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1	IN THE COURT OF COMMON PLEAS	
	IN AND FOR CUYAHOGA COUNTY, OHIO	
2	CASE NUMBER:CV-05-552863	
3		
4	SUZANNE I. STANSBURY, Individual and as	
	Administrator of the Estate of	
5	HAROLD DEAN STANSBURY, Deceased,	
6		
	Plaintiffs,	
7		
	-vs-	
8		
	THE CLEVELAND CLINIC FOUNDATION, JOSEF APONTE, 1	MD,
9	MICHAEL CUDNIK, MD, and MARK KROFINA, MD,	
10	Defendants.	
11	/	
12		
13	DEPOSITION OF JOSEF APONTE, MD	
14		
15	Thursday, September 22, 2005	
1.0	10:10 a.m 1:59 p.m.	
16		
17	Radision Suite Hotel Oceanfront	
17	3101 North Highway A1A,	
18	Melbourne, FL 32940	
19		
20	Reported By:	
21	Donna D'Alessandro	
	Notary Public, State of Florida	
22	Esquire Deposition Services, LLC	
	Orlando Office #(758141)	
23	Phone - 877.546.7676	
24	321.541.1082	
25		

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1 APPEARANCES: 0 Behalf of the Plaintifit: 3 MYRA SEVERYN, ESQURE LWY OFICSS OF SANTO T. INCORVAIA Soto Rockide Road, Suite 600 5 Goreadation 6 Florida at Large, in the above cause. 4 5 GOR ackaide Road, Suite 600 10 Independence, 0H 44113 6 6 7 On Behalf of the Defendants: 8 JOSEF APONTE 9 TUCKER ELLS & WEST LLP 110 DERDRE HENNY, ESQUIRE 9 Ceedend, 0H 44115-1475 11 DERDRE HENNY, ESQUIRE 11 DERDRE HENNY, ESQUIRE 12 DERDRE HENNY, ESQUIRE 13 Q. Dr. Aponte, can you please state and spell 14 Your full name for the record? 15 A. JOSEF, J-O-S-E-F, middle initial, H, Aponte, 16 A-PC-N-T-E. 170 One Cleveland Center ION Flore 11 DERCT 12 DERCT CROSS REDIRECT 13 Q. Sery, I-O-S-E-F, middle initial, H, Aponte, 16 A-Peraynon			<u> </u>	Page 4
APPEARANCES: 2 Reporter and Notary Public in and for the State of 3 On Budial of the Painaffic: 3 Florida I Large, in the above cause. 4 MYRA SEVERYN, ESQUERE 5 (Dependion Exhibits 1 through 13 were premarked 6 Independence, Off 4113 6 for identification.) 7 Debadial of the Defandams: 8 JOSEF APONTE 8 JOSEF APONTE 9 having been duly store or affirmed, was examined and 10 10 IST Interupon, 10 10 DERECT EXAMINATION 11 DERECT EXAMINATION 11 DIRECT EXAMINATION 12 DERECT EXAMINATION 12 BY MAN SEVERYN 13 ANDRES ESQUERE and Interior, ISQUER 13 A. Horich. 14 operation Exhibits 1 through 13 were premarked A-PO-N-TE 15 INMERS ESQUERE and Interior, ISQUERE 13 O. D. Aponte, can you please state and spell 16 ROPTER ANDRES ESQUERE 13 A. Horich. 17 Ocealed Ot 4114 13 A. Horich. 18 INMER ESCERT CROSS REDIRECT		rage		· · · · · · · · ·
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18 Summary (1 page) 19 anyuning that i ve asked, or one of my questions is 19 12 Cleveland Clinic Deficiency Slip (1 page) 126 20 unclear to you, please let me know, I'll be happy to 20 13 Cleveland Clinic Em-STAT document (1 page) 31, 104 21 repeat or rephrase the question as necessary.	17	11 Cleveland Clinic Expiration Discharge		
20 13 Cleveland Clinic Em-STAT document (1 page) 31, 104 21 repeat or rephrase the question as necessary.		Summary (1 page)		
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41 I ZZ II NOWEVER VOU ANSWER A DUESDON OF MINE. I AM				
14 Cleveland Clinic E.D. Care Record		14 Cleveland Clinic E.D. Care Record		
23 going to go ahead and assume that you understood it. 23 24 A. Yes.		(1 page) 50		
25 Q. I'm also going to be asking you questions that	~ ~		1 43	V. I III AISO GOING IO DE ASKING YOU QUESUOIIS UIAL

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Page 6 Page 6 1 obviously go back a couple of years, to the cuttent that 1 A. I tremember asking tim some questions, 2 you don't have any independent recollection, you can a any time refer to the records you have available to you; itess that I waned performed on him. 3 any time refer to the records you have available to you; itess that I waned performed on him. 4 A. Yes, ma'am. 6 O. Did you by my chance, Doctor, bring a copy of 5 A. Yes, ma'am. 7 Q. We are going to take just a few minutes to get 8 A Yes. 8 background. If you would left s digress for a minute. 9 Q. As we sit there today, do you have of this 13 arricular patient? 11 A. I do. 12 Q. Were you employed by the Cleveland Clinic 13 particular patient? 14 A. Yes, ma'am. 15 particular patient? 14 A. I remembered with the date 10 independently, separate and apart from the medical 15 Yes, real 11 articlar patient? 14 A. I remembered with at I can recall. 12 c			Γ	
2 you don't have any independent recollection, you can at any time refer to the records you have available to your, or kays any time refer to the records you have available to your, A ves, ma'am. 2 cass that I wanted performed on him 3 any time refer to the records you have available to your, A ves, ma'am. 3 Ch S you you hance, Doctor, bring a copy of S A. Yes, ma'am. 7 Q. Vay understand we're here to talk about a 7 Q. Wa we sighter today, do you have any 10 independent recollection of Mr. Stansbury? 11 A. I do. 11 A. I do. 12 Q. Okay. What memory do you have of this 13 perticular patient? 14 A. Yes. 15 Department on the day that I saw him, and I'm pretry 16 A. I remembered finite wavy kind of hair, and 18 that's what I recall. 18 Q. Di you urceall any aspects of the treatment 10 10 independently, separate and apart from the medical? 20 Q. What do you remember? 21 24 A. Yes. 22 Q. Wata 20 Wata do you remember? 23 Q. What do you remember? 23 A. An Attending. 24 A. Yes. 24 A. Yes. ma'am. 3 </td <td></td> <td>Page 6</td> <td></td> <td>Page 8</td>		Page 6		Page 8
3 any time refer to the records you have available to you; 3 tests that I wanted performed on him. 4 (bay?) 4 (chy?) 6 Q. You understand we're here to talk about a 5 your C.V.? 7 Petient of yours, Harold Dean Stansbury? 6 A. No, ma'am. 9 Q. As we sit here today, do you have any indicated that's the date 9 9 Q. As we sit here today, do you have any indicated that's the date 9 9 Q. Okay. What memory do you have of this 11 A. Yes. 12 Q. Okay. What memory do yun have of this 12 Q. Were you employed by the Cleveland Clinic 13 particular patient? 13 Foundation? 14 A. I remembered him coming in to the Emergency 12 Q. Were you employed by the Cleveland Clinic 17 male, a full head of hair, white wavy kind of hair, and 13 In what capacity? 15 De port recall correctly, a larger, robust, white 14 A. Yes, ma'am. 10 ichependently, separate and apart from the medicat 14 A. Yes, ma'am. 10 chargendently, separate and apart from the medicat 24 A. Irenember demine acall, that t	1	obviously go back a couple of years, to the extent that	1	A. I remember asking him some questions,
4 cksy? 4 Q. Did you by any chance, Doctor, bring a copy of 5 A. Yes, malam. 5 7 Q. You understand were here to talk about a 7 7 A. Yes, malam. 7 8 A. Yes. 7 9 Q. As we sit here today, do you have any 7 Q. We are going to take just a few minutes to get 8 a background. If you would, let's digress for a minute. 7 9 Q. As we sit here today, do you have any 10 7 10 independent recollection of Mr. Stansbury? 11 A. I do. 11 11 A. I do. 11 A. I do. 12 12 Q. Okay. What memory do you have of this 13 Foundation? 14 14 a that's what I recall. 10 A. I was an Attending in the department of 17 male, a full head of hair, white wavy kind of hair, and I'm pretty 16 A. I was an Attending. 21 A. Yes. 20 Q. What do you remember? 21 23 Q. What do you remember? 23 A. A A Attending. 24 A. I remember waiting in the room for his arrival.	2	you don't have any independent recollection, you can at	2	examining him quickly, and ordering labs and other
5 A. Yes, malam. 5 your CV.? 6 Q. You understand we're here to talk about a 5 7 Patient of yours, Harold Dean Stansbury? 6 A. No, malam. 9 Q. As we sit here today, do you have any 9 0 We are going to take just a few minutes to get 9 Q. As we sit here today, do you have any 9 O. Jasuary 25, 2003, you understand that's the date 9 Q. Okay. What memory do you have of this 11 A. Yes. 2 12 Q. Okay. What memory do you have of this 13 Foundation? 14 A. I remembered him corning in to the Emergency 14 A. Yes. 12 15 Department on the day that I saw him, and I'm pretty 15 I. I wata capacity? 16 and independently, separate and apart from the medical 11 A. Yes. 12 21 charts A. Yes. 2 I. Horeal-to-L-M-E-S, Regional Medical Center. 22 A. Yes. 2 I. An Attending. 23 Q. What do you remember? 2 A. A tawa an emergency room physician? 24 A. Termember du sa dayant from the modical? A. Yes, malam. </td <td>3</td> <td>any time refer to the records you have available to you;</td> <td>3</td> <td>tests that I wanted performed on him.</td>	3	any time refer to the records you have available to you;	3	tests that I wanted performed on him.
6 Q. You understand we're here to talk about a 6 A. No, ma'am. 7 Distinct of yours, Harold Dean Stansbury? 0. We are going to take just a few minutes to get 9 Q. As we sit here today, do you have any 0. Manaary 25, 2003, you understand that's the date 10 independent recollection of Mr. Stansbury? 0. January 25, 2003, you understand that's the date 11 A. I de. 1. A. I de. 12 Q. Okay. What memory do you have of this 13 particular patient? 15 Department on the day that I saw him, and I'm pretty 16 A. I reamembered in the way kind of hair, and 18 that's what I recall. 18 Q. No uncertal any aspects of the treatment 10 10 independently, separate and apart from the medical 2. What do you remember? 2. 24 A. I renembered getting a call, that he was being 2. Q. What do you remember? 2. 25 Life Flighted to the Emergency Department, and I 2. Page 7 7 A Yes. 2. Q. Are you currently interpolyced? 21 A. I renember dig this a foot interpolyce? 2. 22 A. So, ma'am. 2.	4	okay?	4	Q. Did you by any chance, Doctor, bring a copy of
7 patient of yours, Harold Dean Stansbury? 7 Q. We are going to take just a few minutes to get 8 A. Yes. 8 a background. If you would, let's digress for a minute. 9 Q. As we sit here today, do you have any 10 independent recollection of Mr. Stansbury? 11 A. I do. 11 A. Yes. 2 Q. Okay. What memory do you have of this 12 Q. Were you employed by the Cleveland Clinic 13 particular patient? 11 A. Yes. 12 Q. Ware you employed by the Cleveland Clinic 19 Department on the dy that I saw him, and I'm pretry 16 A. I was an Attending in the department of 17 malea, a full head of hair, white wavy kind of hair, and 16 A. I was an Attending in the department of 18 uhat what I recall. Q. What do you remember? 20 A. Yes. 21 A. Mate doy uremember? A. A reaching. 24 A. Ares. 23 Life Flighted to the Emergency Department, and I 1 A. Yes, ma'am. 20 24 A. I remembered getting a call, that he was being 2 A. Maending. 24 A. Are you sill licensed to practice 21 <	5	A. Yes, ma'am.	5	your C.V.?
8 A. Yes. 8 a background. If you would, let's digress for a minute. 9 Q. As we sit here today, do you have any 0 Damary 25, 2003, you understand that's the date 9 Q. Okay. What memory do you have of this 11 A. I do. 11 A. Yes. 11 A. I remembered him coming in to the Emergency. 15 Department on the day that I saw him, and 'I'm prety. 15 Foundation? 14 A. I remembered him coming in to the Emergency. 16 A. Yes. ma'am. 17 19 Q. Doy ou recall any aspects of the treatment 10 Independently. separate and apart from the medical 18 A. Yes. ma'am. 21 chart? 2 J. What do you remember? 2. A. Yes. 21 A. Holmes, H-O-L-M-E-S, Regional Medical Center. 23 Q. What do you remember? 2. A. Holmes, H-O-L-M-E-S, Regional Medical Center. 2 24 A. Yes. 2 A. Holmes, H-O-L-M-E-S, Regional Medical Center. 2 25 Life Flighted to the Emergency Department, and I 1 A. Yes, ma'am. 2 25 Q. What do you remember? A. Holmes, H-O-L-M-E-S, Regional Medical Center. 2 <	6	Q. You understand we're here to talk about a	6	A. No, ma'am.
9 Q. As we sit here today, do you have any 9 On January 25, 2003, you understand that's the date 10 independent recollection of Mr. Stansbury? 10 we're talking about? 11 A. 1 do. 11 A. Yes. 12 Q. Okay. What memory do you have of this 13 particular patient? 13 particular patient? 14 A. Yes. ma'am. 15 Department on the day that I saw him, and I'm pretry 15 Q. In what capacity? 16 and thead of hair, white wavy kind of hair, and 14 A. Yes. ma'am. 10 nale, a full head of hair, white wavy kind of hair, and 14 A. Yes. ma'am. 10 Q. Do you recall any aspects of the treatment 20 Q. Where are you currently employed? 21 charry 23 Q. What do you remember? 24 A. A treanding. 24 A. Yes. 24 A. An Attending. 24 25 Life Flighted to the Emergency Department, and I 25 A. Yes, ma'am. 26 Q. Wata do you renember? 27 A. A treanding. 27 A. Treemember waiting in the room for his arrival. 36 3 hortness of breath	7	patient of yours, Harold Dean Stansbury?	7	
10 independent recollection of Mr. Stansbury? 10 we're talking about? 11 A. 1 do. 11 A. Yes, 12 Q. Okay. What memory do you have of this 10 we're talking about? 13 particular patient? 11 A. Yes, 14 A. I remembered him coming in to the Emergency 10 We're you employed by the Cleveland Clinic 13 Foundation? 14 A. Yes, ma'am. 14 A. I remembered him coming in to the Emergency 11 A. Yes, ma'am. 15 Department of the day that saw him, and in the medical 11 11 A. Yes, ma'am. 16 A. I remembered patient and spart from the medical 11 A. Yes, ma'am. 16 A. I remembered patient and spart from the medical 20 What do you remember? 24 A. Yes. 20 In what capacity? 25 Life Flighted to the Emergency Department, and I 11 A. The member space of the ast math. 26 What do you remember? 20 A. An Attending. 27 A. Yes, ma'am. 12 Q. Are you carceried thin scall in advance of a cacauly seeing the patient at the hospital? A. Yes, m	8		8	
11 A. 1 do. 11 A. Yes. 12 Q. Okay. What memory do you have of this 11 A. Yes. 13 particular patient? Q. Wate you employed by the Cleveland Clinic 14 A. I remembered him coming in to the Emergency 15 Foundation? 15 Department on the day that I saw him, and I'm prety 16 A. I was an Attending in the department of 16 male, a full head of hair, white wary kind of hair, and 17 emergency medicine. 18 that's what I recall. 18 A. Yes, ma'am. 10 Do you recall any aspects of the treatment 0. What do you remember? 21 chart? A. Tremembered getting a call, that he was being 2. A. Holmes, H-OL-M-E-S, Regional Medical Center. 23 Q. What do you remember? A. A A tendening. 2. Q. Are you currently employed? 24 A. I remembered getting a call, that he was being 2. A. A A tetading. 25 Life Flighted to the Emergency Department, and I 1 Q. Are you currently licensed to practice 26 wold you have received the call, that he was being 2. A. Yes. 1 Q. Are you currently licensed to practice i	9		9	On January 25, 2003, you understand that's the date
12 Q. Okay. What memory do you have of this 13 particular patient? 13 particular patient? 13 Foundation? 14 A. I remembered him coming in to the Emergency 14 A. Yes, ma'am. 15 Department on the dy that I saw him, and I'm pretty 16 A. I was an Attending in the department of 17 male, a full head of hair, white way kind of hair, and I'm orther that 16 A. I was an Attending in the department of 18 that's what I recall. 10 In what capacity? 19 Q. Do you recall any aspects of the treatment 20 Q. Where are you currently employed? 21 chart? 2 A. Yes. 20 What do you remember? 24 A. I remember dgetting a call, that he was being 24 A. Attending. 25 Life Flighted to the Emergency Department, and I 25 A. Attending. 26 What do you renceall Reg of 12 Q. Are you currently licensed to practice 26 Group a have any other independent 11 4 Q. Are you still licensed to practice in the 5 27 A. Yes. 12 Q. Are you still licensed to practice medicine in any </td <td></td> <td></td> <td>10</td> <td>-</td>			10	-
13 particular patient? 13 Foundation? 14 A. I remembered him coming in to the Emergency 14 A. Yes, ma'am. 15 Department on the day that I saw him, and I'm pretty 16 A. I was an Attending in the department of 17 male, a full head of hair, white wavy kind of hair, and 17 emergency medicine. 18 that's what I recall. 18 Q. Is emergency medicine. 19 Q. Do you recall any aspects of the treatment 10 Q. What do you remember? Q. What do you remember? 21 A. Yes. 21 A. Holmes, H-O-L-M-E-S, Regional Medical Center. 22 A. Yes. 23 A. An Attending. 24 A. I remembered getting a call, that he was being 24 Q. Again as an emergency room physician? 25 Life Flighted to the Emergency Department, and I 25 A. Yes. 9 1 think that's about all that I can recall. 4 Q. Are you currently licensed to practice 3 of stortnes of breath - shorita? 7 A. Yes. 9 A. Ne, ma'am. 2 Q. Would you have received the call, but I 11 14 A. Yes, ma'am.			11	A. Yes.
14 A. Iremembered him coming in to the Emergency 14 A. Yes, ma'am. 15 Department on the day that I saw him, and I'n pretty 6 In what capacity? 16 sure that I recall. correctly, a large, robust, white 15 A. I was an Attending in the department of 18 that's what I recall. 16 A. Yes, ma'am. 17 19 Q. Do you recall any aspects of the treatment 18 Q. Is emergency medicine. 18 21 chart? Q. Where are you currently employed? 21 A. Holmes, H-O-L-M-B-S, Regional Medical Center. 23 Q. What do you remember? A. I remember degeting a call, that he was being Q. Howhat capacity? 24 A. I remember degeting a call, that he was being A. Yes, ma'am. 25 Life Flighted to the Emergency Department, and I Implement on for his arrival. 26 mediscription was of someone who was complaining of shortness of breath - shortness of breath, and I 3 of shortness of breath - shortness of breath, and I 4 Q. Are you currently licensed to practice 3 of shortness of breath at the hospital? A. Yes, ma'am. 1 Q. Are you still licensed to practice in the 5 Q. So you r			12	Q. Were you employed by the Cleveland Clinic
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17 male, a full head of hair, white wavy kind of hair, and 17 emergency medicine. 18 that's what I recall. 18 Q. Is emergency medicine your specialty? 19 Q. Do you recall any aspects of the treatment 18 Q. Where are you currently employed? 21 chart? 20 Q. What do you remember? 21 A. Holmes, H-O-L-M-E-S, Regional Medical Center. 23 Q. What do you remember? 21 A. Holmes, H-O-L-M-E-S, Regional Medical Center. 24 Q. Iremembered getting a call, that he was being 23 A. An Atuending. 25 Life Flighted to the Emergency Department, and I 23 A. An Atuending. 25 Life Flighted to the Emergency Department, and I 24 Q. Again as an emergency room physician? 26 The description was of someone who was complaining 7 A. Yes, ma'am. 27 The description was of someone who was complaining 7 A. Yes, ma'am. 3 Q. So you received this call in advance of 6 A. Yes, ma'am. 4 Ustor that is about all that I can recall. 9 A. No, ma'am. 5 Q. Would you have received the call, but I 10 Q. Are you still licensed to	15	Department on the day that I saw him, and I'm pretty	15	Q. In what capacity?
18 that's what I recall. 18 Q. Is emergency medicine your specialty? 19 Q. Do you recall any aspects of the treatment independently, separate and apart from the medical chart? 19 A. Yes, ma'am. 20 What do you remember? A. Yes. Q. Mater are you currently employed? 21 A. Yes. Q. In what capacity? 3 23 Q. What do you remember? A. I cremembered getting a call, that he was being 24 A. An Attending. 24 A. I remembered getting a call, that he was being 25 A. Yes, ma'am. 25 Life Flighted to the Emergency Department, and I 25 A. Yes, ma'am. 26 remember waiting in the room for his arrival. 26 A. Yes, ma'am. 27 remember waiting in the room for his arrival. 27 Q. Are you currently licensed to practice in the State of Florida? 3 of shortness of breath shortness of breath, and I 4 4 Q. Are you surrently licensed to practice in the State of Florida? 3 A. Yes. 3 A. Yes, ma'am. 7 Q. Are you surrently licensed to practice in the State of Florida? 3 A. Yes. 7 Q. Are you surrenerely waithit mass acoeived the call through the state?	16	sure that I recall correctly, a large, robust, white	16	A. I was an Attending in the department of
 19 Q. Do you recall any aspects of the treatment 20 independently, separate and apart from the medical 21 chart? 22 A. Yes. 23 Q. What do you remember? 24 A. I remembered getting a call, that he was being 25 Life Flighted to the Emergency Department, and I 26 The description was of someone who was complaining 27 of shortness of breath shortness of breath, and I 28 this that's about all that I can recall. 29 A. Yes. 20 Are you currently licensed to practice 21 member waiting in the room for his arrival. 21 The description was of someone who was complaining 20 of shortness of breath shortness of breath, and I 20 Are you currently licensed to practice 21 medicine in the State of Florida? 32 A. Yes. ma'am. 33 of shortness of breath at the hospital? 34 A. Yes. 35 actually seeing the patient at the hospital? 34 A. Yes. 35 Q. Would you have received the call, but I 31 just knew that it was received. 32 Q. All right, and you expected that he would be 34 A. Yes. 35 Q. We'll get back to the treatment. Other than 35 A. Yes. 36 A. Yes. 31 C. Prenember Jing ani arriving, as I said, robust, 31 most like a Stant Claus type of an image. He was 32 taing metha th and experienced some shortness - 34 most like a Stant Claus type of an image. He was 34 most like a Stant Claus type of an image. He was 34 most like a Stant Claus type of an image. He was 34 most like a Stant Claus type of an image. He was 34 most like a Stant Claus type of an image. He was 34 most like a Stant Claus type of an image. He was 34 most like a Stant Claus type of an image. He was 34 most like a Stant Claus type of an image. He was 34 most like a Stant Claus type of an image. He was <	17	male, a full head of hair, white wavy kind of hair, and	17	emergency medicine.
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21 chart? 21 A. Holmes, H-O-L-M-E-S, Regional Medical Center. 22 A. Yes. 22 Q. In what capacity? 23 Q. What do you remember? 23 A. A Attending. 24 A. I remembered getting a call, that he was being 24 Q. Again as an emergency room physician? 25 Life Flighted to the Emergency Department, and I 24 A. Yes, ma'am. 26 The description was of someone who was complaining 3 of shortness of breath shortness of breath, and I 3 of shortness of breath - shortness of breath, and I 4 Q. Are you currently licensed to practice 3 of shortness of breath - shortness of breath, and I 3 A. Yes, ma'am. 4 Use oy ureceived this call in advance of 6 A. Yes, ma'am. 7 A. Yes. 7 Q. Are you licensed to practice in the 8 Q. Would you have received the call through the 9 8 other state? 9 A. Ir mot sure how I received the call, but I 10 Q. Has your license to practice medicine at any 11 just knew that it was received. 12 A. No, ma'am. 12 A. Mithemat athe 13 <td>19</td> <td>Q. Do you recall any aspects of the treatment</td> <td>19</td> <td>A. Yes, ma'am.</td>	19	Q. Do you recall any aspects of the treatment	19	A. Yes, ma'am.
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	Page 10		Page 12
1	A. Emergency medicine.	1	MR. MYERS: You know what, I'm losing you
2	Q. When were you first board certified?	2	guys a little bit. I don't know if you need
3	A. I think 1993.	3	to get a little closer to the phone, but
4	Q. You became board certified in what year?	4	you're fading in and out a little.
5	A. 1993.	5	MS. SEVERYN: I'll try to keep my voice
6	Q. I'm sorry, re-certified I meant.	6	up.
7	A. 2003.	7	BY MS. SEVERYN:
8	Q. I think you already told us that the board	8	Q. What did you do when you left the Army?
9	examination comprises of an oral and a written portion;	9	A. Continued working as an emergency medicine
10	correct?	10	specialist in a civilian capacity.
11	A. Yes, ma'am.	11	Q. Did you go through any type of internship or
12	Q. And obviously in order to become board	12	residency program?
13	certified and then re-certified, you had to do both of	13	A. Yes, ma'am.
14	them?	14	Q. Where and when?
15	A. Both, yes, ma'am.	15	A. William Beaumont Army Medical Center, I did my
16 17	Q. Did you have to take those or any portion of those exams more than once?	16	internship. Thereafter, I did active duty, I functioned
11/	A. I think the oral I had to repeat.	17 18	as a line officer in Europe.
19	Q. What are the restrictions on becoming board	19	Q. All right. You indicated you completed your
20	certified? In other words, do you have to practice	20	internship at the William, is it Beaumont? A. Yes. William Beaumont Army Medical Center.
21	medicine for a certain period of time before you're	21	Q. What year did you complete your internship?
22	eligible – board eligible?	22	A. 1982.
23	A. Well, usually you do an internship and a	23	Q. Where is the William Beaumont Army Medical
24	residency, and once you've successfully completed your	24	Center?
25	residency you're board eligible as of that date.	25	A. Fort Bliss, Texas.
	Page 11		Page 13
1	Q. So after your residency, you're board	1	Q. Then you mentioned you functioned as a line
2	eligible?	2	officer in Europe. What is a line officer?
3	A. Right.	3	A. A line officer, you're attached as a physician
4	Q. Tell us, if you would, briefly your		
5		4	to a unit. It could be a battalion, it could be a
	educational background, beginning where you attended and	5	brigade, it could be a division.
6	graduated medical school?	5 6	brigade, it could be a division. Q. How long did you serve in the capacity of a
6 7	graduated medical school? A. New York Medical College.	5 6 7	brigade, it could be a division. Q. How long did you serve in the capacity of a line officer?
6 7 8	graduated medical school? A. New York Medical College. Q. What year did you graduate?	5 6 7 8	brigade, it could be a division.Q. How long did you serve in the capacity of a line officer?A. About two years.
6 7 8 9	graduated medical school?A. New York Medical College.Q. What year did you graduate?A. 1981.	5 6 7 8 9	brigade, it could be a division.Q. How long did you serve in the capacity of a line officer?A. About two years.Q. Again, did you serve in the capacity of an
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	Page 14		Page 16
1	your profession?	1	Q. What happened after your discharge in the Army
2	A. Then I was reassigned to let's see if I can	2	in 1989?
3	remember the name. I was reassigned to Fort Bragg.	3	A. I stayed in the City of El Paso, and worked at
4	Q. Georgia? No.	4	two hospitals there.
5	A. No, that's in North Carolina.	5	Q. What hospitals?
6	Q. What did you do there?	6	A. Sierra Medical Center, and I think it was
7	A. I worked as a general medical officer, the	7	called Vista Hills, was the second hospital.
8	department of ambulatory care.	8	Q. I think you mentioned you stayed there and
9	Q. How long did you serve in that capacity?	9	worked in the capacity of an emergency medicine
10	A. I think about one year.	10	physician?
11	Q. All right. After you completed that duty as	11	A. Yes.
12	general medical officer at Fort Bragg, what did you do	12	Q. How long were you in El Paso at either
13	following that?	13	actually collectively, at Sierra and Vista Hills?
14	A. I was reassigned to Fort Hood, Texas.	14	A. I think I may have spent six months in each
15	Q. All right. What did you do at Fort Hood?	15	one.
16	A. I did a residency in emergency medicine.	16	Q. Where did you go after that?
17	Q. How does that work with the Army, can you	17	A. After that I went to Brooksville, Florida.
18	request what you're going to be trained in?	18	Q. Brooksville?
19	A. Well, it's a free country you can request	19	A. Yes.
20	anything.	20	Q. Where did you work?
21	Q. Did you request a residency in emergency	21	A. Lykes, L-Y-K-E-S, like the hot dog. Lykes
22	medicine?	22	Community Hospital.
23	A. Technically no, but when I was assigned at	23	Q. Where is Brooksville, Florida, in relation to
24	it almost came to me, the name of the hospital at	24	where we are now?
25	Bragg. When I was assigned to the hospital at Fort	25	A. Straight across latitude, but on the Gulf.
	Page 15		Page 17
1	Page 15 Bragg, there was a Major Dice who worked there, who was	1	
1 2		1 2	Q. On the Gulf side. How long were you at Lykes
	Bragg, there was a Major Dice who worked there, who was		Q. On the Gulf side. How long were you at Lykes Community Hospital?
2	Bragg, there was a Major Dice who worked there, who was residency trained board certified in emergency medicine,	2	Q. On the Gulf side. How long were you at Lykes
2 3	Bragg, there was a Major Dice who worked there, who was residency trained board certified in emergency medicine, and he just thought that that's probably where I	2 3	Q. On the Gulf side. How long were you at LykesCommunity Hospital?A. I think that was a grand total of ten months.
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	Page 18		Page 20
1	Q. Where did you go after that?	1	Q. All right. So in terms of your employment or
2	A. I went to Elyria, Ohio.	2	career as an emergency medicine physician, all of your
3	Q. What brought you to Elyria?	3	teaching appointments would have been in connection with
4	A. Career advancement. I was supposed to be an	4	the Cleveland Clinic Foundation and the Ohio State
5	assistant medical director there.	5	Medical School?
6	Q. Where were you practicing?	6	A. I think Case Western was affiliated with
7	A. Elyria Memorial Hospital.	7	Metro.
8	Q. How long were you at Elyria?	8	Q. To the extent that you went over to Metro
9	A. It's kind of tough to say, I think about a	9	sometimes, you also worked with the medical students
10	year, maybe a little bit more.	10	from Case Western?
11	Q. Where did you go after Elyria?	11	A. Right. And when I was in Macon, Georgia, I
12	A. The Cleveland Clinic.	12	worked with the students and the residents that were
13	Q. What year did you begin working for the	13	affiliated with their medical school, and I don't
14	Cleveland Clinic Foundation?	14	remember the name of their medical school.
15	A. I think it was in 1995.	15	Q. Okay, but that was through the surgical
16	Q. How long were you with the Clinic?	16	department?
17	A. I was there till December of actually	17	A. Right.
18	technically, January of 2004.	18	Q. In lay terms, would you describe what it means
19	Q. Did you come down to Melbourne or to Holmes	19	to have a teaching appointment?
20	Regional Medical Center after you left the Cleveland	20	A. Basically, you're responsible for bedside
21	Clinic?	21	teaching, which is basically clinical teaching. That
22	A. Yes, ma'am.	22	can also include courses, lectures.
23	Q. Were you anywhere else during the course of	23	For example, at Macon when you would do an
24	your professional career?	24	A.T.L.S. course, you would do an entire week and you
25	A. No, ma'am.	25	would do several chapters, several lectures. When you
	Page 19		Page 21
			e e
1	Q. Why did you leave the Cleveland Clinic	1	did A.C.L.S. that was very rugged so to speak, because
1 2	Q. Why did you leave the Cleveland Clinic Foundation?	1 2	•
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	 Foundation? A. Just a change. I have friends down here that I knew while I was working at the Clinic. Q. Did your decision to relocate in any way involve this case or anything that happened here? A. Absolutely not. Q. During the course of your professional career, have you had any teaching appointments? A. Yes, ma'am. Q. What teaching appointments have you had? A. Ohio State Medical School, which is that's at the Clinic, and then oddly enough we when Dr. Emmerman became Chairman of our department of MetroHealth, we became Prudential at MetroHealth Medical Center, and we would work shifts over at MetroHealth Medical Center. And we were on staff with that facility, also in a teaching capacity, affiliated with the residency program. Q. Have you ever had any other teaching appointments? A. When I was in Macon, Georgia, the medical 	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	 did A.C.L.S. that was very rugged so to speak, because you didn't teach one topic, you taught the entire book for one whole week to about 12 to 15 students. So you went from chapter one to the end, to include codes, mega codes, everything in the book. Q. When you were with the Clinic, what portion of your professional time was devoted to the teaching aspect? A. I'd say about 20 percent. Q. Did you have occasion to give any lectures or teach any courses while affiliated with the Cleveland Foundation? A. Yes, ma'am. Q. How often would you do that? A. Once every few months. Q. Have you ever lectured or written on the topic of emergency medicine and the treatment of pulmonary embolism? A. Well, I had one lecture that touched on it. Q. When did you give that lecture? A. I cannot recall. Q. Did you publish any articles or any literature

