues as to timing, outcomes
56 / 11	There were (are) no cardiothoracic surgeons at Massillon