	Page 22		Page 24
	ny articles or texts?		people who have textbooks of emergency medicine.
2 A. Yes, 1		2	And then you can always look up any journals that
-	have you published?	3	you read, at the Clinics of North America or Evidence
	er on acute plastic bone deformities,	4	Based Emergency Medicine, E.R. Reports, Journal
	paper on ovarian hyper-stimulation	5	of Emergency Medicine. There's a lot of journals around.
	and about six papers with Frank Peacock on	6	Q. All right. Let me just make sure I'm asking
7 congestive he		7	my question clearly. I appreciate that there's a lot of
	ou presently associated with any are	8	literature that is available out there, and a number of
	a member of any associations?	9	texts that can be referred to. My question is, is there
	merican Academy of Emergency Medicine.	10	a text that you habitually would refer to if you had
12 association?	ong have you been a member of that	11	question on that topic?
	ad on Tid any for the next ten seems I	12	A. Everything I just said.
	id on, I'd say for the past ten years I	13	Q. Okay. Have you at one time or another turned
	ears. I can't remember when the	14	to each and every one of the texts you've talked about?
-	First came into being. It was informal and	15	A. Yes.
	e more of a formal thing, and then as more	16	Q. When Harold Stansbury was a patient of yours,
	the in, it became more of a recognized body.	17	did you have occasion to refer to any text or literature
	you ever served in any capacity with that	18	during the course of that evening?
 19 organization, 20 member or cl 	in terms of being an officer or committee	19	A. No, ma'am.
20 member of cr		20	Q. After the fact, did you look into any issues
		21	having to do with Mr. Stansbury's treatment?
x	ere any texts in emergency medicine that nsider authoritative texts?	22	A. No, ma'am.
		23	Q. What information or documents have you
	ABER: Objection, over broad.	24	reviewed in preparation for this deposition?
	TTNESS: Say that again?	25	A. I was given I was provided with the run
	Page 23		Page 25
1 BY MS. SEV	-	1	sheet from a local emergency transport unit. I was
2 O. Sure.	Are there any texts in emergency	2	given the run sheet for Metro, Metro Life Flight, and
	you would consider authoritative?	3	his medical records of that evening.
4 A. No.		4	Q. Are you talking about the Clinic's medical
5 O. If you	had a question about any aspect of	5	records?
- •	edicine, is there a book or text that you	6	A. Yes, ma'am.
7 would turn to	•	7	Q. Now, the Clinic's medical records are
8 A. There'	s a slew of text that you could turn to,	8	extensive, they involve the treatment of Mr. Stansbury
	the current literature.	9	A. Well, I was given the dictated portion and the
	I'm asking you if you have habitually or	10	nursing notes that went with that, and the printed
	rned to any particular text, if you have a	11	Em-STAT sheets.
•	nergency medicine?	12	Q. Did you review only the medical records having
-	s a number of textbooks that I would	13	to do with the emergency treatment on January 25, 2003,
	, and as I said, then after that I	14	or did you look at any of the records having to do with
	the current literature to see what's going	15	Mr. Stansbury's prior treatment at the Clinic?
16 on.		16	A. Okay, ask me that question again? I'm
	he last let's say five years, what are	17	confused.
	exts that you would turn to, if you had a	18	Q. Sure. Mr. Stansbury had been treated at the
	respect to, let's say the management of a	19	Clinic before he came to emergency on January 25, 2003;
18 some of the te	s a suspected or actual pulmonary	20	are you aware of that?
18 some of the te19 question with			
 some of the te question with patient that has 	s a suspected of actual paintoning	21	A. After the fact, yes
18 some of the te19 question with20 patient that ha21 embolism?		21 22	A. After the fact, yes.O. Okay, and I'm asking today, in preparation for
 18 some of the te 19 question with 20 patient that ha 21 embolism? 22 A. Well, y 	you could read Rosen's Textbook of	22	Q. Okay, and I'm asking today, in preparation for
 some of the te question with patient that ha embolism? A. Well, y Emergency M 	you could read Rosen's Textbook of edicine. You have Schwartz's Textbook of	22 23	Q. Okay, and I'm asking today, in preparation for this depo, or at some point prior to today, have you
 some of the te question with patient that ha embolism? A. Well, y Emergency M Emergency M 	you could read Rosen's Textbook of	22	Q. Okay, and I'm asking today, in preparation for

	Page 26		Page 28
1	January 25, 2003?	1	when I'm asking questions, and a lot of this is not
2	A. I looked at a deposition by Dr. Krofina.	2	artfully stated. Very simply, I know you reviewed
3	Q. Okay.	3	records regarding the ER visit; right?
4	A. And I think there was an operative report	4	A. Right.
5	there from a Dr. Swenson or Svenson.	5	Q. Did you review anything else?
6	Q. Anything else?	6	A. For the deposition I was provided the Em-STAT
7	A. Not off the top of my head at this time.	7	print out sheet the dictation, a copy of Dr. Krofina's
8	Q. Mr. Stansbury had just had an aortic aneurysm	8	deposition, and in there — not in there, but also an
9	repair surgery at the Clinic. I believe it was on the	9	operative report of a Dr. Swenson regarding the surgery
10	13th of January 2003; are you aware of that?	10	itself.
11	A. I am now.	11	Q. Okay.
12	Q. Were you aware of that information on the	12	A. And I think there was also attached to that
13	evening of January 25, 2003?	13	piece a discharge sheet, indicating his medication upon
14	A. No, ma'am. I was aware that he had had that	14	discharge, his condition, et cetera.
15	surgery, but as to where it was performed, there was a	15	Q. The reason I ask is, you have a copy of the
16	lot of confusion with that.	16	Clinic's chart that I also have a copy of, and I know it
17	Q. So as we sit here, you don't have any	17	has hundreds of pages. Have you reviewed everything in
18	independent recollection of having reviewed any of the	18	the document in front of you?
19	Clinic information relative to that repair, other than	19	A. No.
20	what you may have seen attached to Dr. Krofina's	20	MR. TABER: Just for clarification that's
21	deposition, that operative report?	21	my sub-set.
22	MR. TABER: Objection.	22	MS. SEVERYN: Okay -
23	THE WITNESS: Yeah, that's say	23	THE WITNESS: Yeah, my sub-set is like
24	that again?	24	that. (Witness indicates.)
25	BY MS. SEVERYN:	25	BY MS. SEVERYN:
	Page 27		Page 29
1	Q. You mentioned that you believe you saw an	1	Q. All right. Now, getting into again this
2	operative report from Dr. Swenson, and that that	2	initial contact with Mr. Stansbury, I think you said you
3	information was something that was attached as part of	3	looked at some run sheets; right?
4	Dr. Krofina's deposition?	4	A. Right.
5	A. No. That was something that was provided to	5	Q. And that would involve the E.M.S.?
6	me for review	6	A. Yes.
7	Q. Okay.	7	Q. And then also the Life Flight; correct?
8	A for this deposition.	8	A. Yes.
9	Q. All right. Other than your review of that	9	Q. Let me direct your attention to what has been
10	operative report, do you have any independent	10	marked as Plaintiff's Exhibit 1.
11	recollection of having seen anything else in that	11	Q. Would you take a look at these documents and
12	Cleveland Clinic chart relative to the aneurysm	12	identify them for the record.
13	repair?	13	A. Okay.
14	A. At what time?	14	Q. Are you able to identify these documents,
15	MR. TABER: time go ahead.	15	Doctor?
16	THE WITNESS: Ask me the question again.	16	A. Well, it says MetroHealth Medical Center, Life
17	I'm sorry.	17	Flight Metro Life Flight.
18	MS. SEVERYN: Why don't we read it	18	Q. Let me direct your attention to the lower-
19	back.	19	right-hand corner. I believe these are documents that
20	(Thereupon a portion of the record was read back.)	20	are stamped with CCF O246, 0247, 0248, 0249, and 0250;
21	BY MS. SEVERYN:	21	is that correct?
22	Q. I'm not trying to trick you, Doctor, I'm	22	A. I don't know what you're referring to.
23	just	23	Q. These numbers?
24	A. I apologize. I'm just not understanding you.	24	A. Yes.
25	Q. That's okay, and believe me I get all excited	25	Q. Beginning with 46 and ending with 50.

ł	Page 30		Page 32
Ι.	-	Ι.	•
	A. Yes.		gather from this document, regarding the date that
23	Q. Have you seen any of these documents prior to	2	Mr. Stansbury arrived excuse me, the time that
4	today? A. I'm not certain about this cover sheet here,	4	Mr. Stansbury arrived at the Cleveland Clinic Foundation?
5	this document I think I saw, this one.	5	A. At 17:33 hours.
6	Q. Doctor, for the record, can you refer to the	6	Q. Where do you get that information?
7	bottom number?	7	A. At the lower-left-hand side, the third time
8	A. CCF 0247.	8	stamp from the bottom.
9	O. You've seen that one?	9	Q. Received patient?
10	A. CCF 0248, CCF 0249. I'm not certain about	10	A. Yes, ma'am.
11	this CCF 0250, or CCF 0246.	11	Q. All right. Now, is that received patient time
12	Q. All right. So you're not sure if you saw 46	12	the date the patient was received or the date excuse
13	and 50, but you saw the other three, 47, 48, and 49?	13	me, I keep saying date, excuse me, or the time that he
14	A. I have seen them in preparation for this	14	was admitted?
15	deposition.	15	A. No, that would be the time that he was
16	Q. When you talk about the run sheet for the Life	16	received.
17	Flight, what is that?	17	Q. All right, and then the admission time is some
18	A. The sheet that they use to transport a patient.	18	other time?
19	Q. That's something other than what you have	19	A. Yes, ma'am.
20	there; correct?	20	Q. And what is the admission time?
21	A. I don't know.	21	MR. TABER: Time received
22	MR. TABER: I think it's	22	THE WITNESS: No, the time of admission.
23	THE COURT REPORTER: I'm sorry?	23	MR. TABER: Admission to the hospital?
24	MR. TABER: Aurora, A-U-R-O-R-A.	24	I don't think he ever left the emergency room.
25	THE WITNESS: This Aurora Fire	25	THE WITNESS: I don't
L			
1			
	Page 31		Page 33
1	Department run sheet, that's what I call	1	Page 33 BY MS. SEVERYN:
1 2		1 2	_
	Department run sheet, that's what I call	-	BY MS. SEVERYN:
2	Department run sheet, that's what I call it, a run sheet. This I recall seeing.	2	BY MS. SEVERYN: Q. Let me ask it this way, is time received time
2 3	Department run sheet, that's what I call it, a run sheet. This I recall seeing. BY MS. SEVERYN: Q. All right. A. Again, in preparation for the deposition.	2 3	BY MS. SEVERYN: Q. Let me ask it this way, is time received time admitted, or is there a difference between those two?
2 3 4	Department run sheet, that's what I call it, a run sheet. This I recall seeing. BY MS. SEVERYN: Q. All right. A. Again, in preparation for the deposition. Q. Going back to the evening that Mr. Stansbury	2 3 4	BY MS. SEVERYN: Q. Let me ask it this way, is time received time admitted, or is there a difference between those two? A. Yes, ma'am.
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2 3 4 5 6 7 8 9 10 11 12	Department run sheet, that's what I call it, a run sheet. This I recall seeing. BY MS. SEVERYN: Q. All right. A. Again, in preparation for the deposition. Q. Going back to the evening that Mr. Stansbury was admitted, can you tell from any of the documentation before you, what time Mr. Stansbury arrived at the Cleveland Clinic Foundation? A. From these documents? Q. Or from any documents available to you? A. I would be looking at the print out, Cleveland	2 3 4 5 6 7 8 9 10 11 12	 BY MS. SEVERYN: Q. Let me ask it this way, is time received time admitted, or is there a difference between those two? A. Yes, ma'am. Q. Well, there's an admission order here, but it's not timed. Q. What document are you referring to? If you could look at the stamp at the bottom. A. Well, it's the Cleveland Clinic Foundation Emergency Department Ledger. Q. Just for the record, is that what has been premarked as Plaintiff's Exhibit 2?
2 3 4 5 6 7 8 9 10 11 12 13	Department run sheet, that's what I call it, a run sheet. This I recall seeing. BY MS. SEVERYN: Q. All right. A. Again, in preparation for the deposition. Q. Going back to the evening that Mr. Stansbury was admitted, can you tell from any of the documentation before you, what time Mr. Stansbury arrived at the Cleveland Clinic Foundation? A. From these documents? Q. Or from any documents available to you? A. I would be looking at the print out, Cleveland Clinic Foundation, Em-STAT system.	2 3 4 5 6 7 8 9 10 11 12 13	 BY MS. SEVERYN: Q. Let me ask it this way, is time received time admitted, or is there a difference between those two? A. Yes, ma'am. Q. Well, there's an admission order here, but it's not timed. Q. What document are you referring to? If you could look at the stamp at the bottom. A. Well, it's the Cleveland Clinic Foundation Emergency Department Ledger. Q. Just for the record, is that what has been premarked as Plaintiff's Exhibit 2? A. Yes, ma'am.
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2 3 4 5 6 7 8 9 10 11 12 13 14 15	Department run sheet, that's what I call it, a run sheet. This I recall seeing. BY MS. SEVERYN: Q. All right. A. Again, in preparation for the deposition. Q. Going back to the evening that Mr. Stansbury was admitted, can you tell from any of the documentation before you, what time Mr. Stansbury arrived at the Cleveland Clinic Foundation? A. From these documents? Q. Or from any documents available to you? A. I would be looking at the print out, Cleveland Clinic Foundation, Em-STAT system. Q. And we'll get to that document. Well, let's get to it now. The document that you're referring to,	2 3 4 5 6 7 8 9 10 11 12 13 14 15	 BY MS. SEVERYN: Q. Let me ask it this way, is time received time admitted, or is there a difference between those two? A. Yes, ma'am. Q. Well, there's an admission order here, but it's not timed. Q. What document are you referring to? If you could look at the stamp at the bottom. A. Well, it's the Cleveland Clinic Foundation Emergency Department Ledger. Q. Just for the record, is that what has been premarked as Plaintiff's Exhibit 2? A. Yes, ma'am. Q. Typically would you expect to see that time noted somewhere on this document?
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	Department run sheet, that's what I call it, a run sheet. This I recall seeing. BY MS. SEVERYN: Q. All right. A. Again, in preparation for the deposition. Q. Going back to the evening that Mr. Stansbury was admitted, can you tell from any of the documentation before you, what time Mr. Stansbury arrived at the Cleveland Clinic Foundation? A. From these documents? Q. Or from any documents available to you? A. I would be looking at the print out, Cleveland Clinic Foundation, Em-STAT system. Q. And we'll get to that document. Well, let's get to it now. The document that you're referring to, is that the same as what has already been premarked as	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	 BY MS. SEVERYN: Q. Let me ask it this way, is time received time admitted, or is there a difference between those two? A. Yes, ma'am. Q. Well, there's an admission order here, but it's not timed. Q. What document are you referring to? If you could look at the stamp at the bottom. A. Well, it's the Cleveland Clinic Foundation Emergency Department Ledger. Q. Just for the record, is that what has been premarked as Plaintiff's Exhibit 2? A. Yes, ma'am. Q. Typically would you expect to see that time noted somewhere on this document? A. Yes, ma'am.
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	Department run sheet, that's what I call it, a run sheet. This I recall seeing. BY MS. SEVERYN: Q. All right. A. Again, in preparation for the deposition. Q. Going back to the evening that Mr. Stansbury was admitted, can you tell from any of the documentation before you, what time Mr. Stansbury arrived at the Cleveland Clinic Foundation? A. From these documents? Q. Or from any documents available to you? A. I would be looking at the print out, Cleveland Clinic Foundation, Em-STAT system. Q. And we'll get to that document. Well, let's get to it now. The document that you're referring to, is that the same as what has already been premarked as Exhibit 13? No, that's the same copy, those are just multiple copies. A. Of this page, here? Q. Yes. A. Yes. Q. All right. So the document you're referring to is the same as Plaintiff's Exhibit 13; correct?	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	 BY MS. SEVERYN: Q. Let me ask it this way, is time received time admitted, or is there a difference between those two? A. Yes, ma'am. Q. Well, there's an admission order here, but it's not timed. Q. What document are you referring to? If you could look at the stamp at the bottom. A. Well, it's the Cleveland Clinic Foundation Emergency Department Ledger. Q. Just for the record, is that what has been premarked as Plaintiff's Exhibit 2? A. Yes, ma'am. Q. Typically would you expect to see that time noted somewhere on this document? A. Yes, ma'am. Q. What is the difference between time received and time admitted? A. Time received is when you receive the patient, and time admitted is when the patient was admitted to the hospital or to a service. Q. Is there any other document that you would typically expect to find that information on at the

	Page 34		Page 36
1	Q. Going back to earlier, I'd asked you about	1	Q. Okay. Prior to having this exchange with the
2	your independent recollection of this patient, and what	2	patient, would you have spoken with anybody from the
3	independent recollection you have at this point. Now,	3	Life Flight team?
4	that we've talked about this, and if you need to refer	4	A. I don't recall speaking to anyone.
5	to any documents, I have some specific questions about	5	Q. Do you typically speak with the Life Flight
6	the care that was rendered and the condition of the	6	team if there's a patient that's being brought in?
7	patient. So starting with when you first saw	7	A. No.
8	Mr. Stansbury, what information did you have with regard	8	Q. Do you typically look at the records from Life
9		9	Flight prior to either speaking with the patient or
10		10	examining the patient?
11		11	A. It depends on the circumstances of the
12		12	situation. If they're readily available, I'll look at
13	of shortness of breath.	13	them, if not, I'm assuming that patient is going to be
14		14	able to communicate to me everything that's already been
15	to that you received prior to the patient coming in?	15	communicated to Metro or whatever transporting unit
16	1 57	16	there is. I have a tendency to get it from the
17		17	horse's mouth so to speak, so that there's no
18		18	interpretation. I can just quote a patient as this is
19		19	what he told me.
20		20	Q. Okay, and certainly at this time you were able
21	0 0	21	to speak with Mr. Stansbury?
22	0	22	A. Yes.
23		23	Q. Is it fair to say that based upon your
24		24	recollection then, you did not have any independent
25	Q. When was the first time you actually saw him,	25	discussion with any Life Flight personnel, and you had
Γ	Page 35		Page 37
1	in relation to when he arrived at the Clinic?	1	no recollection of reviewing the Metro Life Flight's
2	A. When he was brought into the room.	2	records prior to actually speaking with
3	O. What room?	3	Mr. Stansbury?
4	A. The room that he was assigned, that he was	4	MR. TABER: Two questions. The first
5	taken to.	5	he's already answered and said he couldn't
6	Q. When did you first see him in relation to when	6	recall, and the second one, go ahead.
7	he was received at the hospital?	7	THE WITNESS: What was the second one
8	MR. TABER: I think he just answered that.	8	again?
9	MS. SEVERYN: No, I want a time. In	9	BY MS. SEVERYN:
10	other words, if there's something you can	10	Q. Let me ask them as two questions. Is it fair
11	refer to that would refresh your recollection.	11	to say that you have no recollection of speaking with
12	-	12	any of the Life Flight personnel in connection with
13	I watched them as they brought him in.	13	Mr. Stansbury, before you actually spoke with him
14	BY MS. SEVERYN:	14	yourself?
15	Q. All right. So it would have been within	15	A. To the best of my recollection at this time, I
16	minutes of receiving the patient?	16	don't recall speaking with someone.
17	A. Yes.	17	Q. Do you remember ever speaking with any Life
18	Q. What occurred when you first saw him? Was	18	Flight personnel in connection with the treatment of
19	there something that you did immediately upon having the	19	Harold Deans Stansbury?
20	patient wheeled into the room?	20	A. There is a vague recollection of speaking to
21	A. Well, what I would normally do under those	21	someone, but the information at that time, my global
22	circumstances is physically visually inspect and	22	impression of that conversation was that it was a very
23	assess the patient, and communicate with the patient,	23	confusing conversation.
24	and ask him what seems to be the problem, and just take	24	Q. All right. This vague recollection that you
25	it from there, ask routine questions.	25	have, does it involve speaking with the physician that
		ann seol	

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1	was on Life Flight?	1	patient?
2	A. I don't recall.	2	A. Yes, ma'am.
3	Q. Okay, what do you remember, in terms of this	3	Q. Was Dr. Cudnik present during this initial
4	vague recollection of possibly having spoken with	4	discussion with Mr. Stansbury?
5	someone associated with the Life Flight team?	5	A. Oh, I believe he was.
6	A. I recall speaking with someone and there was	6	Q. Separate and apart from what Dr. Cudnik
7	some confusion as to whether he had had his surgery at	7	dictated, what has been included in what's again been
8	the Clinic or somewhere else.	8	marked and identified as Plaintiff's Exhibit 4, is there
9	Q. Did that have any special significance for	9	any portion of the chart where you personally would have
10	you?	10	handwritten any information during that initial
11	A. Well, it depends. I mean in one respect you	11	assessment or conversation with the patient? Okay
12	can say no, because it's not going to change how I	12	off the record.
13	manage the patient. And – well, not really.	13	(Thereupon, an off the record discussion was held)
14	Q. Other than having this recollection of some	14	A. It would be this document here, the Emergency
15	confusion as to understanding where Mr. Stansbury had	15	Department Ledger.
16	had surgery, is there anything else that you can recall	16	Q. Let me direct your attention to what we've
17	about this conversation?	17	already identified as Exhibit 2; is that what you're
18	A. At this point in time, no.	18	referring to, Doctor?
19	Q. Do you have any idea or recollection as to	19	A. Yes, ma'am.
20	whom you spoke with?	20	Q. What portions of this document, the Emergency
21	A. Not at this time.	21	Department Ledger, what portions of that document
22	Q. Is it fair to say, based on what we talked	22	reflect your handwriting?
23	about earlier, that you do not have any recollection of	23	A. The signature at the lower right hand side. I
24	having reviewed the Metro Life Flight document prior to	24	circled the medical decision making formulated, and the
25	speaking with Mr. Stansbury personally?	25	admission order that was written was written by myself,
	Page 39		Page 41
1	A. I don't recall reading anything about him	1	and the order to initiate Heparin was written by me.
2	prior to speaking to him. I may have afterwards, when	2	Q. When you talk about the initial order, what
3	they would have a chance to finish writing up their	3	order are you referring to?
4	report, et cetera. But as I said, once he was present,	4	A. I'm sorry?
5	I made contact with him immediately.	5	Q. When you referenced the initial order, you
6	Q. Now, is there anything in the chart that	6	said that was written by you, what
7	reflects what information you would have obtained from	7	MR. TABER: He said admission order.
8	Mr. Stansbury, during that initial conversation with	8	BY MS. SEVEYRN:
9	him?	9	Q. Oh, admission order, excuse me, I'm sorry.
10	A. I would well, I would think that the	10	Which is the order relative to the administration of
11	history that Dr. Cudnik obtained should reflect or	11	Heparin?
12	rather would reflect basically the gist of the	12	A. The one circled, number one.
13	information that we obtained from Mr. Stansbury.	13	Q. And that's in your handwriting?
14	Q. Let me direct your attention to what's been	14	A. Yes, ma'am.
15	premarked as Plaintiff's Exhibit 4, can you identify	15	Q. We'll get to that. What about 2 and 3 is that
16	that document for the record?	16	in your handwriting as well?
17	A. Deposition Exhibit Number 4, CCF 0302,	17	A. Yes, ma'am.
18	Cleveland Clinic Foundation Emergency Department	18	Q. Down below that, are I believe a number of
19	Report.	19	medications, is that your handwriting?
	MS. HENRY: Off the record.	20	A. No, ma'am.
20		01	Q. Anything else on the chart that's in your
	(Thereupon, an off the record discussion was held.)	21	
20 21 22	(Thereupon, an off the record discussion was held.) BY MS. SEVERYN:	22	handwriting?
20 21 22 23	BY MS. SEVERYN: Q. Is that the report or history you were	22 23	
20 21 22	BY MS. SEVERYN:	22	handwriting?

	Page 42		Page 44
1	A. 022?	1	you know, like a blast of information about the patient;
2	Q. 022?	2	57 year old white male, complaining of shortness of
3	A. A dictation number.	3	breath, and what may have been done to relieve it, what
4	Q. So other than what's on this document the	4	they would normally do. For example, I.V.
5	Emergency Department Ledger and what's contained in	5	initiate, oxygen administered, patient no better,
6	Dr. Cudnik's history, which is Exhibit 4, there's	6	patient worse, patient stable, information along those
7	nothing else you can reference or is there anything	7	lines.
8	else that you can reference that would contain	8	Q. What treatment had already been provided to
9	information that you obtained from the patient, during	9	Mr. Stansbury prior to his admission to Cleveland
10	that initial conversation?	10	Clinic?
11	A. The question again?	11 12	A. He had I.V.s established. He had oxygen
12	Q. Sure. You've pointed out two documents that would have information that you obtained or was obtained	12	given.
13	from the patient, initially after he arrived at	13	Q. Do you remember where the I.V.s were established?
15	Cleveland Clinic.	15	A. I'd have to go back to the records and look to
16	A. Yes, ma'am.	16	see who established what I.V.
17	Q. The first was the history of Dr. Cudnik as	17	Q. Would you have that information from the Life
18	contained in the Emergency Department Report, Exhibit 4;	18	Flight documents we've already looked at, and marked as
19	do you recall that?	19	Exhibit 1?
20	A. Yes.	20	A. I'd need to look at it. It's usually
21	Q. The second was information contained in the	21	indicated on their report, but I don't specifically see
22	Emergency Department Ledger that you've just gone over,	22	the I.V. although they reference I.V. infusion of some
23	Exhibit 2	23	fluid.
24	A. Yes, ma'am.	24	Q. All right. So that reference would suggest to
25	Q. Other than what's in these two documents, if	25	you that I.V.s were established?
 			
	Page 43		Page 45
1	there is anything else that you can reference in the	1	A. Yes, ma'am.
2	there is anything else that you can reference in the chart that would contain information that you obtained	2	A. Yes, ma'am. MR. TABER: I.V. or I.V.s?
2 3	there is anything else that you can reference in the chart that would contain information that you obtained or that was obtained from the patient initially.	2 3	 A. Yes, ma'am. MR. TABER: I.V. or I.V.s? MS. SEVERYN: I.V.s.
2 3 4	there is anything else that you can reference in the chart that would contain information that you obtained or that was obtained from the patient initially.A. The question is, is there anything – any	2 3 4	 A. Yes, ma'am. MR. TABER: I.V. or I.V.s? MS. SEVERYN: I.V.s. MR. TABER: Let's be clear.
2 3 4 5	there is anything else that you can reference in the chart that would contain information that you obtained or that was obtained from the patient initially. A. The question is, is there anything – any other source of information?	2 3 4 5	 A. Yes, ma'am. MR. TABER: I.V. or I.V.s? MS. SEVERYN: I.V.s. MR. TABER: Let's be clear. THE WITNESS: The Aurora Fire
2 3 4 5 6	there is anything else that you can reference in the chart that would contain information that you obtained or that was obtained from the patient initially. A. The question is, is there anything any other source of information? Q. Sure.	2 3 4 5 6	 A. Yes, ma'am. MR. TABER: I.V. or I.V.s? MS. SEVERYN: I.V.s. MR. TABER: Let's be clear. THE WITNESS: The Aurora Fire Department specifically references an 18
2 3 4 5 6 7	 there is anything else that you can reference in the chart that would contain information that you obtained or that was obtained from the patient initially. A. The question is, is there anything any other source of information? Q. Sure. A. That was available to me at that time? 	2 3 4 5 6 7	 A. Yes, ma'am. MR. TABER: I.V. or I.V.s? MS. SEVERYN: I.V.s. MR. TABER: Let's be clear. THE WITNESS: The Aurora Fire Department specifically references an 18 to 20 gage I.V. left hand, and right hand.
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25 PT/PTT, and EKG, a chest x-ray, a blood gas, and a CAT 25 have. Page 47 Page 47 1 scan and a D-dimer. 1 And finally the CAT scan to basically confirm any 2 Q. What were you considering by way of a 3 differential diagnosis at that time? 4 A. Well, with the chest pain and shortness of 3 the chest x-ray, because some things are there but you 4 A. Well, with the chest pain and shortness of 3 the chest x-ray, because some things are there but you 5 breath I would think of a pneumothorax, a myocardial 6 results were of these tests and when the results came 6 infarction, cardiac tamponade, because of the type of 7 surgery he supposedly had, a pulmonary embolism, 8 pneumonia, pleural effusion, an abscess, and a slew of 9 other things. 10 Q. Were you considering all of these at the time 187 which would be normal under these circumstances. 11 you saw Mr. Stansbury in emergency, and at the time you 12 A. At 18:00 hours. His blood gas, it says here		Page 46		Page 48
2 Q. Okay. 2 Q. Okay. 3 and Mr. Stansbury and the test to be performed. 3 A. The clotting, the PT/PTT to ensure that his 4 Q. Let stalk about the examination Mi ayou 5 make star that his renal function was normal, nothing 6 out of the normal there, and since a CAT scan would be 5 7 h. Inspected him, playoin and auxculation. I 6 8 inis color, assessed how well he was answering questions. 6 10 examination? 13 11 Q. Were there any abnormal findings on 2 12 examination? 13 13 A. Nothing that was grossly abnormal. 10 14 Q. Were there any abnormal findings on 12 15 patient, you indicated that you had some labs drawn; is 11 16 that correct? 13 The chest x-ray was to see was there a mass, a pleural 16 that correct? 14 A. The way to faboratory results or tests? 17 A. Yes, ma'am. 15 abnecasit the bod gase would also reflect 28 PYPTT, and EKG, a chest x-ray, a blood gas, and a CAT 29 A. And tha would be from the blood	1	A. Once I finished obtaining the history and	1	infection like a pneumonia.
3 on Mr. Sunsbury and the test to be performed. 3 A. The clotting, the PT/PTT to ensure that his 4 Q. Let's talk about the examination that you 5 6 A. Inspected him, palpation and auscultation. I 1 7 looked at him, palpation and auscultation. I 1 7 looked at him, palpation and auscultation. I 1 8 his color, assessed how well he was answring questions. 5 9 examined his neck, his abomen, his 0 10 extermities. 11 11 Q. Were there any abnormal findings on 11 12 examination? 13 14 13 A. Nohing that was grossly abnormal. 13 14 Q. After you completed the examination on the 15 15 baccase in that aree, was there a mass, a plearal 16 16 thac cortere? 14 abnormal as far as the operative site, was there an 13 a. Yes, ma'am. 15 abaccase in that aree, was there anss, a plearal 16 that cortef to the chart to be 18 pneumonite effect discon, dildta end at the plane on effect discon, dildta end arey large plearal efficion, dild harout laber effect discon		c t		-
 Q. Let's talk about the examination that you performed. What did you do by way of examination? A. Inspected him, plaption and auxculation. I. looked at him, I looked at his extremities, his face, in color, assessed how well he was answering questions. examined his neck, his chest, his abdomen, his examined his neck, his chest, his abdomen, his examined his neck, his chest, his abdomen, his examination? A. Nothing that was grossly abnormal. Q. Were there any abnormal findings on g. A. Torbarin, a brain narrivetic A. Sobiately, pleased oso. G. A. Tark-I-U-R-E-T-I-C, peptide. A C.B.C., Chem.8, g. PTPTTT, and EKG, a chest x-ray, a blood gas, and a CAT g. Were you considering by way of a differential diagnosis at that time? A. Well, with the chest pain and shortness of breath I would think of a pneumohora, a myocardial g. Q. Would you indicated that inte? A. Well, with the chest pain and shortness of breath I would think of a pneumohora, a myocardial g. Q. What were you considering by way of a differential diagnosis at that time? Q. What were you considering all of these at the time Q. Would you indicate for us, Decter, what the results were of these tests? G. Were you considering all of these at the time Q. What were you considering all of these at the time Q. Would you indicate for us, Decter, what the results were of these tests? G. Were you considering all of these at the time Q. Going through each of the tests, can you tell diagnosis at to the ideology of the patient's problem; A. Yes, ma'am. Q. Going through each of the tests, and you diagnosis, that would bas or test; and III- Q. Sure. You went down the lis of tests and you were referring to something, can wo to it				
5 performed. What did you do by way of examination? 5 make sure that his renal function was normal, nothing 6 A. Inspected him, palpation and ausculation. 6 out of the normal there, and since a CAT scan would be 7 looked ath is externities, his face, this abdomen, his 7 required for other reasons, make sure that his 9 examined his neck, his chest, his abdomen, his 0 required for other reasons, make sure that his 10 externities. 11 Q. Were there any abnormal findings on 12 signs of a myocardial infraction. 12 extamination? 13 The chest x-ray was to see how much oxygen he had in 14 Q. Wore there any abnormal is far as the operative site, was there an aboces in that area, was there a mass, a pleural 16 that correct? 13 The chest x-ray was to see was the any phanomizal far as the operative site, was there and aboces in that area, was there a mass, a pleural 17 A. Yes, ma'am. 14 abnormal is far as the operative site, was there and subces in that area, was there a mass, a pleural 16 that correct? 12 specific. 12 17 A. Yes, ma'am. 18 peneumotions? 18 pourdred labs. What do you order by the p			4	0.
6 A. Inspected him, palpation and ausculation. I 6 out of the normal there, and since a CAT sam would be 7 looked at him, I looked at his externities, his face, is cord in the was answering equestions, 9 extamined his neck, his chest, his abdomen, his 7 10 extremities. 10 11 Q. Were there any abnormal findings on 12 12 extamined his neck, his abdomen, his 10 13 A. Nothing that was grossly abnormal. 10 14 Q. Mere there any abnormal findings on 12 15 patient, you indicated that you had some labs drawn; is 13 16 that correct? 13 The chest x-ray was to see was there a mass, a pleural 16 that correct? 14 abnormalis for as the operative site, was there an 18 Q. You ordered labs. What do you order by the 19 Q. And that would be from the blood gas? 20 A. Tol have to refer to the chart to be 20 A. No, the chart X-ray. 21 specific. 23 somewhat if he had a very ingre pleural effusion, he 24 A. ArtR-H-U-R-E-T-H-C, peptide. A C.B.C., Chem 8, PTPPTT, and EKG, a chest x-ray, a blood gas, and a CAT </td <td>5</td> <td>-</td> <td>5</td> <td>make sure that his renal function was normal, nothing</td>	5	-	5	make sure that his renal function was normal, nothing
7 looked at him, 1 looked at his extremities, his face, 8 7 required for other resums, make sure that his 9 8 bits color, assessed how well he was answering questions, 9 7 required for other resums, make sure that his 9 10 externibutes, 11 Q. Were there any abnormal findings on 12 Y required for other reasons, make sure that his 9 11 Q. Were there any abnormal findings on 12 externibutes, 13 Nothing that was grossly abnormal. 12 externibutes, 14 Q. After you completed the examination on the 15 13 The chest x-ray was to see was there any abnormal is far as the operative site, was there an 14 14 abnormal is far as the operative site, was there an 15 abnormal is far as the operative site, was there an 16 abnormal is far as the operative site, was there an 16 abnormal is far as the operative site, was there an 16 abnormal is far as the operative site, was there an 16 abnormal is far as the operative site, was there an 17 abnormal is far as the operative site, was there an 18 abnormal is far as the operative site, was there an 18 abnormal is far as the operative site, was there an 18 abnormal is far as the operative site, was there an 18 abnormal is far as the operative site, was there an 19 abnormal is far as the operative site, was there an 19 abnormal is far as the operative site, was there an 19 abnormal is far as			6	_
9 examined his neck, his chest, his abdomen, his 9 was normal. 10 extermities. 10 His blood, gas was to see how much oxygen he had in 11 Q. Were there any abnormal findings on 12 signs of a myocardial infarction. 13 A. Nothing that was grossly abnormal. 13 The chest x-ray was to see was there any abnormal findings on 12 examination? 14 A. Her you completed the examination on the 15 16 that correct? 14 A. Her you completed the examination on the 15 16 that correct? 16 efficion, unilateral, hilateral, did he have a 18 17 A. Yes, ma'an. 17 with a sub-harmonic effusion, did he have a 18 18 Q. You ordered labs. What do you order by the 19 way of laboratory results or tests? 20 A. No, the chest X-ray, day. 21 specific. 21 Q. The chest X-ray, day. 22 A. But the blood gase: would so reflect 23 A. Cardiac Troponin, a brain natrivetic 23 Somewhat if he had a very large pleural effusion, he 24 NA-T.R-I-U-R-B-T-I-C, peptide. A C.B.C., Chem & A. 25 Somewhat if he had a very large	7		7	required for other reasons, make sure that his
9 examined his neck, his chest, his abdomen, his 9 was normal. 10 extermities. 10 His blood, gas was to see how much oxygen he had in 11 Q. Were there any abnormal findings on 12 signs of a myocardial infarction. 13 A. Nothing that was grossly abnormal. 13 The chest x-ray was to see was there anything 14 Q. After you completed the examination on the 15 abscess in that area, was there a mass, a pleural 16 that correct? 16 that correct? 17 17 A. Yes, ma'am. 16 efficion, unilateral, hilateral, did he have a 18 18 Q. You ordered labs. What do you order by the 19 way of laboratory results or tests? 20 A. Id have to refer to the chart to be 21 Q. The chest X-ray, day. 21 specific. 21 Q. The chest X-ray, day. 22 A. But the blood gase: would as oreflect 23 A. Cardiac Troponin, a brain natriuretic 24 NA-TLR-LU-R-ET-LC, peptide. A C.B.C., Chem.8, 25 29 Q. What were you considering by way of a 3 3 3 3 differential diagnosis at that time? 4 A	8	his color, assessed how well he was answering questions,	8	-
11 Q. Were there any abnormal findings on 12 examination? 13 A. Nothing that was grossly abnormal. 14 Q. After you completed the examination on the 15 abaccess in that area, was there a mass, a pleural 16 that correct? 17 A. Yes, ma'am. 18 Q. You ordered labs. What do you order by the 19 way of laboratory results or tests? 20 A. If have to refer to the chart to be 21 specific. 22 Q. Absolutely, please do so. 23 A. Cardiac Troponin, a brain natiruetic 24 N-A-T-R-I-U-R-E-T-I-C, pepide. A C.B.C., Chem.8, 9 Page 47 1 scan and a D-dimer. 2 Q. What were you considering by way of a 3 differential diagnosis at that time? 4 A. Well, with the chest pain and shortness of 5 breath I would think of a pneumothorax, a myocardial 16 infarction, cardiac tamponade, because of the type of 7 surgery he supposedly had, a plumonary remothormation 19 Q. Would you indicate for us, Doctor, what the 1	9		9	was normal.
12 examination? 13 A. Nothing that was grossly abnormal. 14 Q. After you completed the examination on the patient, you indicated that you had some labs drawn; is 15 that correct? 17 A. Yes, ma'am. 18 Q. You ordered labs. What do you order by the 19 way of laboratory results or tests? 20 A. Tek have to refer to the chart to be 21 specific. 21 Q. Absolutely, please do so. 23 A. Cardiac Troponin, a brain natriuretic 24 N.A.T-R-I-U-R-E-TI-C, pepide. A C.B.C., Chem.8, 25 27 Q. What were you considering by way of a differential diagnosis at that time? 20 Wat were you considering by way of a differential diagnosis at that time? 21 scan and a D-dimer. 22 Q. Whell, with the chest pain and shortness of surgery he supposedly had, a pulmonary embolism, 8 pneumonia, pleural effusion, an abscess, and a slew of 9 other things. 10 Q. Were you considering all of these at the time 11 you saw Mr. Stansbury in emergency, and at the time you 9 diagnosis as to the ideology of the patient's problems? 13 A. Well, name a lab or a test, and TI 19 Q. Wuent you went down the list of tests and you 9 were referring to something, can we do it that way? For 11 fistance, I think you stared with Troponin 22 A. You	10	extremities.	10	His blood gas was to see how much oxygen he had in
 A. Nothing that was grossly abnormal. Q. After you completed the examination on the patient, you indicated that you had some labs drawn, is the operative site, was there an anse, a pleural fits that correct? A. Yes, ma'am. Q. You ordered labs. What do you order by the way of laboratory results or tests? A. Ti have to refer to the chart to be growing the patient you have to refer to the chart to be growing. A cardiac Troponin, a brain natriuretic and the Acardia Troponin, a brain natriuretic and a D-dimer. Q. Absolutely, please do so. A. Cardiac Troponin, a brain natriuretic and a D-dimer. Q. What were you considering by way of a differential diagnosis at that time? A. Well, with the chest pain and shortness of 5 breath I would thin for a pneumothars, a myocardial infarction, cardiac tamponade, because of the type of sother things. Q. What were you considering all of these at the time in you saw Mr. Stansbury in emergency, and at the time you is why the tests were ordered and what information you saw Mr. Stansbury in emergency, and at the time you is why the tests were ordered and what information you is a sone went with a sub-harmonic effusion, he have a smuch oxygen as one would expect him to bave. M. Well, name a lab or a test, and YII - Q. Sure. You went down the list of tests and you is a sone went with resoning is as to the ideology of the patient's problems? A. Well, name a lab or a test, and YII - Q. Sure. You went down the list of tests and you were referring to something, can we do it that way? For 11 instance, I think you started with Troponin - Q. Okay. The chest X-ray has bould be off and a heart at attack. Went you shared with Troponin - Q. Way. 	11	Q. Were there any abnormal findings on	11	his blood, the EKG was to see if he was having obvious
14 Q. After you completed the examination on the 14 abnormal as far as the operative site, was there an 15 patient, you indicated that you had some labs drawn; is 16 16 that correct? 17 A. Yes, ma'am. 18 Q. You ordered labs. What do you order by the 19 way of laboratory results or tests? 20 A. I'd have to refer to the chart to be 18 pneumothorax? 21 specific. 20 A. No, the chest X-ray. 22 Q. Absolutely, please do so. 21 Q. The chest X-ray. (Aug. 23 A. Cardiac Troponin, a brain natriuretic 24 A. M. Cardiac Troponin, a brain natriuretic 24 N-AT.R-L-U-R-E-T-I-C, peptide. A C.B.C., Chem 8, 25 have. 26 PT/PTT, and EKG, a chest x-ray, a blood gas, and a CAT 25 have. Page 47 2 Q. What were you considering by way of a 3 differential diagnosis at that time? 1 3 scan and a D-dimer. 1 And finally the CAT scan to basically confirm any 3 boreath i would think of a pneumohorax, a myocardial infarction, cardiac tamponade, because of the type of 3 the chest x-r	12	examination?	12	signs of a myocardial infarction.
15 patient, you indicated that you had some labs drawn; is 15 abscess in that area, was there a mass, a pleural 16 that correct? 16 effusion, unilateral, bilateral, dia he have pneumonia 17 A. Yes, ma'am. 17 with a sub-harmonic effusion, did he have a 18 Q. You ordered labs. What do you order by the 18 pneumothoras? 20 A. Tof have to refer to the chart to be 20 A. No, the chest X-ray, okay. 21 Specific. 20 A. Cardiac Troponin, a brain natriuretic 23 23 A. Cardiac Troponin, a brain natriuretic 23 A. Acardiac Troponin, a brain natriuretic 23 A. Cardiac Troponin, a brain natriuretic 24 NA-A-T-R-L-U-R-E-T-1-C, peptide. A C.B.C., Chem 8, 25 PT/PTT, and EKG, a chest x-ray, a blood gas, and a CAT 25 have. Page 47 1 scan and a D-dimer. 2 And finally the CAT scan to basically confirm any 2 Q. What were you considering by way of a 3 differential diagnosis at that time? 1 4 A. Well, with the chest pain and shortness of stope cont stope cont nack at 18:00 (must is Troponin was recorded here	13	A. Nothing that was grossly abnormal.	13	The chest x-ray was to see was there anything
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17 A. Yes, maam. 17 with a sub-harmonic effusion, did he have a 18 Q. You ordered labs. What do you order by the 18 pneumothorax? 19 way of laboratory results or tests? 20 A. I dhave to refer to the chart to be 21 21 specific. 21 Q. The chest X-ray. (algoright of the had a very large pleural effusion, he 22 Q. Absolutely, please do so. 21 Q. The chest X-ray. (algoright of the had a very large pleural effusion, he 23 A. Cardiac Troponin, a brain natriuretic 24 A. But the blood gases would also reflect 24 N-AT-FLU-R-E-T-I-C, peptide. A C.B.C., Chem. 8, 75 Prage 47 7 scan and a D-dimer. 24 And finally the CAT scan to basically confirm any 2 Q. What were you considering by way of a 3 3 3 differential diagnosis at that time? 1 And finally the CAT scan to basically confirm any 4 A. Well, with the chest pain and shortness of 1 And finally our indicate for us, Doctor, what the 7 surgery the supposedly had, a pulmonary embolism, 1 A. At 18:00 hours his Troponin was recorded here 9 other things. 1 10 </td <td>15</td> <td>patient, you indicated that you had some labs drawn; is</td> <td>15</td> <td>abscess in that area, was there a mass, a pleural</td>	15	patient, you indicated that you had some labs drawn; is	15	abscess in that area, was there a mass, a pleural
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 19 way of laboratory results or tests? 20 A. Id have to refer to the chart to be 21 specific. 22 Q. Absolutely, please do so. 23 A. Cardiac Troponin, a brain natriuretic 24 N-A-T-R-I-U-R-E-T-I-C, peptide. A C.B.C., Chem.8, 25 PTIPTT, and EKG, a chest x-ray, a blood gas, and a CAT 2 Page 47 2 Q. What were you considering by way of a 3 differential diagnosis at that time? 2 Q. What were you considering by way of a 3 differential diagnosis at that time? 3 A. Vell, with the chest pain and shortness of 5 breath I would think of a pneumothorax, a myocardial 16 infarction, cardiac tamponade, because of the type of 7 surgery he supposedly had, a pulmonary embolism, 8 pneumonia, pleural effusion, an abscess, and a slew of 9 other things. 10 Q. Were you considering all of these at the time 11 you saw Mr. Stansbury in emergency, and at the time 12 ordered these tests? 13 A. Yes, ma'am. 14 Q. Going through each of the tests, can you tell 15 why the tests were ordered and what information you 16 expected to get back that would assist you in reaching a 17 diagnosis as to the ideology of the patient's problems? 18 A. Well, name a lab or a test, and TII – 9 Q. Sure. You went down the list of tests and you 20 were referring to something, can we do it that way? For 21 instance, I think you started with Troponin – 22 A. Troponin, that's just to see if he had a heart 23 attack. 24 Q. Okay. 	17	A. Yes, ma'am.	17	-
 A. Td have to refer to the chart to be specific. Q. Absolutely, please do so. A. Cardiac Troponin, a brain natriuretic NA.T.R-I-U-R-E-T-I-C, peptide. A.C.B.C., Chem.8, PT/PTT, and EKG, a chest x-ray, a blood gas, and a CAT Page 47 scan and a D-dimer. Q. What were you considering by way of a differential diagnosis at that time? A. Well, with the chest pain and shortness of breath I would think of a pneumothorax, a myocardial finfarction, cardiac tamponade, because of the type of surgery he supposedly had, a pulmoary embolism, pneumonia, pleural effusion, an abscess, and a slew of other things. Q. Were you considering all of these at the time you saw Mr. Stansbury in emergency, and at the time you Going through each of the tests, can you tell why the tests were ordered and what information you Gexpected to get back that would assist you in reaching a diagnosis as to the ideology of the patient's problems? A. Well, name a lab or a test, and TII – Q. Sure. You went down the list of tests and you were referring to something, can we do it that way? For instance, I think you started with Troponin – A. Troponin, that's just to see if he had a heart attack. Q. Okay. 	18	Q. You ordered labs. What do you order by the	18	pneumothorax?
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24 N-A-T-R-I-U-R-E-T-I-C, peptide. A C.B.C., Chem.8, 24 may not have as much oxygen as one would expect him to the period of the page. 25 PT/PTT, and EKG, a chest x-ray, a blood gas, and a CAT 25 have. Page 47 Page 43 Page 47 Page 43 1 scan and a D-dimer. 2 And finally the CAT scan to basically confirm any 2 Q. What were you considering by way of a 31 differential diagnosis at that time? 4 A. Well, with the chest pain and shortness of 3 the chest x-ray, because some things are there but you 5 breath I would think of a pneumothorax, a myocardial infarction, cardiac tamponade, because of the type of 3 attacfor us, Doctor, what the 7 surgery he supposedly had, a pulmonary embolism, 9 other things. 8 A. At 18:00 hours. his Troponin was recorded here 9 other things. 10 Q. Were you considering all of these at the time 10 19 why the tests were ordered and what information you 12 A. At 18:00 hours. His blood gas, it says here 13 A. Yes, ma'am. 12 A. At 18:00 hours. His blood gas, it says here 13 A. Yes, ma'am.	22		22	A. But the blood gases would also reflect
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Page 47 Page 47 1 scan and a D-dimer. 1 And finally the CAT scan to basically confirm any 2 Q. What were you considering by way of a 3 3 differential diagnosis at that time? 4 4. Well, with the chest pain and shortness of 5 5 breath I would think of a pneumothorax, a myocardial 6 6 infarction, cardiac tamponade, because of the type of 7 7 surgery he supposedly had, a pulmonary embolism, 9 8 pneumonia, pleural effusion, an abscess, and a slew of 0. Were you considering all of these at the time 10 Q. Were you considering all of these at the time 10 11 you saw Mr. Stansbury in emergency, and at the time you 10 12 ordred these tests? 1 13 A. Yes, ma'am. 11 14 Q. Going through each of the tests, can you tell 15 15 why the tests were ordered and what information you 16 16 expected to get back that would assist you in reaching a 17 17 diagnosis as to the ideology of the patient's problems? 18 18 A. Well, name a lab or a test, and I'll - 19 19 Q. Sure. You went down the list of tests and you 16 10 were referring to something, can w	24	N-A-T-R-I-U-R-E-T-I-C, peptide. A C.B.C., Chem.8,		may not have as much oxygen as one would expect him to
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	Page 50		Page 52
1	MS. SEVERYN: Donna, could you go ahead	1	aneurysm repair?
2	and mark this document, I think we are at 14.	2	A. Right.
3	(Thereupon, Exhibit Number 14 was marked for	3	Q. What affect would the fact that he had surgery
4	identification)	4	have on this result?
5	BY MS. SEVERYN:	5	A. It would falsely elevate the result.
6	Q. Doctor, directing your attention to what's	6	Q. So is it fair to say that this test result,
7	been marked as Plaintiff's Exhibit 14, is that document	7	the D-dimer didn't really give you any useful
8	that you just referred to and read the results for, the	8	information in treating this patient?
9	Troponin, the BNP, and the blood gases?	9	A. Right.
10	A. Yes, ma'am.	10	Q. What other test results came in and what were
11	Q. With regard to other tests that were ordered,	11	the results?
12	can you tell us what the results of those tests were?	12	A. His hemoglobin was 9 and 28.
13	A. I don't know what time they were made	13	Q. What does that result suggest to you?
14	available, but as I recall the chest x-ray was normal	14	A. It suggests that he had a surgery.
15	MR. TABER: Which one do you want to do	15	Q. Again, was there anything about that result
16	first?	16	that would any way assist you to figure out what was
17	MS. SEVERYN: Whatever the Doctor is	17	going on with Mr. Stansbury?
18	comfortable with.	18	A. No. His blood gas.
19	THE WITNESS: The chest x-ray. That was	19	Q. What was the result of that?
20	read, by Dr. Belhobek, B-E-L-H-O-B-E-K.	20	A. He had a PO2 of 59, a pH of 7.48 on four
21	BY MS SEVERYN:	21	liters of nasal cannula.
22	Q. Is there a time referenced on the report?	22	Q. Is that a normal or abnormal result?
23	A. On the bottom it says finalized on 01/25/03,	23	A. That's an abnormal result.
24	7:44 p.m.	24	Q. What information would that have conveyed to
25	Q. Okay, what about the remaining tests? The	25	you regarding this patient's condition?
	Page 51		Page 53
1	C.B.C. the Chem.8 –	1	A. That he was hypoxic.
2	A. I don't know what time those were made	2	Q. And does that suggest to you a lack of oxygen?
3	available. I'd have to look through and find the	3	A. Yes, ma'am.
4	results.	4	Q. Does it help you to determine the cause of his
5	The D-dimer was valued at 10,940, but I don't know	5	problems that day?
6	what time that was made available.	6	A. No, ma'am.
7	Q. What does that result mean to you?	7	Q. What other test results came back?
8	A. It's a fibrin and split product, suggestive of	8	A. His let's see his Chem.8, I'm sorry KP-7.
9	a clotting process going on and a degradation process	9	Q. All right. And what is the result of that?
10	going on.	10	A. It shows his creatinine was 1, B.U.N. was 17,
11	Q. Would you consider that result abnormal?	11	potassium was low normal, 3.9.
12	A. Markedly.	12	Q. Are those findings in any way abnormal?
13	MR. TABER: For this patient?	13	A. Not really.
14	THE WITNESS: No, not for this patient,	14	Q. So was there anything about this test or the
15	but as far as your normal value, it would be	15	results that in any way assisted you, in again
16	abnormal.	16	determining what was going on with Mr. Stansbury that
17	BY MS. SEVERYN:	17	day?
	Q. So it's markedly abnormal for	18	A. No, ma'am.
18		19	Q. With regard to any of the other tests that
18 19	A. For you it would be markedly abnormal.		
	A. For you it would be markedly abnormal.Q. And why is it not markedly abnormal or why was	20	were ordered, was there any information on any of those
19 20	-		
19 20 21	Q. And why is it not markedly abnormal or why was	20	other tests that you obtained that in any way helped you
19 20 21 22	Q. And why is it not markedly abnormal or why was it not markedly abnormal for Mr. Stansbury?	20 21	other tests that you obtained that in any way helped you either determine what was going on with this patient, or
19 20	Q. And why is it not markedly abnormal or why was it not markedly abnormal for Mr. Stansbury?A. Well, it would not be markedly abnormal for	20 21 22	
19 20 21 22 23	Q. And why is it not markedly abnormal or why was it not markedly abnormal for Mr. Stansbury?A. Well, it would not be markedly abnormal for Mr. Stansbury because he had had surgery.	20 21 22 23	other tests that you obtained that in any way helped you either determine what was going on with this patient, or rule out for certain some of the problems that you had

	Page 54		Page 56
1	want, but the form is defective. I'm not	1	A. That's the one test that would have confirmed
2	clear what other tests you're referring to.	2	the chest x-ray and help make a diagnosis.
3	BY MS. SEVERYN:	3	Q. And I believe you've already told us that you
4	Q. Well, any of the other tests that we haven't	4	ordered a CT scan initially, it was one of the tests
5	talked about. I mean there was let's make it global	5	that you ordered shortly after speaking with and
6	then. Out of the tests that you ordered, which of these	6	examining Mr. Stansbury?
7	tests, and the results that came back, actually helped	7	A. Yes, ma'am.
8	you either come up with a diagnosis, or rule out some of	8	Q. What does the standard of care require with
9	the differential diagnoses you had been considering?	9	respect to the time in which a CT scan is performed, if
10	A. Well the EKG did not show that he was having a	10	it's being performed through the emergency room?
11	heart attack. The chest x-ray was interpreted as clear,	11	A. I would imagine that's a local type of
12	so the hypoxia demonstrated on his blood gas was not due	12	phenomenon.
13	to a pneumonia, that we could see any way, pleural	13	Q. What does that mean?
14	effusion, or pneumothorax.	14	A. Well, if you have an emergency department in I
15	Q. All right. By the time you got the EKG you	15	would imagine the upper peninsula, and you have a volume
16	is it fair to say you were able to rule out a heart	16	of maybe 6,000 patients a year, I would anticipate you
17	attack?	17	should be able to get a CAT scan almost immediately. If
18	A. Well, with some certainty, yes.	18	you're in a large teaching urban center, it would
19	Q. And once you had the results of the chest	19	probably take longer to obtain your CAT scan, depending
20	x-ray, is it fair to say you were able to rule out	20	on the number of patients presenting that day, the
21	pneumonia, pleural effusion and what else?	21	traffic in the E.D. the number of critical patients
22	A. Pneumothorax.	22	upstairs, and the physicians who need to utilize that
23	Q. You were able to basically rule out all three	23	resource for whatever reason.
24	of those once that chest x-ray came in; is that correct?	24	Q. Let's talk about the Cleveland Clinic
25	A. Yes, ma'am.	25	Foundation then. Would you describe that then as a
	Page 55		
	I uge 55	ł	Page 57
1	Q. What other test results helped you to either	1	Page 57 large urban hospital?
12		1	•
	Q. What other test results helped you to either	-	large urban hospital?
2	Q. What other test results helped you to either come up with a diagnosis or to rule out one of the	2	large urban hospital? A. Yes, ma'am.
2 3	Q. What other test results helped you to either come up with a diagnosis or to rule out one of the differential diagnoses you'd been considering?	2 3	large urban hospital?A. Yes, ma'am.Q. Do you have an opinion as to the time frame,
2 3 4	 Q. What other test results helped you to either come up with a diagnosis or to rule out one of the differential diagnoses you'd been considering? A. At this point the thing that he the thing 	2 3 4	large urban hospital?A. Yes, ma'am.Q. Do you have an opinion as to the time frame, that is mandated by the standard of care, in which to
2 3 4 5	 Q. What other test results helped you to either come up with a diagnosis or to rule out one of the differential diagnoses you'd been considering? A. At this point the thing that he – the thing that was missing was a CAT scan of his chest. 	2 3 4 5	large urban hospital?A. Yes, ma'am.Q. Do you have an opinion as to the time frame, that is mandated by the standard of care, in which to obtain a CT scan for an emergency-room patient suspected
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1	Page 58		Page 60
1	THE WITNESS: Well, we try to obtain the	1	chart, the vital signs were stable also.
2	CT scan as soon as it's possible.	2	Q. Would you tell us from the record at
3	BY MS. SEVERYN:	3	approximately what time the CT scan was performed on
4	Q. Going back to the Life Flight in this case, I	4	Mr. Stansbury at the Clinic?
5	think we can all agree that the patient was life	5	A. I cannot tell you what time it was performed.
6	flighted in by the Metro Life Flight Service; correct?	6	I can only tell you when he left the department to
7	A. Yes.	7	obtain to have a CAT scan performed, and what time he
8	Q. And is it fair to say that when he was life	8	returned from CAT scan.
9	flighted there was information conveyed that the patient	9	Q. Okay, Doctor, let me direct your attention to
10	needed emergency care?	10	what has been premarked as Plaintiff's Exhibit 8. Is
11	MR. TABER: Objection.	11	that the document that you're referring to?
12	THE WITNESS: Well, one would assume	12	A. Yes, ma'am.
13	if a patient is being life flighted that he	13	Q. All right. So what time did Mr. Stansbury
14	is in need of emergency care.	14	leave to go for a CAT scan?
15	BY MS. SEVERYN:	15	A. 19:27.
16	Q. Let me direct your attention to what's already	16	Q. When did he come back?
17	been marked and identified as Exhibit 1. You had	17	A. 20:15.
18	indicated on the record that you believe you had seen a	18	Q. Now. One thing that's curious about that
19	third of those documents, which is CCF 0248. Can you	19	there's still a reference at 19:35; correct?
20	read for you us in the middle of that page reason for	20	A. Yes.
21	critical care transfer?	21	Q. What does that reference mean to you?
22	A. "To prevent patient's health being placed in	22	A. That his Heplock number 20 in the left was
23	serious jeopardy. To prevent serious impairment to	23	located in the upper forearm.
24	bodily functions. To prevent serious disfunction being	24	Q. What is that H-L?
25	caused to any bodily organ or part".	25	A. Heplock.
<u> </u>			
	Page 59		Page 61
			-
1	Q. And what does it say below that at Section 1?	1	Q. What is a Heplock?
2	A. "Needs emergent definitive cardiac care.	2	Q. What is a Heplock?A. That is an intravenous catheter that's placed
2 3	A. "Needs emergent definitive cardiac care. Needs emergent operative care".	_	Q. What is a Heplock?A. That is an intravenous catheter that's placed on a patient for vascular access.
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	Page 62		Page 64
1	BY MS. SEVERYN:	1	A. Yes, ma'am.
2	Q. You were at the Clinic for what, approximately	2	Q. Let me direct your attention, Doctor, to what
3	nine years?	3	has been marked as Plaintiff's Exhibit 7. Can you
4	A. Approximately.	4	identify that document for the record?
5	Q. Was there a requirement as to the placement of	5	A. Deposition Exhibit Number 7, CCF 0305.
6	an I.V. for a CT scan of the nature that Mr. Stansbury	6	Q. What is that document?
7	had?	7	A. This is the result of a CT chest with
8	A. What I'm familiar with is that the – the I.V.	8	contrast.
9	or the Heplock should be close to I think the elbow, but	9	Q. Is this the report from the CT scan that we're
10	you would have to talk to radiology about that.	10	talking about?
11	Q. Do you recall any time or instance where a	11	A. Yes, ma'am.
12	patient was returned from a CT because the Heplock was	12	Q. There's a number excuse me, a time up on
13	not in the proper location and so they weren't able to	13	top, just above that line 7:58 p.m.; do you see that?
14	do the CT scan?	14	A. Yes, ma'am.
15	A. Not at this time.	15	Q. Do you have any information as to what that
16	Q. Do you know one way or another as to whether	16	time references?
17	that happened in this case?	17	A. No. I don't know if that's when the test was
18	A. I'm not aware of that happening in this case.	18	started or when it was completed.
19	Q. Okay and is there anything curious to you that	19	Q. All right. So you don't know one way or the
20	there's an entry at 19:35 at Room 17 when the patient	20	other what the time specifically refers to?
21	left at 19:27 for the CAT scan?	21	A. Right.
22	A. Well it seems awkward, but whoever wrote it in	22	Q. But we do know that he was back in Room 17 at
23	you'll have to talk to them about it. It doesn't mean	23	20:15?
24	as I said, to me that just indicates the time when	24	A. Yes.
25	they made and entry. It could be an afterthought, I	25	Q. And at least according to one of the entries
	Page 63		Page 65
1	don't know.	1	we know he left at 19:27?
2	Q. Could it also mean the patient was back in the	2	A. Yes.
3	room and there was something that was being done with	3	Q. All right. And we know you received
4	regard to that Heplock?	4	information about this CT scan; correct?
5	A. It could mean anything you want it to mean I	5	A. Yes.
6	would imagine.	6	Q. But we don't know how or when?
7	Q. Do you recognize the initials at that entry?	7	A. I know it was verbal.
8	A. No.	8	Q. Okay.
9	Q. You did indicate for us that the patient came		
	Q. Too did indicate for us that the patient came	9	A. But I don't know if it was telephonically or
10	back from the CT scan at 20:15; correct?	9 10	A. But I don't know if it was telephonically or the radiologist or the nursing personnel coming back
10 11			• •
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11	back from the CT scan at 20:15; correct? A. That's what the record reflects, yes.	10 11	the radiologist or the nursing personnel coming back saying yes, they read it out as a positive CT.
11 12	back from the CT scan at 20:15; correct?A. That's what the record reflects, yes.Q. When did you first learn the results of the CT	10 11 12	the radiologist or the nursing personnel coming back saying yes, they read it out as a positive CT. Q. When you say positive CT, you mean it's
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11 12 13 14 15 16 17 18 19 20 21	 back from the CT scan at 20:15; correct? A. That's what the record reflects, yes. Q. When did you first learn the results of the CT scan? A. I have no independent recollection of that. I mean I don't know exactly what time that was. Q. Typically, how do you learn about the results of a CT scan if those results are abnormal? A. Several modalities, when the patient returns, the transporting personnel can inform us, the radiologist may, if it's slow enough, he may be able to call us and give us an idea as to what he saw and what 	10 11 12 13 14 15 16 17 18 19 20 21	 the radiologist or the nursing personnel coming back saying yes, they read it out as a positive CT. Q. When you say positive CT, you mean it's abnormal? A. Yes, ma'am. Q. What is abnormal about the CT? A. There are I'm quoting. "There are large thrombi within the right pulmonary artery, and the proximal branches of both lower lobes pulmonary arteries. They are probably new since the prior examination of 1/16/03. Ill defined filling defects within the inferior vena cava cannot be excluded. There are small thrombi with the left upper lobe pulmonary
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11 12 13 14 15 16 17 18 19 20 21 22 23	 back from the CT scan at 20:15; correct? A. That's what the record reflects, yes. Q. When did you first learn the results of the CT scan? A. I have no independent recollection of that. I mean I don't know exactly what time that was. Q. Typically, how do you learn about the results of a CT scan if those results are abnormal? A. Several modalities, when the patient returns, the transporting personnel can inform us, the radiologist may, if it's slow enough, he may be able to call us and give us an idea as to what he saw and what he's going to be transcribing, you know, interpretation and that's basically those two methods. 	10 11 12 13 14 15 16 17 18 19 20 21 22 23	 the radiologist or the nursing personnel coming back saying yes, they read it out as a positive CT. Q. When you say positive CT, you mean it's abnormal? A. Yes, ma'am. Q. What is abnormal about the CT? A. There are I'm quoting. "There are large thrombi within the right pulmonary artery, and the proximal branches of both lower lobes pulmonary arteries. They are probably new since the prior examination of 1/16/03. Ill defined filling defects within the inferior vena cava cannot be excluded. There are small thrombi with the left upper lobe pulmonary

	Page 66		Page 68
1	small pericardial effusion/pericardial thickening with	1	O. At the Cleveland Clinic at 17:33.
2	fluid seen surrounding the ascending aorta with probably	2	A. Right.
3	a graft within the ascending aorta. I suggest clinical	3	Q. All right, and this CT scan we had the patient
4	correlation. There is very small residual amount of air	4	arriving back to the room at 20:15?
5	within the mediastinum. There is no definitive	5	A. Right.
6	abnormality involving the lungs, although this somewhat	6	Q. We have the patient leaving well, we don't
7	limited examination due to motion artifact. A small	7	know for sure when he left, but there is a reference in
8	sebaceous cyst is seen in the upper posterior right	8	the CT at I believe 7:58, that time reference we talked
9	chest wall".	9	about in Exhibit 7.
10	Q. All right. Is it fair to say that the CT scan	10	MR. TABER: What –
11	was positive for pulmonary emboli?	11	MS. SEVERYN: I said there's just a time
12	A. Yes, ma'am.	12	reference in that Exhibit 7 as to 7:58.
13	Q. Do you recall if you at any time reviewed the	13	MR. TABER: Oh, right.
14	results of the CT scan that was done on January 16th?	14	THE WITNESS: Meaning what?
15	A. No, ma'am.	15	MS. SEVERYN: We don't know what it is.
16	Q. Do you know if any information was conveyed to	16	MR. TABER: That's - sorry.
17	either nursing or the radiologist regarding the prior	17	MS. SEVERYN: That's okay.
18	result on January 16th?	18	BY MS. SEVERYN:
9	A. I cannot recall at this time.	19	Q. Do you have a professional opinion, a medical
20	Q. What did this report tell you?	20	opinion based to reasonable degree of medical certainty,
21	A. That Mr. Stansbury had bilateral pulmonary	21	as to whether or not the CT scan was performed in a
22	embolism.	22	timely fashion in this case?
23	Q. And again, is it fair to say that they were	23	A. It was performed in a timely fashion in this
24	large or at least some of those were large emboli?	24	case, and in general, I would say this is this
25	A. Well, it was interpreted as large thrombi	25	anywhere this was performed in a timely fashion.
	Page 67		
	I age 07		Page 69
1	within the right pulmonary artery.	1	Page 69 Q. Is it fair to say that any order for testing
1 2		1 2	-
	within the right pulmonary artery.		Q. Is it fair to say that any order for testing
2	within the right pulmonary artery. Q. I know you indicated strike that. You	2	Q. Is it fair to say that any order for testing through emergency is being done on a STAT basis?
2 3	within the right pulmonary artery. Q. I know you indicated strike that. You recall the information about this CT was communicated to	2 3	Q. Is it fair to say that any order for testing through emergency is being done on a STAT basis?A. It's safe to say that, yes.
2 3 4	within the right pulmonary artery. Q. I know you indicated strike that. You recall the information about this CT was communicated to you verbally or orally, but you don't recall if it was	2 3 4	Q. Is it fair to say that any order for testing through emergency is being done on a STAT basis?A. It's safe to say that, yes.Q. And that would be a true statement?
2 3 4 5 6	within the right pulmonary artery. Q. I know you indicated strike that. You recall the information about this CT was communicated to you verbally or orally, but you don't recall if it was from the radiologist or nursing; is that correct?	2 3 4 5	 Q. Is it fair to say that any order for testing through emergency is being done on a STAT basis? A. It's safe to say that, yes. Q. And that would be a true statement? A. I think that's the medical health care system as I know it in this Country, that would be a safe
2 3 4 5 6	 within the right pulmonary artery. Q. I know you indicated strike that. You recall the information about this CT was communicated to you verbally or orally, but you don't recall if it was from the radiologist or nursing; is that correct? A. Yes. 	2 3 4 5 6	Q. Is it fair to say that any order for testing through emergency is being done on a STAT basis?A. It's safe to say that, yes.Q. And that would be a true statement?A. I think that's the medical health care system
2 3 4 5 6 7 8	 within the right pulmonary artery. Q. I know you indicated strike that. You recall the information about this CT was communicated to you verbally or orally, but you don't recall if it was from the radiologist or nursing; is that correct? A. Yes. Q. It would have been one or the other typically? 	2 3 4 5 6 7	 Q. Is it fair to say that any order for testing through emergency is being done on a STAT basis? A. It's safe to say that, yes. Q. And that would be a true statement? A. I think that's the medical health care system as I know it in this Country, that would be a safe assumption in just about any hospital that I've ever
2 3 4 5 6 7 8 9	 within the right pulmonary artery. Q. I know you indicated strike that. You recall the information about this CT was communicated to you verbally or orally, but you don't recall if it was from the radiologist or nursing; is that correct? A. Yes. Q. It would have been one or the other typically? A. Yes. 	2 3 4 5 6 7 8	 Q. Is it fair to say that any order for testing through emergency is being done on a STAT basis? A. It's safe to say that, yes. Q. And that would be a true statement? A. I think that's the medical health care system as I know it in this Country, that would be a safe assumption in just about any hospital that I've ever been to.
2 3 4 5 6 7 8 9	 within the right pulmonary artery. Q. I know you indicated strike that. You recall the information about this CT was communicated to you verbally or orally, but you don't recall if it was from the radiologist or nursing; is that correct? A. Yes. Q. It would have been one or the other typically? A. Yes. Q. Again, you were at the Clinic for 	2 3 4 5 6 7 8 9	 Q. Is it fair to say that any order for testing through emergency is being done on a STAT basis? A. It's safe to say that, yes. Q. And that would be a true statement? A. I think that's the medical health care system as I know it in this Country, that would be a safe assumption in just about any hospital that I've ever been to. Q. Okay, and it certainly would be a true
2 3 4 5 6 7 8 9	 within the right pulmonary artery. Q. I know you indicated strike that. You recall the information about this CT was communicated to you verbally or orally, but you don't recall if it was from the radiologist or nursing; is that correct? A. Yes. Q. It would have been one or the other typically? A. Yes. Q. Again, you were at the Clinic for approximately nine years, if the radiology department is 	2 3 4 5 6 7 8 9 10	 Q. Is it fair to say that any order for testing through emergency is being done on a STAT basis? A. It's safe to say that, yes. Q. And that would be a true statement? A. I think that's the medical health care system as I know it in this Country, that would be a safe assumption in just about any hospital that I've ever been to. Q. Okay, and it certainly would be a true statement as to the Cleveland Clinic Foundation?
2 3 4 5 6 7 8 9 10	 within the right pulmonary artery. Q. I know you indicated strike that. You recall the information about this CT was communicated to you verbally or orally, but you don't recall if it was from the radiologist or nursing; is that correct? A. Yes. Q. It would have been one or the other typically? A. Yes. Q. Again, you were at the Clinic for approximately nine years, if the radiology department is interpreting a positive CT like the one at issue here, 	2 3 4 5 6 7 8 9 10 11	 Q. Is it fair to say that any order for testing through emergency is being done on a STAT basis? A. It's safe to say that, yes. Q. And that would be a true statement? A. I think that's the medical health care system as I know it in this Country, that would be a safe assumption in just about any hospital that I've ever been to. Q. Okay, and it certainly would be a true statement as to the Cleveland Clinic Foundation? A. Yes, ma'am.
2 3 4 5 6 7 8 9 10 11 2 13	 within the right pulmonary artery. Q. I know you indicated strike that. You recall the information about this CT was communicated to you verbally or orally, but you don't recall if it was from the radiologist or nursing; is that correct? A. Yes. Q. It would have been one or the other typically? A. Yes. Q. Again, you were at the Clinic for approximately nine years, if the radiology department is interpreting a positive CT like the one at issue here, do they typically pick up the telephone and call you 	2 3 4 5 6 7 8 9 10 11 12	 Q. Is it fair to say that any order for testing through emergency is being done on a STAT basis? A. It's safe to say that, yes. Q. And that would be a true statement? A. I think that's the medical health care system as I know it in this Country, that would be a safe assumption in just about any hospital that I've ever been to. Q. Okay, and it certainly would be a true statement as to the Cleveland Clinic Foundation? A. Yes, ma'am. Q. When the test results came back from the CT
2 3 4 5 6 7 8 9 10 12 13 14	 within the right pulmonary artery. Q. I know you indicated strike that. You recall the information about this CT was communicated to you verbally or orally, but you don't recall if it was from the radiologist or nursing; is that correct? A. Yes. Q. It would have been one or the other typically? A. Yes. Q. Again, you were at the Clinic for approximately nine years, if the radiology department is interpreting a positive CT like the one at issue here, do they typically pick up the telephone and call you with regard to those results? 	2 3 4 5 6 7 8 9 10 11 12 13	 Q. Is it fair to say that any order for testing through emergency is being done on a STAT basis? A. It's safe to say that, yes. Q. And that would be a true statement? A. I think that's the medical health care system as I know it in this Country, that would be a safe assumption in just about any hospital that I've ever been to. Q. Okay, and it certainly would be a true statement as to the Cleveland Clinic Foundation? A. Yes, ma'am. Q. When the test results came back from the CT scan, what did you do to initiate treatment?
2 3 4 5 6 7 8 9 0 1 2 3 4 5 12 3 4 5	 within the right pulmonary artery. Q. I know you indicated strike that. You recall the information about this CT was communicated to you verbally or orally, but you don't recall if it was from the radiologist or nursing; is that correct? A. Yes. Q. It would have been one or the other typically? A. Yes. Q. Again, you were at the Clinic for approximately nine years, if the radiology department is interpreting a positive CT like the one at issue here, do they typically pick up the telephone and call you with regard to those results? A. Yes. 	2 3 4 5 6 7 8 9 10 11 12 13 14	 Q. Is it fair to say that any order for testing through emergency is being done on a STAT basis? A. It's safe to say that, yes. Q. And that would be a true statement? A. I think that's the medical health care system as I know it in this Country, that would be a safe assumption in just about any hospital that I've ever been to. Q. Okay, and it certainly would be a true statement as to the Cleveland Clinic Foundation? A. Yes, ma'am. Q. When the test results came back from the CT scan, what did you do to initiate treatment? A. Once we obtained the test results we contacted cardiothoracic surgery and cardiology and informed them
2 3 4 5 6 7 8 9 0 1 2 3 4 5 6	 within the right pulmonary artery. Q. I know you indicated strike that. You recall the information about this CT was communicated to you verbally or orally, but you don't recall if it was from the radiologist or nursing; is that correct? A. Yes. Q. It would have been one or the other typically? A. Yes. Q. Again, you were at the Clinic for approximately nine years, if the radiology department is interpreting a positive CT like the one at issue here, do they typically pick up the telephone and call you with regard to those results? A. Yes. Q. But you don't know if that's what happened in 	2 3 4 5 6 7 8 9 10 11 12 13 14 15	 Q. Is it fair to say that any order for testing through emergency is being done on a STAT basis? A. It's safe to say that, yes. Q. And that would be a true statement? A. I think that's the medical health care system as I know it in this Country, that would be a safe assumption in just about any hospital that I've ever been to. Q. Okay, and it certainly would be a true statement as to the Cleveland Clinic Foundation? A. Yes, ma'am. Q. When the test results came back from the CT scan, what did you do to initiate treatment?
2 3 4 5 6 7 8 9 10 1 2 3 4 5 6 7 8 9 10 1 2 3 4 5 6 7	 within the right pulmonary artery. Q. I know you indicated strike that. You recall the information about this CT was communicated to you verbally or orally, but you don't recall if it was from the radiologist or nursing; is that correct? A. Yes. Q. It would have been one or the other typically? A. Yes. Q. Again, you were at the Clinic for approximately nine years, if the radiology department is interpreting a positive CT like the one at issue here, do they typically pick up the telephone and call you with regard to those results? A. Yes. Q. But you don't know if that's what happened in this case? 	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	 Q. Is it fair to say that any order for testing through emergency is being done on a STAT basis? A. It's safe to say that, yes. Q. And that would be a true statement? A. I think that's the medical health care system as I know it in this Country, that would be a safe assumption in just about any hospital that I've ever been to. Q. Okay, and it certainly would be a true statement as to the Cleveland Clinic Foundation? A. Yes, ma'am. Q. When the test results came back from the CT scan, what did you do to initiate treatment? A. Once we obtained the test results we contacted cardiothoracic surgery and cardiology and informed them of the results. At that point in time they requested that I initiate a treatment with Heparin, which was I
2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 0 1 2 8 9 0 1 2 8 9 10 1 8 9 10 10 10 10 10 10 10 10 10 10 10 10 10	 within the right pulmonary artery. Q. I know you indicated strike that. You recall the information about this CT was communicated to you verbally or orally, but you don't recall if it was from the radiologist or nursing; is that correct? A. Yes. Q. It would have been one or the other typically? A. Yes. Q. Again, you were at the Clinic for approximately nine years, if the radiology department is interpreting a positive CT like the one at issue here, do they typically pick up the telephone and call you with regard to those results? A. Yes. Q. But you don't know if that's what happened in this case? A. It's I don't recall. 	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	 Q. Is it fair to say that any order for testing through emergency is being done on a STAT basis? A. It's safe to say that, yes. Q. And that would be a true statement? A. I think that's the medical health care system as I know it in this Country, that would be a safe assumption in just about any hospital that I've ever been to. Q. Okay, and it certainly would be a true statement as to the Cleveland Clinic Foundation? A. Yes, ma'am. Q. When the test results came back from the CT scan, what did you do to initiate treatment? A. Once we obtained the test results we contacted cardiothoracic surgery and cardiology and informed them of the results. At that point in time they requested that I initiate a treatment with Heparin, which was I wrote the order, and I wrote the admission order.
2 3 4 5 6 7 8 9 10 11 2 3 4 5 6 7 8 9 10 11 2 3 4 5 6 7 8 9 10 11 2 3 4 5 6 7 8 9 10 11 2 3 4 5 6 7 8 9 10 11 2 10 10 10 10 10 10 10 10 10 10 10 10 10	 within the right pulmonary artery. Q. I know you indicated strike that. You recall the information about this CT was communicated to you verbally or orally, but you don't recall if it was from the radiologist or nursing; is that correct? A. Yes. Q. It would have been one or the other typically? A. Yes. Q. Again, you were at the Clinic for approximately nine years, if the radiology department is interpreting a positive CT like the one at issue here, do they typically pick up the telephone and call you with regard to those results? A. Yes. Q. But you don't know if that's what happened in this case? A. It's I don't recall. Q. All right. Now, if we go back to the 	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	 Q. Is it fair to say that any order for testing through emergency is being done on a STAT basis? A. It's safe to say that, yes. Q. And that would be a true statement? A. I think that's the medical health care system as I know it in this Country, that would be a safe assumption in just about any hospital that I've ever been to. Q. Okay, and it certainly would be a true statement as to the Cleveland Clinic Foundation? A. Yes, ma'am. Q. When the test results came back from the CT scan, what did you do to initiate treatment? A. Once we obtained the test results we contacted cardiothoracic surgery and cardiology and informed them of the results. At that point in time they requested that I initiate a treatment with Heparin, which was I
2 3 4 5 6 7 8 9 10 11 2 13 4 15 16 7 8 9 10 11 2 13 4 15 6 7 8 9 10 11 2 13 4 5 6 7 8 9 10 11 2 13 4 5 6 7 8 9 10 11 2 11 2 11 2 10 11 11 10 11 11 10 11 10 11 10 11 10 11 10 11 10 10	 within the right pulmonary artery. Q. I know you indicated strike that. You recall the information about this CT was communicated to you verbally or orally, but you don't recall if it was from the radiologist or nursing; is that correct? A. Yes. Q. It would have been one or the other typically? A. Yes. Q. Again, you were at the Clinic for approximately nine years, if the radiology department is interpreting a positive CT like the one at issue here, do they typically pick up the telephone and call you with regard to those results? A. Yes. Q. But you don't know if that's what happened in this case? A. It's I don't recall. Q. All right. Now, if we go back to the information regarding the timing, I believe you 	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19	 Q. Is it fair to say that any order for testing through emergency is being done on a STAT basis? A. It's safe to say that, yes. Q. And that would be a true statement? A. I think that's the medical health care system as I know it in this Country, that would be a safe assumption in just about any hospital that I've ever been to. Q. Okay, and it certainly would be a true statement as to the Cleveland Clinic Foundation? A. Yes, ma'am. Q. When the test results came back from the CT scan, what did you do to initiate treatment? A. Once we obtained the test results we contacted cardiothoracic surgery and cardiology and informed them of the results. At that point in time they requested that I initiate a treatment with Heparin, which was I wrote the order, and I wrote the admission order. MS. HENRY: What did you say? I wrote
2 3 4 5 6 7 8 9 10 11 2 13 4 15 16 7 8 9 20 11 20 21	 within the right pulmonary artery. Q. I know you indicated strike that. You recall the information about this CT was communicated to you verbally or orally, but you don't recall if it was from the radiologist or nursing; is that correct? A. Yes. Q. It would have been one or the other typically? A. Yes. Q. Again, you were at the Clinic for approximately nine years, if the radiology department is interpreting a positive CT like the one at issue here, do they typically pick up the telephone and call you with regard to those results? A. Yes. Q. But you don't know if that's what happened in this case? A. It's I don't recall. Q. All right. Now, if we go back to the information regarding the timing, I believe you indicated early on that the patient was admitted to 	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	 Q. Is it fair to say that any order for testing through emergency is being done on a STAT basis? A. It's safe to say that, yes. Q. And that would be a true statement? A. I think that's the medical health care system as I know it in this Country, that would be a safe assumption in just about any hospital that I've ever been to. Q. Okay, and it certainly would be a true statement as to the Cleveland Clinic Foundation? A. Yes, ma'am. Q. When the test results came back from the CT scan, what did you do to initiate treatment? A. Once we obtained the test results we contacted cardiothoracic surgery and cardiology and informed them of the results. At that point in time they requested that I initiate a treatment with Heparin, which was I wrote the order, and I wrote the admission order. MS. HENRY: What did you say? I wrote the order and what else?
2 3 4 5 6 7 8	 within the right pulmonary artery. Q. I know you indicated strike that. You recall the information about this CT was communicated to you verbally or orally, but you don't recall if it was from the radiologist or nursing; is that correct? A. Yes. Q. It would have been one or the other typically? A. Yes. Q. Again, you were at the Clinic for approximately nine years, if the radiology department is interpreting a positive CT like the one at issue here, do they typically pick up the telephone and call you with regard to those results? A. Yes. Q. But you don't know if that's what happened in this case? A. It's I don't recall. Q. All right. Now, if we go back to the information regarding the timing, I believe you indicated early on that the patient was admitted to Cleveland Clinic Foundation at 17:33? 	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	 Q. Is it fair to say that any order for testing through emergency is being done on a STAT basis? A. It's safe to say that, yes. Q. And that would be a true statement? A. I think that's the medical health care system as I know it in this Country, that would be a safe assumption in just about any hospital that I've ever been to. Q. Okay, and it certainly would be a true statement as to the Cleveland Clinic Foundation? A. Yes, ma'am. Q. When the test results came back from the CT scan, what did you do to initiate treatment? A. Once we obtained the test results we contacted cardiothoracic surgery and cardiology and informed them of the results. At that point in time they requested that I initiate a treatment with Heparin, which was I wrote the order, and I wrote the admission order. MS. HENRY: What did you say? I wrote the order and what else? THE WITNESS: The admission order.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	 within the right pulmonary artery. Q. I know you indicated strike that. You recall the information about this CT was communicated to you verbally or orally, but you don't recall if it was from the radiologist or nursing; is that correct? A. Yes. Q. It would have been one or the other typically? A. Yes. Q. Again, you were at the Clinic for approximately nine years, if the radiology department is interpreting a positive CT like the one at issue here, do they typically pick up the telephone and call you with regard to those results? A. Yes. Q. But you don't know if that's what happened in this case? A. It's I don't recall. Q. All right. Now, if we go back to the information regarding the timing, I believe you indicated early on that the patient was admitted to Cleveland Clinic Foundation at 17:33? A. I'm sorry, say that again? He was admitted to 	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	 Q. Is it fair to say that any order for testing through emergency is being done on a STAT basis? A. It's safe to say that, yes. Q. And that would be a true statement? A. I think that's the medical health care system as I know it in this Country, that would be a safe assumption in just about any hospital that I've ever been to. Q. Okay, and it certainly would be a true statement as to the Cleveland Clinic Foundation? A. Yes, ma'am. Q. When the test results came back from the CT scan, what did you do to initiate treatment? A. Once we obtained the test results we contacted cardiothoracic surgery and cardiology and informed them of the results. At that point in time they requested that I initiate a treatment with Heparin, which was I wrote the order, and I wrote the admission order. MS. HENRY: What did you.

1			
1	Page 70		Page 72
1	Q. Back on the record. Doctor, directing your	1	his labs were obtained and sent off, and as the labs
2	attention to what has been previously marked and	2	were made available he would interpret them and inform
3	identified as Exhibit 4, do you see that document?	3	me if there was anything grossly abnormal, given the
4	A. Yes, ma'am.	4	circumstances of this patient.
5	Q. What is that document?	5	Q. Do you recall having discussions with
6	A. This is the transcription of the Emergency	6	Dr. Cudnik about Mr. Stansbury that evening?
7	Department Report.	7	A. Yes.
8	Q. Who prepared this document?	8	Q. What are your recollections about that?
9	A. Michael Cudnik, MD, C-U-D-N-I-K.	9	A. Well, after we had evaluated him we discussed
10	Q. Who was Michael Cudnik, MD, on	10	the differential diagnosis and the approach to the
11	January 25, 2003?	11	patient. At that point in time, I asked him to contact
12	A. He was a resident from MetroHealth Medical	12	cardiology and cardiothoracic surgery to inform them
13	Center who was rotating through the emergency department	13	that this patient was in the department and within our
14	at the Cleveland Clinic Foundation and was present in	14	institution and for them to offer us any information or
15	taking care of the patient with me.	15	any advice as we evaluated this patient.
16	Q. I think you've stated that Dr. Cudnik actually	16	Q. Actually, that brings me to my next question.
17	prepared the report?	17	Let me direct your attention to that Exhibit 7 that's in
18	A. He dictated this report.	18	front of you did I say Exhibit 4, excuse me.
19	Q. And I do note at the top that it was	19	A. Yes.
20	authenticated by you?	20	Q. If you would turn to the second page, there's
21	A. Yes, ma'am.	21	a reference there about two thirds down the page, the
22	Q. And what does authenticated mean?	22	patient will be signed out to Doctor is it Disch?
23	A. That means that I read the report and signed	23	A. Disch.
24	the report.	24	Q. Who is Dr. Disch?
25	Q. Essentially, that means you agreed to it, you	25	A. He's a resident he was a resident rotating
	Page 71		Page 73
1	agreed with its contents?	1	through the department of emergency medicine of the
2	A. Yes, ma'am.	2	Cleveland Clinic Foundation.
3	Q. Let's talk a little bit about Dr. Cudnik's		
		3	
	-	3 4	Q. What does that entry mean to you?
4	role in the treatment of Mr. Stansbury on	4	Q. What does that entry mean to you?A. That means with respect to this patient to
4 5	role in the treatment of Mr. Stansbury on January 25, 2003. What was Dr. Cudnik's role as a	4 5	Q. What does that entry mean to you?A. That means with respect to this patient to expect Dr. Disch to report back to me on the condition
4 5 6	role in the treatment of Mr. Stansbury on January 25, 2003. What was Dr. Cudnik's role as a resident in the treatment of Mr. Stansbury?	4 5 6	Q. What does that entry mean to you?A. That means with respect to this patient to expect Dr. Disch to report back to me on the condition of the patient or the labs obtained, et cetera.
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Cudnik. Q. Did you personally ever speak with either the cardiologist that was consulted or the cardiothoracic	1	cardiothoracic surgery and cardiology contacted and have
	2	
		them made aware of who this person was, and that he was
	3	here, and what the situation was that we were facing.
specialist that was consulted?	4	Q. All right, let me
A. Yes.	5	A. They may have called back again, if I put out
Q. At what point did you speak with either of	6	a call like that and the resident is unavailable, I'm
them?	7	more than happy to pick up the phone and help a
A. That I cannot recall.	8	resident out by talking to the consultant, giving them
Q. Which one did you speak with?	9	the gist of what's going on and just take it from there.
A. I would imagine both. I don't have a specific	10	Q. All right. In this particular case, do you
recollection, but I know that I had spoken with them.	11	know who initially contacted cardiology and or
Q. Is there any note that you would have made in	12	cardiothoracic?
	13	A. Well, what do you mean by who specifically?
A. No, ma'am.	14	We usually just ask the secretary to consult the
Q. So you don't have any specific recollection of	15	service. So for the physician or to the secretary who
	16	was sitting down, because no matter who I could have
	17	told a nurse to contact services and they would have
-	18	relayed that information to the secretarial services and
-	19	that consult would have been put forward.
	20	Q. Typically, how do you do it?
		A. Exactly as I just described it. I can ask a
		nurse. I can ask a technician. I could tell the
•		secretary. I can ask the resident. I can ask anyone
		there, because basically it's a group effort, a group
		function to obtain what we need for the patient.
Page 75		Page 77
A. I have an independent recollection that I	1	Q. All right. And you're going to ask someone to
spoke with them, because I had asked them to be	2	do what?
contacted. And I recall being on the phone and	3	A. Contact cardiothoracic, whoever is on call for
discussing Mr. Stansbury with someone, but when that	4	cardiothoracic and cardiology service.
-	5	Q. In this case do you know who initially spoke
Q. All right. This recollection that you have of	6	with either cardiology or cardiothoracic?
being on the phone and speaking with someone, do you	7	A. It may have been me, it may have been Michael,
have a recollection as to whom you spoke with?	8	I don't know.
A. No.	9	Q. But you don't know?
Q. So you spoke with someone, is that a one	10	A. No.
someone or multiple someones?	11	Q. All right. And again, when I'm talking about
A. I can't tell.	12	independent recollection, I'm talking about your memory
Q. Going back to my question, do you have any	13	versus your reliance on a document; okay?
independent recollection as to whether you spoke at any	14	A. Right, okay.
time with a cardiologist that was consulted about	15	Q. Do you have any knowledge as to what
Mr. Stansbury?	16	information was conveyed to cardiology about the
MR. TABER: Objection	17	patient?
THE WITNESS: You'll have to define	18	A. If I had spoken with them that this is a
independent recollection, because I recall	19	patient who was life flighted in, had this aortic repair
speaking to actually several people about	20	and is complaining of chest pain and shortness of
Mr. Stansbury. Who they were, and what we	21	breath.
talked about, I can't tell you exactly.	22	Q. Did you have any knowledge at the time that
BY MS. SEVERYN:	23	the patient came in as to when that aortic repair had
Q. All right.	24	taken place?
A. But I know it was my intention to have	25	A. My understanding was that it was about a week
	recollection, but I know that I had spoken with them. Q. Is there any note that you would have made in the chart with regard to those conversations? A. No, ma'am. Q. So you don't have any specific recollection of speaking to the cardiologist or the cardiothoracic specialist in this case? MR. TABER: Objection THE WITNESS: I just told you the direct opposite. I did speak with them, I just don't have a specific time that I can tell you I spoke with them. BY MS. SEVERYN: Q. All right. So you do have an independent recollection of having spoken with both specialists? Page 75 A. I have an independent recollection that I spoke with them, because I had asked them to be contacted. And I recall being on the phone and discussing Mr. Stansbury with someone, but when that occurred I cannot tell you. Q. All right. This recollection that you have of being on the phone and speaking with someone, do you have a recollection as to whom you spoke with? A. No. Q. So you spoke with someone, is that a one someone or multiple someones? A. I can't tell. Q. Going back to my question, do you have any independent recollection THE WITNESS: You'll have to define independent recollection, because I recall speaking to actually several people about Mr. Stansbury. Who they were, and what we talked about, I can't tell you exactly. BY MS. SEVERYN: Q. All right.	recollection, but I know that I had spoken with them. Q. Is there any note that you would have made in the chart with regard to those conversations? A. No, ma'am. Q. So you don't have any specific recollection of speaking to the cardiologist or the cardiothoracic specialist in this case? MR. TABER: Objection THE WITNESS: I just told you the direct opposite. I did speak with them, I just don't have a specific time that I can tell you I spoke with them. BY MS. SEVERYN: Q. All right. So you do have an independent recollection of having spoken with both specialists? Page 75 A. I have an independent recollection that I spoke with them, because I had asked them to be contacted. And I recall being on the phone and discussing Mr. Stansbury with someone, but when that occurred I cannot tell you. Q. All right. This recollection that you have of being on the phone and speaking with someone, do you have a recollection as to whom you spoke with? A. No. Q. So you spoke with someone, is that a one someone or multiple someones? A. I can't tell. Q. Going back to my question, do you have any independent recollection THE WITNESS: You'll have to define independent recollection THE WITNESS: You'll have to define independent recollection, because I recall speaking to actually several people about Mr. Stansbury? MR. TABER: Objection THE WITNESS: You'll have to define independent recollection, because I recall speaking to actually several people about Mr. Stansbury. Who they were, and what we talked about, I can't tell you exactly. BY MS. SEVERYN: Q. All right. 24

	Page 78		Page 80
1	earlier.	1	indication.
2	Q. Do you have any knowledge as to what	2	Q. What's the contraindication that you're
3	information was conveyed to cardiothoracic about this	3	referencing?
4	patient?	4	A. Well, usually major surgery, you try not to
5	A. If I had spoken with them, I would have told	5	give lytics or an anticoagulate to someone who has had
6	them that this was a patient who had this procedure, who	6	major surgery.
7	presented to the E.D. complaining of chest pain and	7	Q. Assuming hypothetically that you had a patient
8	shortness of breath.	8	come in with the same reported symptoms as
9	Q. But again, we don't know who initially	9	Mr. Stansbury, the shortness of breath, the chest pain,
10	contacted them or	10	but no history of having had a surgery at any immediate
11	A. Right.	11	point in time, would your treatment of this patient have
12	Q how they were contacted?	12	been any different under those circumstances?
13	A. Well, we know how they were contacted, the	13	MR. TABER: Objection, hypothetical,
14	secretarial support was asked to generate a consult.	14	contrary in facts and nothing to do with this
15	Q. All right, so it always starts there?	15	case and totally irrelevant.
16	A. Right.	16	MS. SEVERYN: You can go
17	Q. There is a reference on Page 2 of Exhibit 4,	17	THE WITNESS: Throw me a hint here, what
18	following what we've already looked at, cardiothoracic	18	do I do now?
19	wished to be called when patient returned from a CT of	19	MS. SEVERYN: You answer.
20	the chest, and before Heparin was to be started on the	20	MR. TABER: Well, you don't have to
21	patient. Do you see that note?	21	answer. If that has anything to do with this
22	A. Yes, ma'am.	22	case go ahead, but if it doesn't, I don't know
23	Q. Do you recall whether this information was	23	why we're wasting time on a hypothetical
24	conveyed to you at any time during your treatment of	24	that's clearly contrary to the facts by
25	this patient on January 25, 2003?	25	anyone's assertion. It's totally irrelevant
	Page 79		Page 81
1	A. What information?	1	and need not be answered, but you can do
2	Q. The information I just read, that	2	whatever you want with it.
3	cardiothoracic wished to be called when the patient	3	THE WITNESS: I'll elect not to answer
4	returned from the CT scan and before Heparin was	4	that question.
5	started?	5	BY MS. SEVERYN:
6	A. Yes, we knew that my global recollection	6	Q. Why not?
7	in managing Mr. Stansbury was we have to wait to get	7	A. It's a hypothetical situation.
8	the CAT scan result, and then contact the consultants	8	Q. You are permitted to answer hypothetical
9	again.	9	questions, Doctor.
10	Q. Do you know why cardiothoracic wanted to	10	MR. TABER: Based on the case, yes, based
11	wait for the CT scan results prior to administering	11	on some other case, no.
12	Heparin?	12	THE WITNESS: Right, my understanding was
13	MR. TABER: Go ahead.	13	I'm here to answer questions about what
14	THE WITNESS: You would have to ask	14	happened this evening and what we did as
15	them, but I would assume that it was because	15	I'm here to answer questions regarding what
15	uleni, but i would assume ulat it was because		
16	of the nature of the surgery he had had a	16	actually did happen, not theoretically
	-	16 17	actually did happen, not theoretically what could have happened or a hypothetical
16	of the nature of the surgery he had had a		-
16 17	of the nature of the surgery he had had a week earlier. BY MS. SEVERYN: Q. And based upon your professional opinion, what	17	what could have happened or a hypothetical
16 17 18	of the nature of the surgery he had had a week earlier. BY MS. SEVERYN:	17 18	what could have happened or a hypothetical situation.
16 17 18 19	of the nature of the surgery he had had a week earlier. BY MS. SEVERYN: Q. And based upon your professional opinion, what role would that surgery have with respect to whether or not he was Heparinized immediately or after CT scan	17 18 19	what could have happened or a hypothetical situation. BY MS. SEVERYN:
16 17 18 19 20	of the nature of the surgery he had had a week earlier. BY MS. SEVERYN: Q. And based upon your professional opinion, what role would that surgery have with respect to whether or	17 18 19 20	what could have happened or a hypothetical situation.BY MS. SEVERYN:Q. Well, you wanted cardiothoracic involved,
16 17 18 19 20 21	of the nature of the surgery he had had a week earlier. BY MS. SEVERYN: Q. And based upon your professional opinion, what role would that surgery have with respect to whether or not he was Heparinized immediately or after CT scan	17 18 19 20 21	what could have happened or a hypothetical situation.BY MS. SEVERYN:Q. Well, you wanted cardiothoracic involved,Doctor, why?
16 17 18 19 20 21 22	of the nature of the surgery he had had a week earlier. BY MS. SEVERYN: Q. And based upon your professional opinion, what role would that surgery have with respect to whether or not he was Heparinized immediately or after CT scan results came in? Q. Again, I would assume it would be to justify the use of a drug on a patient who clearly has a	17 18 19 20 21 22	 what could have happened or a hypothetical situation. BY MS. SEVERYN: Q. Well, you wanted cardiothoracic involved, Doctor, why? A. Because this was a person who had had a major
16 17 18 19 20 21 22 23	of the nature of the surgery he had had a week earlier. BY MS. SEVERYN: Q. And based upon your professional opinion, what role would that surgery have with respect to whether or not he was Heparinized immediately or after CT scan results came in? Q. Again, I would assume it would be to justify	17 18 19 20 21 22 23	 what could have happened or a hypothetical situation. BY MS. SEVERYN: Q. Well, you wanted cardiothoracic involved, Doctor, why? A. Because this was a person who had had a major surgery.

 A. Yes, ma'am. Q. Now, you've already talked earlier about, again a recollection of having spoken with someone on the telephone that you think may or may not be cardiology or cardiothoracic? A. Yes, ma'am. Q. What do you remember about what was discussed during that telephone conversation? A. Specifically, I cannot tell you, I remember I 	1 2 3 4 5 6 7	THE WITNESS: I'm sorry. MR. TABER: The first part I think he's answered three or four times. The second part, go ahead. I think you should clarify. THE WITNESS: Say that again, I'm
 3 again a recollection of having spoken with someone on 4 the telephone that you think may or may not be 5 cardiology or cardiothoracic? 6 A. Yes, ma'am. 7 Q. What do you remember about what was discussed 8 during that telephone conversation? 9 A. Specifically, I cannot tell you, I remember I 	3 4 5 6	answered three or four times. The second part, go ahead. I think you should clarify.
 4 the telephone that you think may or may not be 5 cardiology or cardiothoracic? 6 A. Yes, ma'am. 7 Q. What do you remember about what was discussed 8 during that telephone conversation? 9 A. Specifically, I cannot tell you, I remember I 	4 5 6	go ahead. I think you should clarify.
 5 cardiology or cardiothoracic? 6 A. Yes, ma'am. 7 Q. What do you remember about what was discussed 8 during that telephone conversation? 9 A. Specifically, I cannot tell you, I remember I 	5 6	
 A. Yes, ma'am. Q. What do you remember about what was discussed during that telephone conversation? A. Specifically, I cannot tell you, I remember I 	6	THE WITNESS: Say that again. I'm
 Q. What do you remember about what was discussed during that telephone conversation? A. Specifically, I cannot tell you, I remember I 		J
8 during that telephone conversation?9 A. Specifically, I cannot tell you, I remember I	17	sorry.
9 A. Specifically, I cannot tell you, I remember I	1 '	BY MS. SEVERYN:
	8	Q. I'm truly not trying to trick you. I'm having
	9	a hard time understanding your recollection, from a
10 could quote him saying these things. I just know my	10	global impression, from yes I remember. So as I
11 impression on my interactions with these services.	11	understood your testimony cardiothoracic wished to be
12 Q. All right, and what are your impressions?	12	called after the CT scan. You don't have any
13 A. The impression was obtain the CT and then	13	independent recollection of talking to them, but you
14 contact the service. They will decide if and when he	14	have this global impression that you did?
15 was to be treated with Heparin.	15	A. Uh-huh.
16 Q. Do you have any recollection of contacting the	16	Q. Is that a fair characterization
17 cardiothoracic specialist after the CT scan results were	17	A. Yes.
18 obtained?	18	MR. TABER: what he says, let's move
19 A. I do not recall specially speaking with him,	19	on to the second part.
20 but I have a global impression that I had spoken with	20	MS. SEVERYN: I will when I understand
21 them, and that decision afterwards was to go ahead and	21	it, thank you, Counselor.
22 Heparinize him, but I'm not certain.	22	MR. TABER: Well, I will instruct him not
23 Q. All right.	23	to answer, because he has answered it more
24 A. I just know that the key element there was	24	than once which is all he's required to do.
25 obtain the CAT scan, confirm the pulmonary embolism to	25	It's been at least four times. I don't mean
Page 83		Page 85
1 justify the use of this medication, that information was	1	to interrupt, but he will not answer the same
2 relayed and a decision was made by the appropriate	2	question five times, please go ahead.
3 services. And at that point in time, I wrote the order	3	BY MS. SEVERYN:
4 for the Heparin to be administered, and for the patient	4	Q. From whatever source it is, the order to
5 to be admitted to the cardiology services.	5	initiate Heparin is in your handwriting; is that
6 Q. In your opinion, Doctor, what is the risk to	6	correct?
7 the patient if Heparin is administered 12 days post-op?	7	A. Yes, ma'am.
8 A. Depending on the type of surgery that you	8	Q. When was the Heparin first administered?
9 have. A major surgery you may have some complications	9	A. I have to refer to this document here. At
10 such as bleeding, surgical anastomosis.	10	20:30 hours. "Patient came back at 20:15, vital signs
11 Q. Is it fair to say that a pulmonary embolism is	11	were obtained two minutes later and at 20:30 hours
12 also a life threatening or is a life threatening	12	Heparin was started per order".
13 event?	13	Q. What document are you referring to?
14 A. Yes, ma'am.	14	A. The Continuing Care Form.
15 Q. I believe we've already marked and identified	15	MS. HENRY: Is that Exhibit 8?
16 Exhibit 2. You indicated that that order, that Number 1	16	MS. SEVERYN: Yes, it is. I think
17 order, to administer Heparin is in your handwriting;	17	we've already marked that as Exhibit 8.
18 correct?	18	THE WITNESS: This is it.
19 A. Yes, ma'am.	19	BY MS. SEVERYN:
20 Q. So I think you've mentioned you don't recall	20	Q. Just if you would confirm that Exhibit 8 is in
21 specifically speaking with cardiothoracic, but the order	21	fact the document that you're referring to?
22 to initiate Heparin came from you?	22	A. Exhibit 8 is.
	23	Q. I'm reading here, Heparin started per order.
23 MR. TABER: Objection		
-		
-	24 25	There is a reference after that to cardiology. What do you understand that reference to cardiology to mean?

1 A. That cardiology was at the bedside, and okay 1 already formed that were documented in the CT scan 2 With the Heparin dose. 2 report? 3 Q. Do you have any knowledge or recollection as 3 A. To my knowledge they would not. 4 to why cardiologw as present versus cardiolopary 4 A. To my knowledge they would not. 6 patient for cardiothoracic, that's the way they usually 7 M. TABER: Objection, over broad. 7 M. Thave no idea. 7 M. TABER: Objection, over broad. 8 Q. Why? 8 THE WITNESS: With respect to what? 9 A. I would have to assume that they were because 10 Q. Treating the patient to address the pulmonary 12 contacted, when we referenced cardiology 11 THE WITNESS: Well, okay, if you're 12 and it would have been whoever was on duty? 13 MR. TABER: Same objection, over broad. 15 a. I would'n know that information. 10 Q. Have you seen anything in the emergency 16 A. I'ght. 18 BY MS. SEVERYN: 17 Q. Have you seen anything in the emergency 2 N. The would after of you'n that date? 18		Page 86		Page 88
2 with the Heparin doze. 2 report? 3 Q. Do you have any knowledge or recollection as A. To my knowledge they would not. 4 Q. Why would a patient who has been confirmed f 5 A. Well, because cardiology would be managing the patient for cardiothoracic, that's the way they usually 7 function. Q. Why? 8 Q. Why? MR. TABER: Objection, over broad. 9 A. I have no idea. THE WITNESS: With respect to what? 9 MR. TABER: Same objection, over broad. MR. TABER: Same objection, over broad. 12 contacted and cardiothoracic contacted? MR. TABER: Same objection, over broad. 13 A. I would have been whoever was on dury? MR. TABER: Same objection, over broad. 14 THE WITNESS: Well, okay, if you're 15 15 Q. And it would have been whoever was on dury? MR. TABER: Same objection, over broad. 16 A. Right. 19 17 Q. Isthere a document within the hospital that 18 18 would reflect who was on dury on that date? 19 2 Q. Have you seen anything in the emregency 11 21 records for January 25, 2003, th	1	· ·	1	· ·
3 Q. Do you have any knowledge or recollection as 3 A. To my knowledge they would not. 4 to why cardiology was present versus cardiothoracic? 3 A. To my knowledge they would not. 5 A. Well, because cardiology would be managing the patient for cardiothoracic, that's the way they usual? 5 a putmonary emboli, what are the treatment options for that patient? 7 function. 8 Q. Why? 9 M. TABER: Objection, over broad. 8 Q. Why? 9 M. TABER: Objection, over broad. 8 10 Q. Do you know whether two different doctors were locandare and cardiothoracic contacted? 10 Q. Treating the patient to address the pulmonary embolism that are the treatment is option? 11 actually contacted, when we referenced cardiology 10 Putmos and an eardiothoracic contacted? 13 A. I would have to assume that they were because 14 Haff's was arequested. 14 14 that's what was requested. 15 Iaking about treating a patient with 16 16 A. Right. 17 Putmotary embolism that have already formed, what are already formed? 17 17 A. To my knowledge I had not seen anything 18 W stou oure inderstanding as to why Heparin	2	•••		-
4 to why cardiology was present versus cardiotoracic? 4 Q. Why would a patient who has been confirmed f 5 A. Well, because cardiology would be managing the 5 a pulmonary emboli, what are the treatment options for 6 patient for cardiothoracic, that's the way they usually 7 MR. TABER: Objection, over broad. 8 Q. Why? 7 The WITNESS: With respect to what? 9 A. I have no idea. 10 Q. Teating the patient to address the pulmonary 11 actually contacted, when we referenced cardiology 10 Q. Teating the patient to address the pulmonary 12 contacted and cardiothoracic contacted? 13 MR. TABER: Same objection, over broad. 13 A. I would have to assume that they were because 14 THE WITNESS: Well, okay, if you're 15 Q. And it would have been whoever was on dury? 15 talking about treating a patient with 16 A. Right. 18 PMS. SEVERYN: 10 17 Q. Is there a document within the hospital that 17 you treat them with Heparin. 18 18 would reflect who was on dury on that date? 19 Q. But you'we indicated Heparin does not effect 10 19 <td></td> <td>-</td> <td></td> <td>•</td>		-		•
5 A. Well, because cardiology would be managing the 6 patient for cardiothoracic, that's the way they usually 7 function. 5 a pulmonary emboli, what are the treatment options for 6 that patient? 7 MR. TABER: Objection, over broad. 8 8 Q. Why? 9 9 A. I have no idea. 9 10 Q. Do you know whether two different doctors were 11 10 12 contacted, when we referenced cardiology 12 11 13 A. I would have to assume that they were because 14 that's what was requested. 13 14 that's what was requested. 14 17 Q. Is there a document within the hospital that 18 10 pulmonary embolism that have already formed, 17 19 A. I wouldn't know that information. 19 B WMS.SEVERYN: 19 A. I wouldn't know that information. 19 Q. But you've indicated Heparin does not effect 10 20 Q. Have you seen anything in the emergency 21 20 Nhat can we do by way of treatment as to the 22 23 A. To my knowledge I had not seen anything 24 Written by cardiothoracic. 24 24 MR TABER: Objection, over broad. 25 25 Q. What was the dose of Heparin that was<				
6 patient for cardiothoracic, that's the way they usually 6 that patient? 7 function. 7 MR. TABER: Objection, over broad. 8 Q. Why? 8 THE WITNESS: With respect to what? 9 A. I have no idea. 9 By MS. SEVERYN: 10 Q. Do you know whether two different doctors were 10 Q. Treating the patient to address the pulmonary 11 actually contacted, when we referenced cardiology 10 Q. Treating the patient to address the pulmonary 12 contacted and cardiothoracic contacted? 10 Q. Treating the patient with 12 contacted would have been whoever was on duty? 16 A. Right. 17 13 A. I wouldn't know that information. 10 Q. Have you seen anything in the emergency 10 Q. But you've indicated Heparin does not effect 13 A. To my knowledge I had not seen anything 14 A. Right. 19 Q. Have you seen anything in the emergency 14 written by cardiothoracic. 24 MR. TABER: Objection, over broad. 15 Q. What was the dose of Heparin that was 25 Are we talking about this guy? 2 A. Tim looking at Exhibit 2,	5		5	
7 function. 7 MR. TABER: Objection, over broad. 8 Q. Why? 8 THE WITNESS: With respect to what? 9 A. I have no idea. 10 Q. Do you know whether two different doctors were 10 Q. Do you know whether two different doctors were 10 Q. Treating the patient to address the pulmonary 12 contacted and cardiothoracic contacted? 10 Q. Treating the patient to address the pulmonary 13 A. I would have to assume that they were because 14 THE WITNESS: Well, okay, if you're 15 Q. And it would have been whoever was on duty? 14 THE WITNESS: Well, okay, if you're 16 A. I wouldn't know that information. 10 Q. Is there a document within the hospital that 18 would reflect who was on duty on that date? 19 Q. But you've indicated Heparin does not effect 20 A. To wy knowledge I had not seen anything 10 Q. What was the dose of Heparin that was 25 Q. What was the dose of Heparin that was 25 Witten by cardiothoracic. 24 24 MR. TABER: Okay. Please clarify your 3 questions a such. 4 4 Q. What is your understanding as to why Heparin	6	••• • • •	6	
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9 A. I have no idea. 9 By MS. SEVERYN: 10 Q. Do you know whether two different doctors were 10 Q. Treating the patient to address the pulmonary 11 actually contacted, when we referenced cardiology 11 mobili that had already formed, what are the treatment 12 contacted and cardiothoracic contacted? 13 A. I would have to assume that they were because 14 that's what was requested. 14 THE WTINESS: Well, okay, if you're 15 Q. And it would have been whoever was on duty? 15 talking about treating a patient with 16 A. Right. 16 pulmonary embolism that have already formed, 17 Q. Is there a document within the hospital that 17 you treat them with Heparin. 18 would reflect who was on duty on that date? 18 BY MS. SEVERYN: 19 A. I would'n't know that information. 19 Q. But you've indicated Heparin does not effect 21 records for January 25, 2003, that would reflect 18 BY MS. SEVERYN: 23 A. To my knowledge I had not seen anything written by cardiothoracic? 24 24 written by cardiothoracic. 24 MR. TABER: Objection, over broa	8	Q. Why?	8	-
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12 contacted and cardiothoracic contacted? 12 options? 13 A. I would have to assume that they were because 13 MR. TABER: Same objection, over broad. 14 that's what was requested. 14 THE WITNESS: Well, okay, if you're 15 Q. And it would have been whoever was on duty? 16 A. Right. 17 Q. Is there a document within the hospital that 14 that's would reflect who was on duty on that date? 19 A. I wouldn't know that information. 18 BY MS. SEVERYN: 19 Q. But you've indicated Heparin does not effect 20 in any way, treat the clots that have already formed? 21 anything that was actually written by cardiothoracic? 21 A. Right. 22 23 A. To my knowledge I had not seen anything 24 MR. TABER: Objection, over broad. 25 24 written by cardiothoracic. 24 MR. TABER: Objection, over broad. 25 25 Q. What was the dose of Heparin that was 25 Are we talking about this guy. 2 2 A. I'm looking at Exhibit 2, "80 units per 3 MS. SEVERYN: Let's talk about this guy. 2 2 M. TABER: Objection, over	10	Q. Do you know whether two different doctors were	10	Q. Treating the patient to address the pulmonary
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15 Q. And it would have been whoever was on duty? 15 talking about treating a patient with 16 A. Right. 15 talking about treating a patient with 17 Q. Is there a document within the hospital that 16 pulmonary embolism that have already formed, 17 Q. Is there a document within the hospital that 16 pulmonary embolism that have already formed, 18 would reflect who was on duty on that date? 18 BY MS. SEVERYN: 19 A. I wouldn't know that information. 19 Q. But you've indicated Heparin does not effect 20 In any way, treat the clots that have already formed? 21 A. Right. 21 anything that was actually written by cardiothoracic. 22 Q. What can we do by way of treatment as to the 23 A. To my knowledge I had not seen anything 24 MR. TABER: Objection, over broad. 25 Q. What was the dose of Heparin that was 25 Are we talking about this guy. 2 A. I'm looking at Exhibit 2, "80 units per 1 MS. SEVERYN: Let's talk about this guy. 2 M. TABER: Okay. Please clarify your 3 questions as such. 4 3 Q. What is your underestanding as to why Heparin	13	A. I would have to assume that they were because	13	MR. TABER: Same objection, over broad.
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25 have any impact or medical effect on the clots that had 25 emboli break off in the location that they're at?	4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24	 kilogram, and then 18 units per kilogram". Q. What is your understanding as to why Heparin was administered to this patient? A. It was administered to the patient because they felt that the patient given the risk and benefits, would benefit from being Heparinized. Q. And how would the patient benefit from Heparin? A. It would hopefully keep the clots from extending, from growing. Q. Okay, is it fair to say that Heparin prevents the clots from growing and or prevent the formation of new clots? A. Well, same thing. Q. Okay, is it fair to say that the Heparin would not address the clots that were already formed? MR. TABER: Objection, what do you mean address? MS. SEVERYN: Effect. MR. TABER: Could you start over? BY MS. SEVERYN: Q. Sure. Would the administration of the Heparin 	3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24	MR. TABER: Okay. Please clarify your questions as such. MS. SEVERYN: Sure. THE WITNESS: Okay. If you wanted to treat the clots themselves in general, you treat them with Heparin. The Heparin will not effect the clots that are already there, that's for the body to take care of. And if you follow the patient with serial CT's you'll see them autolysing these clots. BY MS. SEVERYN: Q. Autolysing, getting smaller? A. Right. Splitting the fibrin split products et cetera, and making them smaller and making them go away. Q. What are the risks to the patient that the clots, the emboli that have already formed and are already in place, will break off? A. Say that again? Q. All right. If we have a patient such as Mr. Stansbury, and we know that he has multiple emboli that's already formed in the lungs; right? A. Yes. Q. What are the risks of one or more of those

	Page 90		Page 92
1	A. What location for example?	1	Q. Who actually intubated this patient?
2	Q. Strike that. At some point in time	2	A. I did.
3	Mr. Stansbury went into respiratory distress; correct?	3	Q. You put the endotracheal tube in place?
4	A. Yes.	4	A. Yes, ma'am. Now, again I don't specifically
5	Q. Tell us what information you have about that,	5	recall doing that, but that's something that I would
6	when did it first occur?	6	have done.
7	A. According to Deposition Exhibit 8, at 20:46	7	Q. You wouldn't have had cardiology do it, or one
8	about 16 minutes after he got his Heparin he was	8	of the residents on hand?
9	complaining of severe shortness of breath, cardiology	9	A. No. I think at that time Paul and I were the
10	and myself were at the bedside. His pulse-ox went down	10	only ones in the room.
11	to 95 on 50 percent Venturi mask. Thereafter two	11	Q. Now, you indicated the intubation was done in
12	minutes later it was noted to have audible wheezing and	12	part because the patient was unresponsive. What do you
13	his respiratory rate increased to 44 breaths per	13	mean when you say unresponsive?
14	minute. His pulse-ox decreased to 83 percent on a non	14	A. He was not breathing on his own.
15	re-breather mask. Blood pressure was 195 over 88 and	15	Q. Was he still conscious?
16	his heart rate was 113.	16	A. I don't think so.
17	Q. All right. I think you indicated that you	17	Q. Was there a point in time after the onset of
18	were present at this time as well as cardiology?	18	respiratory distress when a code was called?
19	A. Yes.	19	A. Probably within minutes.
20	Q. What was done for Mr. Stansbury by way of	20	Q. And I think this Exhibit 8 references the type
21	treatment after the onset of respiratory distress?	21	of endotracheal tube that was put in place?
22	A. According to this Deposition Exhibit 8, at	22	A. Well, the size, 8.0. He was a large person.
23	20:56 after re-assessing, the patient was intubated with	23	Q. Okay. What does the standard of care require
24	an 8.0 endotracheal tube.	24	to ensure that an intubation has been properly
25	Q. Can we go off the record, I need a two minute	25	performed?
	Page 91		Page 93
1	break.		
		1	A You would listen to both sides of his chest
		1	A. You would listen to both sides of his chest.
2	(Thereupon, there was a short recess in the	2	You would look to make sure that the chest wall is
2 3	(Thereupon, there was a short recess in the proceedings.)	2 3	You would look to make sure that the chest wall is rising bilaterally. You would auscultate, listen to
2 3 4	(Thereupon, there was a short recess in the proceedings.) Back on the record. At the point in time when	2 3 4	You would look to make sure that the chest wall is rising bilaterally. You would auscultate, listen to both sides of his chest. You would look to ensure that
2 3 4 5	(Thereupon, there was a short recess in the proceedings.) Back on the record. At the point in time when Mr. Stansbury went into the respiratory distress, and I	2 3 4 5	You would look to make sure that the chest wall is rising bilaterally. You would auscultate, listen to both sides of his chest. You would look to ensure that there's a fogging of the tube. You would auscultate his
2 3 4	(Thereupon, there was a short recess in the proceedings.) Back on the record. At the point in time when Mr. Stansbury went into the respiratory distress, and I think you already told us you were at hand and so was	2 3 4 5 6	You would look to make sure that the chest wall is rising bilaterally. You would auscultate, listen to both sides of his chest. You would look to ensure that there's a fogging of the tube. You would auscultate his epigastric region to see if there's air traveling into
2 3 4 5 6 7	(Thereupon, there was a short recess in the proceedings.) Back on the record. At the point in time when Mr. Stansbury went into the respiratory distress, and I think you already told us you were at hand and so was cardiology?	2 3 4 5 6 7	You would look to make sure that the chest wall is rising bilaterally. You would auscultate, listen to both sides of his chest. You would look to ensure that there's a fogging of the tube. You would auscultate his epigastric region to see if there's air traveling into the stomach. You would obtain a chest x-ray after
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	Page 94		Page 96
1	A. Yes. Here it says positive color change to	1	Q. What does that mean to you?
2	purple with CO2 detector.	2	A. That means that he's got electrical activity
3	Q. All right. What does that mean, color change?	3	but is not generating a pulse.
4	A. They're yellow, and if you've intubated the	4	Q. Did you do anything by way of treatment in
5	patient appropriately they'll change to a purple color.	5	response to that?
6	If you're in the stomach it will stay yellow.	6	A. Yes, we gave him some Epinephrine and some
7	Q. Do you know the type of CO2 detector that was	7	Atropine.
8	used at the Clinic on January 25, 2003?	8	Q. What did you give him and when?
9	A. It's the the one that's the quantitative	9	A. There was one amp of Atropine given at 20:57.
10	type. I'm sorry the qualitative type.	10	Q. How much was given?
11	Q. What do you mean when you say that?	11	A. One amp, roughly one milligram.
12	A. It indicates a color change. They have	12	Q. Let me direct your attention to what's been
13	another one that will actually measure CO2 for you.	13	premarked as Exhibit 10, can you identify that
14	Q. Are there different types of CO2 detectors	14	document?
15	that measure or reflect a color change?	15	A. It's the C.P.R. Data Sheet and Emergency
16	A. There probably are.	16	Medical Response.
17	Q. Again, your information is that the CO2 is	17	A. Is that one of the documents that you were
18	going to be yellow and if the patient is properly	18	referring to?
19	intubated	19	A. Yes, ma'am.
20	A then it will change color.	20	Q. Where on that document does it indicate the
21	Q. To purple?	21	medication given?
22	A. Yes.	22	A. Where it says Atropine along the top.
23	Q. If the intubation is successful?	23	Q. Okay.
24 25	A. Yes, right.	24	A. Rather at the junction between the top and
25	Q. Are you able to describe the type of CO2	25	middle third.
	Page 95		D 07
			Page 97
1	detector that was used at the Clinic?	1	Q. Okay.
1 2	detector that was used at the Clinic? A. It's one that I've seen frequently. It's	1 2	-
_		_	Q. Okay.
2	A. It's one that I've seen frequently. It's	2	Q. Okay.A. The time, heart rate, and lists medications.
2 3	A. It's one that I've seen frequently. It's clear plastic with a flat surface on top and the central	2 3	Q. Okay.A. The time, heart rate, and lists medications.Q. So the Atropine was given at 20:57?
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	Page 98		Page 100
1	Q. What medications were administered during	1	activity.
2	intubation?	2	Q. We've talked about the fact after respiratory
3	A. Etomidate 30 milligrams and Lidocaine and	3	distress the patient was intubated and certain
4	Suxamethonium.	4	medications were administered, was there anything else
5	Q. What is the purpose of these medications	5	that was done by way of treatment?
6	during the intubation process?	6	A. C.P.R.
7	A. It's to allow us to relax the patient so that	7	Q. Who administered that?
8	we can intubate them.	8	A. I'm sure I gave the order, but who actually
9	Q. Specifically what part of the body is being	9	was pressing on his chest that would depend of the type
10	relaxed?	10	of personnel that we had available.
11	A. The larynx.	11	Q. Where is there a reference okay, I take
12	Q. Did the patient respond to the administration	12	that back. That Exhibit 10 references the C.P.R.;
13	of the Epinephrine and the Atropine?	13	correct, under significant event?
14	A. No, he did not.	14	A. Where are you?
15	Q. Did you administer any other medications in	15	Q. I'm on page 2 of that document, Exhibit 10,
16	addition to the two doses of Atropine and the dose of	16	Significant Events column?
17	Epinephrine?	17	A. Right.
18	A. He received Activase.	18	Q. Looking at the top of that page, is it
19	Q. Where is that noted?	19	accurate to state that the C.P.R. was started at 20:56
20	A. That's on part of Exhibit 10 page, number 2,	20	as noted?
21	lower right hand corner, and also on Exhibit Number 2,	21	A. Yes, ma'am.
22	middle of right-hand column, TPA 50 milligram bolus I.V.	22	Q. Did the patient ever recover from the
23	then 50 milligram drip I.V. over two hours.	23	deteriorating condition, the respiratory distress?
24	Q. What is Activase?	24	A. No, ma'am.
25	A. It's a thrombolytic agent in what they call a	25	Q. What was the time that the patient expired?
	Page 99	_	Page 101
1	clot buster.	1	A. It's noted here, 21:16 hours.
1		1 2	A. It's noted here, 21:16 hours.Q. Is there any record that would reflect
	clot buster.Q. So that was administered I take it in response to the pulmonary emboli that were noted on the scan?		Q. Is there any record that would reflect
2	Q. So that was administered I take it in response	2	
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	Page 102		Page 104
1	Q. Anything significant with respect to either	1	Q. Okay, and at some point after cardiology
2	condition or treatment of the patient?	2	performs the consult, I would assume they communicate
3	MR. TABER: Objection, over broad.	3	their findings?
4	THE WITNESS: No. I'm not trying to	4	A. Yes.
5	be obtuse, I'm just not sure	5	Q. Now that you've looked at the consult book
6	BY MS. SEVERYN:	6	the consultant document, the entry by the cardiologist,
7	Q. There is a portion at the bottom A/P, does	7	does that in any way refresh your recollection as to
8	that typically stand for assessment slash plan?	8	what information was conveyed to you by cardiology in
9	A. Yes, ma'am.	9	that phone conversation that you recall?
10	Q. What was the assessment of the cardiologist,	10	A. No, not really.
11	according to your review of this document?	11	Q. Is it fair to say that after this consult, at
12	A. "Post-op aortic root replacement and shortness	12	least from the cardiologist's note down below at Number
13	of breath secondary to P.E., question mark".	13	2, there was still a consideration that the shortness of
14	Q. What is your understanding, if you have one,	14	breath may be secondary to a pulmonary emboli or
15	as to the initial note of a post-op aortic root	15	embolism?
16	replacement?	16	A. Yes.
17	A. What is my understanding of the?	17	MR. TABER: Off the record.
18	Q. Of that entry on this consult note?	18	(Thereupon an off the record discussion was held.)
19	A. Just what it says, this is a patient who is	19	BY MS. SEVERYN:
20	post-op aortic root replacement.	20	Q. On the record. Doctor, let me direct your
21	Q. Okay. Do you have any knowledge or	21	attention to what's been premarked as Exhibit 13, can
22	information as to what the cardiologist's plan of	22	you identify this document?
23	treatment was in this case?	23	A. Exhibit 13 it looks like a printed sheet from
24	MR. TABER: Objection.	24	Em-STAT system.
25	THE WITNESS: Yeah, at what point in	25	Q. What is that, the Em-STAT system?
	Page 103		Page 105
1	time? He's got a lot of things down here.	1	A. It's a computerized patient documentation
2	BY MS. SEVERYN:	2	program.
3	Q. Can you tell from this Exhibit 6 when the	3	Q. There are some names here Wayne Kupetz, RN; do
4	cardiology consult occurred?	4	you see that?
5	A. Not from this document.	5	A. Kupetz, K-U-P-E-T-Z, RN.
6	Q. Is there any other	6	Q. Melissa Wysocky? That's Melissa two S's
7	A. Oh, no it says patient is in CT. So that	7	W-Y-S-O-C-K-Y, RN. Mike Cudnik, MD, yourself. Are
8	means I guess sometime 19 something, 19:00 hours	8	these all individuals that would have had a role in
9	somewhere around there. Probably when he came down to	9	caring for Mr. Stansbury?
10	see the patient.	10	A. Yes, ma'am.
11	Q. Where is your reference that you're noting	11	Q. Seeing this document, does it in any way
12	that patient is in CT?	12	refresh your recollection as to who was present during
13	A. I'll have to look	13	the respiratory distress?
14	Q. Oh, on top.	14	A. No, not really. Not really in that even if I
15	A. Oh, you mean on his document?	15	was again globally aware of who actually was there, once
	•	16	something like this happens, you become so focused on
16	Q. On his document.	10	
	-	17	
16 17 18	A. Right up on top.		the individual that it's almost like having antegrade
17	-	17	the individual that it's almost like having antegrade amnesia, you forget about everything that just happened
17 18	A. Right up on top.Q. Okay, I got you. Is the information contained in this consult, is that information that you recall	17 18	the individual that it's almost like having antegrade amnesia, you forget about everything that just happened and you're all of a sudden it means nothing literally
17 18 19 20	 A. Right up on top. Q. Okay, I got you. Is the information contained in this consult, is that information that you recall being communicated to you by cardiology during the 	17 18 19 20	the individual that it's almost like having antegrade amnesia, you forget about everything that just happened and you're all of a sudden it means nothing literally exists in the world, except for this person and you.
17 18 19 20 21	 A. Right up on top. Q. Okay, I got you. Is the information contained in this consult, is that information that you recall being communicated to you by cardiology during the course of your treatment of Mr. Stansbury? 	17 18 19	the individual that it's almost like having antegrade amnesia, you forget about everything that just happened and you're all of a sudden it means nothing literally exists in the world, except for this person and you. I mean someone could be right by your side for
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	Page 106		Page 108
1	Q. Let me direct your attention to what's been	1	coroner's office notified, and we sign a certificate of
2	premarked as Exhibit 9, can you identify this document	2	death form if the primary care physician does not wish
3	for the record?	3	to sign it.
4	A. That is as Expiration Discharge Summary.	4	Q. The Expiration Discharge Summary reflects that
5	Q. Is that typically what is dictated after a	5	Mr. Stansbury expired from bilateral pulmonary emboli;
6	patient expires at the Clinic?	6	do you see that?
7	A. Not typically, I mean well let me read this	7	A. Yes, ma'am.
8	document.	8	Q. Would you agree with that statement?
9	Q. Sure, take whatever time you need.	9	A. He could have, there's a possibility. I'm not
10	(Thereupon, an off the record discussion was held,	10	saying that he actually did from these, but he could
11	and Mr. Myers was replaced by Lauren Kinkopf on the	11	have.
12	telephone at approximately 1:15 p.m.)	12	Q. Was there an autopsy done in this case?
13	A. Usually to be complete, something like this	13	A. No, ma'am.
14	would be dictated regarding the patient who had expired.	14	Q. Did you speak with Mrs. Stansbury after her
15	Q. Who is Dr. Walts?	15	husband died?
16	A. I don't know.	16	A. Yes, ma'am.
17	Q. Is that someone that you understood to have a	17	Q. So were you the person responsible for
18	role in Mr. Stansbury's care on January 25, 2003?	18	communicating to her of his passing?
19	A. I'm not certain. There was no Attending noted there and he did not identify his service.	19	A. Yes, ma'am.
20 21	•	20	Q. What do you remember about your conversation with her?
21	Q. Have you ever met or spoken with Peter Walts, MD?	21 22	
22	A. Not to my knowledge, but I may have not	22	A. I remembered her being in the room before that, but that conversation I recall explaining to her
24	knowing.	23 24	that her husband had expired, that he was no longer
25	Q. But as we sit here today, you don't know who	25	alive. And I'm not sure of anything else, I may have
		2	
	Page 107		Page 109
1	Page 107 he is in relation to the Clinic or indeed why he	1	Page 109 said to her but I think that was basically my
1 2	-	1 2	-
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	Page 110		Page 112
1	Q. Now that we've actually spent quite some time	1	else is there.
2	talking about the treatment of Mr. Stansbury on	2	BY MS. SEVERYN:
3	January 25, 2003, does that in any way refresh your	3	Q. Do pulmonary emboli ever show up on
4	recollection as to the identity of the cardiothoracic	4	A. No.
5	specialist that was consulted in this case?	5	Q. So there's nothing unusual about the fact that
6	A. No, ma'am.	6	it didn't show up here?
7	Q. Do you recall at what point in your treatment	7	A. No, but it points out the fact that you could
8	of Mr. Stansbury on January 25, 2003, the focus of the	8	have bad things there that don't show up on a chest
9	differential diagnosis if you will, turned to a	9	х-гау.
10	potential embolism?	10	Q. What other possible diagnoses were you
11	A. Say that again?	11	considering or that were left, after you were able to at
12	Q. Sure. At what point in your treatment of	12	least get information that would suggest that you're
13	Mr. Stansbury, on that E.R. admission, did your focus	13	ruling out a myocardial infarction, the pneumonia, the
14	turn to a P.E. as opposed to some of the other	14	pleural effusion, the pneumothorax, other than the P.E.
15	differential diagnoses you were considering?	15	what else were you considering?
16	MR. TABER: Objection, over broad.	16	A. You could still have a pneumonia, it just
17	Go ahead.	17	doesn't show up because of let's say dehydration and you
18	THE WITNESS: Definitely once I had	18	could have something behind you could have something
19	the CT results.	19	involving the heart itself.
20	BY MS. SEVERYN:	20	For example, he could be having cardiac tamponade,
21	Q. Once you had obtained the EKG result and the	21	you just don't appreciate it because this is an AP of
22	chest x-ray, other than the CT scan, what other results	22	the chest and the heart may look large, but it may be
23	helped you to remove some of those differential	23	larger than it really should be. You really don't know
24	diagnoses or eliminate them?	24	that, you're just assuming that it's large because of
25	MR. TABER: Objection, over broad, vague.	25	the type of chest x-ray that you're getting.
	Page 111		Page 113
1	THE WITNESS: I'm not sure I understand	1	But a CAT scan will show you that there is
2	your question.	2	pericardial effusion in there. Is there something
3	BY MS. SEVERYN:	3	behind like a pneumonia, what we call a retrocardiac
A .	Q. Sure. Let me try it again. Your testimony		
4	Q. Suic. Let me uy it again. Tour testimony	4	pneumonia. You cannot usually you get a PA and
5	earlier, my recollection is that the EKG assisted you to	4 5	pneumonia. You cannot usually you get a PA and lateral of the chest so that you can look at the back
5	earlier, my recollection is that the EKG assisted you to	5	lateral of the chest so that you can look at the back
5 6	earlier, my recollection is that the EKG assisted you to rule out myocardial infarction, heart attack; right?	5 6	lateral of the chest so that you can look at the back part yeah, the back part of the the area behind the heart, and sometimes you'll see a low-lying pneumonia that otherwise you'll look at the AP of the
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1	post significant event type of round-robin. But	1	A. They're there to assist in performing the
2	specifically, what we said, who said what, I couldn't	2	resuscitation.
3	really say.	3	Q. When you talk about assisting, what types of
4	Q. Did you review the deposition transcript of	4	assistance are you referring to?
5	Michael Chrisman?	5	A. Various types of assistance.
6	A. No, ma'am.	6	Q. Is there typically a nurse or member of the
7	Q. Did you ever speak with anyone at the hospital	7	nursing staff, who charts what is happening and what is
8	that evening that you understood to be the paramedic	8	occurring by way of treatment during the respiratory
9	that had responded to the home of Mr. Stansbury	9	distress and or code?
10	initially that afternoon?	10	A. There usually is one person assigned to
11	A. If he was the paramedic from the Metro Life	11	document the events of a code.
12	Flight?	12	Q. Can you tell from the records in this, who
13	Q. No. They would have been with the Aurora	13	would have done the documentation in this matter?
14	E.M.S.	14	A. Not by looking at signatures or initials.
15	A. If I spoke with that person that would have	15	Wait a minute, I'm sorry, there's a recording nurse,
16	been telephonically, because there was no other way for	16	Kristina Vaji.
17	us to really communicate.	17	Q. Vaji?
18	Q. But you don't have any recollection today of	18	A. I think so.
19 20	having any such conversation; correct?	19	Q. And you're referring to Exhibit Number?
	A. Right.	20	A. Exhibit Number 10.
21 22	Q. Going back to the intubation, you indicated	21	Q. And that's the recording nurse?
22	typically you would check for breath sounds A. Uh-huh.	22	A. Right.
23 24	Q use the CO2 detector	23 24	Q. Do you know nurse Vaji?
2 4 25	A. Yes, ma'am.	24	A. I remember her, yes.
2.5		23	Q. Any reason to believe she was not charting
	Page 115		Page 117
1	Q in assisting in the process to ensure the	1	accurately in this case?
2	intubation was done correctly. Do you recall following	2	A. No, she's a good nurse and she a good nurse
3	your typical protocol to ensure that the intubation was	3	in that patient care is primary concern.
4	proper in this case?	4	Q. When we talk about the administration of
5	A. I would usually request that an End-Tidal CO2	5	A.C.L.S. medication, do you know what we're referring
6	detector be attached to ensure that there is color	6	to?
7	change.	7	A. Not specifically.
8	Q. What does the standard of care require in your	8	Q. That doesn't have any medical significance to
9	opinion, Doctor, to a reasonable degree of medical	9	
10		-	you?
10	certainty, regarding your obligation to chart the	10	A. No, it tells me that there's probably a code
11	certainty, regarding your obligation to chart the intubation process?	10 11	A. No, it tells me that there's probably a code situation and medications are required.
11 12	certainty, regarding your obligation to chart the intubation process? MR. TABER: Objection.	10 11 12	A. No, it tells me that there's probably a code situation and medications are required.Q. What does the standard of care mandate
11 12 13	certainty, regarding your obligation to chart the intubation process? MR. TABER: Objection. THE WITNESS: I'm not sure what you mean	10 11 12 13	 A. No, it tells me that there's probably a code situation and medications are required. Q. What does the standard of care mandate regarding treatment the administration of medicine
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	Page 118		Page 120
1	question.	1	Q. What is the Epinephrine designed to do in a
2	MR. TABER: I know, and that's why I	2	code situation?
3	objected. Go ahead if you can.	3	A. Well, it's designed to help the heart
4	THE WITNESS: If you request medication	4	reestablish mechanical activity, theoretical.
5	you administer it.	5	Q. Again, as an emergency room physician what
6	BY MS. SEVERYN:	6	factors do you typically consider when determining
7	Q. All right. If we have a patient such as	7	whether or not to administer additional doses of the
8	Mr. Stansbury who has electrical activity but no pulse,	8	Epinephrine under a code situation?
9	what does the standard of care require as to the type of	9	A. In Mr. Stansbury's case how is the patient
10	medication and the dosage of medication that needs to be	10	responding at that point in time.
11	administered under those circumstances?	11	Q. Again, let's assume after five minutes there's
12	A. Oh, well I think I understand what you're	12	no response?
13	saying now. Medications that you would use would be	13	A. You may wish to repeat it, you may wish to not
14	Atropine and Epinephrine.	14	repeat it.
15	Q. What is the dosage that you would use?	15	Q. What are the considerations as to whether to
16	A. One milligram.	16	repeat, to not to repeat?
17 18	Q. How frequently would you use them?	17	A. Again, the patient's clinical condition.
18	 A. One every five minutes or as needed depending on their effectiveness. 	18	Q. Again, assuming nothing's changed?
20		19	A. You may wish to repeat it, you may not wish to
20	Q. Is that true for both of them, once every five minutes or as needed?	20 21	repeat it.
22	A. No, the Atropine you may only need once.	21	Q. What clinical considerations would help you in determining whether or not you wish to repeat or not?
23	Q. All right, then let's take them one at a	22	A. If he had a pulse.
24	time. What does the standard care require, regarding how	23	Q. What if he did?
25	much and how frequently you want to administer the	25	A. If he had a pulse then you would observe him
			A. If he had a pulse tick you would observe him
	Page 119		Page 121
1	Atropine	1	at that point in time to see how he's doing, what his
2	A. The Atropine	2	blood pressure is.
3	Q in a situation where there's electrical	3	Q. What if he didn't have pulse?
4	activity but no pulse?	4	A. If he didn't have a pulse, as I said before
5	A. Okay, the Atropine you should administer no	5	not to be redundant, but you can give him another dose
6	more than two milligrams.	6	or you can just continue with your C.P.R. it's not
7	Q. During what period of time?	7	really at that point in time, it's not going to make
8	A. During any period of time.	8	much of a difference.
9	Q. What about the Epinephrine?	9	Q. Would you agree that in the United States at
143		1.0	
10	A. The Epinephrine you can administer as often as	1	least in the metropolitan areas that there is one
11	you wish to continue coding the person with pulseless	11	least in the metropolitan areas that there is one standard of care?
11 12	you wish to continue coding the person with pulseless electrical activity.	11 12	least in the metropolitan areas that there is one standard of care?A. There can be one standard of care –
11 12 13	you wish to continue coding the person with pulseless electrical activity. Q. As often as you want?	11 12 13	least in the metropolitan areas that there is one standard of care?A. There can be one standard of care –Q. Okay.
11 12 13 14	you wish to continue coding the person with pulseless electrical activity.Q. As often as you want?A. Once every five minutes.	11 12 13 14	 least in the metropolitan areas that there is one standard of care? A. There can be one standard of care – Q. Okay. MR. TABER: Object, that's a legal
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4	Page 122		Page 124
1	THE WITNESS: I would practice	1	A. Cardiology.
2	medicine the same here as I would there,	2	Q. All right. So in your opinion, it would have
3	except for modifying local factors.	3	been their decision as to whether or not a filter would
4	BY MS. SEVERYN:	4	have been placed?
5	Q. Okay.	5	A. Yes, ma'am.
6	A. Whatever they may be.	6	Q. Typically, is the filter placed through
7	Q. What types of things do you mean to include in	7	radiology?
8	that local factors?	8	A. To the best of my knowledge, yes.
9	A. Too numerous to elaborate. It depends on the	9	Q. Are you aware that there are medications that
10	actual situation as you see it. Certain protocols are	10	can be given to counteract the effects of Heparin if for
11	generated to give you a guideline, but they're not	11	any reason it becomes necessary to do so?
12	absolute. They're simply a guideline and clinical	12	A. Yes, ma'am.
13	discretion overrides those guidelines at any given time.	13	Q. What are some of these medications?
14	Q. Dr. Aponte, do you believe to a reasonable	14	A. Vitamin K Protamine.
15	degree of medical certainty, that you met the standard	15	Q. Do you have an opinion as to how quickly
16	of care in your treatment of Mr. Stansbury in this case?	16	Heparin begins to have an effect, after it's first
17	A. Yes, ma'am.	17	administered?
18	Q. Do you have any criticisms with respect to any	18	A. No, ma'am.
19	of the treatment that was rendered at the Cleveland	19	Q. Doctor, do you know whether the circumstances
20	Clinic Foundation with respect to Mr. Stansbury on	20	surrounding Mr. Stansbury's demise, were ever considered
21	January 25, 2003?	21	by any peer-review committee by the hospital?
22	MS. KINKOPF: I'm going to object to that.	22	MR. TABER: Objection
23	THE WITNESS: On the day that I saw him?	23	MS. KINKOPF: Objection
24	BY MS. SEVERYN:	24	MR. TABER: I instruct you not to answer
25	Q. Yes.	25	that. It's privileged pursuant to Ohio law,
-			
	Page 123		Page 125
1	A. I have no objections to the medical care that	1	not admissible in lawsuits, that's not
2	he received on the day of his visit on the 25th of	2	relevant.
3	January, 2003.	3	MS. HENRY: Join in the objection.
4	Q. Have you ever had or been in a situation where	4	MS. SEVERYN: I'll withdraw the question,
5	a filter was placed by radiology to prevent a blood clot	5	
6		5	thank you.
-	from migrating?	6	MS. SEVERYN:
7	A. Well, when I was doing my residency and when I		-
7 8	A. Well, when I was doing my residency and when I was doing my internship, perivena cava filter.	6	MS. SEVERYN: Q. Did you speak with any strike that. Other than your attorney, is there anyone else that you spoke
7	A. Well, when I was doing my residency and when I	6 7	MS. SEVERYN: Q. Did you speak with any strike that. Other
7 8 9	A. Well, when I was doing my residency and when I was doing my internship, perivena cava filter.	6 7 8	MS. SEVERYN: Q. Did you speak with any strike that. Other than your attorney, is there anyone else that you spoke
7 8 9 10	 A. Well, when I was doing my residency and when I was doing my internship, perivena cava filter. Q. Were you ever in a situation at the Cleveland Clinic Foundation where a radiologist would call you with reports of a P.E. and where it was your 	6 7 8 9	MS. SEVERYN: Q. Did you speak with any strike that. Other than your attorney, is there anyone else that you spoke with about this case since these events occurred on
7 8 9 10 11	A. Well, when I was doing my residency and when I was doing my internship, perivena cava filter.Q. Were you ever in a situation at the ClevelandClinic Foundation where a radiologist would call you	6 7 8 9 10	MS. SEVERYN: Q. Did you speak with any strike that. Other than your attorney, is there anyone else that you spoke with about this case since these events occurred on January 25, 2003?
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7 8 9 10 11 12 13	 A. Well, when I was doing my residency and when I was doing my internship, perivena cava filter. Q. Were you ever in a situation at the Cleveland Clinic Foundation where a radiologist would call you with reports of a P.E. and where it was your determination that a filter be placed? A. No, ma'am. Q. Would you typically consult with someone 	6 7 8 9 10 11 12	MS. SEVERYN: Q. Did you speak with any strike that. Other than your attorney, is there anyone else that you spoke with about this case since these events occurred on January 25, 2003? A. No, ma'am. Q. Do you have any criticisms as to the treatment
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7 8 9 10 11 12 13 14 15	 A. Well, when I was doing my residency and when I was doing my internship, perivena cava filter. Q. Were you ever in a situation at the Cleveland Clinic Foundation where a radiologist would call you with reports of a P.E. and where it was your determination that a filter be placed? A. No, ma'am. Q. Would you typically consult with someone 	6 7 8 9 10 11 12 13 14	MS. SEVERYN: Q. Did you speak with any strike that. Other than your attorney, is there anyone else that you spoke with about this case since these events occurred on January 25, 2003? A. No, ma'am. Q. Do you have any criticisms as to the treatment administered by the Aurora E.M.S. personnel? A. No, ma'am.
7 8 9 10 11 12 13 14 15 16	 A. Well, when I was doing my residency and when I was doing my internship, perivena cava filter. Q. Were you ever in a situation at the Cleveland Clinic Foundation where a radiologist would call you with reports of a P.E. and where it was your determination that a filter be placed? A. No, ma'am. Q. Would you typically consult with someone before placing a filter? 	6 7 9 10 11 12 13 14 15	MS. SEVERYN: Q. Did you speak with any strike that. Other than your attorney, is there anyone else that you spoke with about this case since these events occurred on January 25, 2003? A. No, ma'am. Q. Do you have any criticisms as to the treatment administered by the Aurora E.M.S. personnel? A. No, ma'am. Q. Do you have any criticisms of the treatment
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1	Page 126		Page 128
1	A. I wouldn't know. I don't function – that's		may have been a phone call after the fact, where someone
2	not part of my function.	2	had asked me some questions about it, but that's the
3	Q. In that capacity?	3	only thing I could really recall regarding that question.
4	A. Right.	4	Q. Doctor, do you have an opinion as to whether
5	Q. Do you have any knowledge or information about	5	any of the treatment rendered by the physicians and
6	any telephone calls to the Clinic by either	6	staff of Cleveland Clinic Foundation at all times
7	Mr. Stansbury or his widow, after the discharge, after	7	adhered to the applicable standard of care in treating
8	the aneurysm repair, but before the emergency room	8	Mr. Stansbury?
9	admission that we're talking about today?	9	A. I think that they did adhere to the standard
10	A. Not that I can recall at this time.	10	of care.
11	Q. Doctor, let me direct your attention to what's	11	MS. SEVERYN: I don't have questions
12	been marked as Exhibit 12. Can you identify that	12	at this time, Doctor. You do have an
13	document?	13	opportunity
14	A. It's a Deposition Exhibit Number 12, Chart	14	MS. HENRY: I have some questions.
15	Fact Cleveland Clinic Foundation Deficiency Slip, Friday	15	CROSS-EXAMINATION
16	April 4, 2003 10:07 a.m.	16	BY MS. HENRY:
17	Q. Do you recall receiving that document?	17	Q. Dr. Aponte, my name is Deirdre Henry I
18	A. No, ma'am.	18	represent Dr.Cudnik. You were the Attending emergency
19	Q. So that's not something to your knowledge	19	room physician; correct?
20	generated to you?	20	A. Yes.
21	A. No, ma'am.	21	Q. Explain to us what Attending means?
22	Q. After having read the document, do you have	22	Q. Attending is a fully trained, residency
23	any understanding as what it's designed to do?	23	trained board certified physician, considered to be
24	A. This document?	24	competent in the practice of emergency medicine to the
25	Q. Yes.	25	point that he may at least be considered capable of
	Page 127		Page 129
	A. It's designed to inform me that there's a	1	supervising physicians in training of the same specialty.
2	deficiency in one of my charts and the expiration	2	Q. Dr. Cudnik was a resident physician rotating
3	summary.	3	through the emergency at the Cleveland Clinic; correct?
4	Q. Do you know what the deficiency that's being	4	A. Yes, ma'am.
5	referenced is?	5	Q. You were the supervisor supervising
6	A. I would imagine I'm just guessing an		
7	and instances	6	Dr. Cudnik's interactions with Mr. Stansbury; correct?
	expiration summary.	7	A. Yes, ma'am.
8	Q. Off the record.	7 8	A. Yes, ma'am.Q. And part of what Dr. Cudnik was learning at
8 9	Q. Off the record.(Thereupon, as off the record discussion was held.)	7 8 9	A. Yes, ma'am.Q. And part of what Dr. Cudnik was learning at the Cleveland Clinic was evaluation of patients and how
8 9 10	Q. Off the record.(Thereupon, as off the record discussion was held.)Dr. Aponte, were you ever provided with a copy of	7 8 9 10	 A. Yes, ma'am. Q. And part of what Dr. Cudnik was learning at the Cleveland Clinic was evaluation of patients and how to make decisions on differentials, that sort of thing;
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	Page 130		Page 132
1	A. Yes, ma'am.	1	A. To the best of my recollection, yes.
2	Q. You would be discussing it with the resident	2	Q. The decision as to what care was to be
3	as part of the education process?	3	rendered to Mr. Stansbury along the way, until the time
4	A. Yes, ma'am.	4	that the CT result came back, was ultimately your
5	Q. You would have been the physician who was	5	decision; correct?
6	responsible for deciding what tests were to be done?	6	A. Yes, ma'am.
7	A. Yes, ma'am.	7	Q. The decision as to if and when Heparin was
8	Q. And you explained to us the tests that you	8	going to be administered I understand was a decision
9	requested and why they were requested and the results;	9	that was going to made in conjunction with
10	correct?	10	cardiothoracic surgery or cardiology rather?
11	A. Yes, ma'am.	11	A. Yes, ma'am.
12	MS. KINKOPF: Excuse me, this is Lauren	12	Q. Once the results of the CT came back in,
13	Kinkopf, I'm having a hard time hearing the	13	consultation with cardiology, the decision was made to
14	questions, would it be possible to speak up a	14	give the Heparin?
15	little bit?	15	A. Yes, ma'am.
16	MS. HENRY: I can speak up.	16	Q. And you were the one who ultimately gave the
17	MS. KINKOPF: Thank you.	17	order for the Heparin the starting of the Heparin;
18	BY MS. HENRY:	18	correct?
19	Q. You would also be as the Attending, the	19	A. Yes, ma'am.
20	physician who would make the decision as to what	20	Q. Based on what you recall about this case,
21	consultations you wanted made in this case?	21	Dr. Cudnik did what you asked him to do and what was
22	A. Yes, ma'am.	22	asked of him; correct?
23	Q. Now it's my understanding that Dr. Cudnik was	23	A. Yes, ma'am.
24	with you when you initially met Mr. Stansbury?	24	Q. Do you have any criticisms of Dr. Cudnik?
25	A. Yes, ma'am.	25	A. No, ma'am.
	Page 131		Page 133
1	Q. And you said that you saw him as he was being	1	Page 133 Q. Do you believe that Dr. Cudnik met the
1	-	1 2	-
1	Q. And you said that you saw him as he was being brought down the hallway and you watched them bring him into the room; correct?	_	Q. Do you believe that Dr. Cudnik met the
2	Q. And you said that you saw him as he was being brought down the hallway and you watched them bring him into the room; correct?A. Into the room, yes.	2	Q. Do you believe that Dr. Cudnik met the standard of care for the role that he played in the
2 3	Q. And you said that you saw him as he was being brought down the hallway and you watched them bring him into the room; correct?	2 3	Q. Do you believe that Dr. Cudnik met the standard of care for the role that he played in the emergency room, as it relates to Mr. Stansbury on
2 3 4	Q. And you said that you saw him as he was being brought down the hallway and you watched them bring him into the room; correct?A. Into the room, yes.	2 3 4	Q. Do you believe that Dr. Cudnik met the standard of care for the role that he played in the emergency room, as it relates to Mr. Stansbury on January 25, 2003?
2 3 4 5	Q. And you said that you saw him as he was being brought down the hallway and you watched them bring him into the room; correct?A. Into the room, yes.Q. Who is the they, that were bringing him into	2 3 4 5	Q. Do you believe that Dr. Cudnik met the standard of care for the role that he played in the emergency room, as it relates to Mr. Stansbury on January 25, 2003?A. Yes, I do.
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	Page 134		Page 136	;
1	questions that may be necessary. Although, I	1	ERRATA SHEET (dmd)	
2	think we've been extremely thorough today.	2	IN RE: DEPOSITION OF: JOSEF APONTE, MD TAKEN: 9/22/05	
3	MS. SEVERYN: I'm actually thinking about	3	Do Not Write On Transcript - Enter Changes Here	1000
4	your invitation.	4	PAGE LINE CHANGE REASON	2000 B
5	MR. TABER: I don't want any second		PAGE LINE CHANGE REASON	21.08.00
6	guessing	6		
7	MS. KINKOPFL: I'm sorry, could you	7		20600
8	repeat that, I didn't get all of that?	8		no execto
9	MR. TABER: Sorry, I said I don't want	9		No.
10	there to be any misunderstanding as to what it	10		1000
11	means to be a hybrid fact/expert Doc	11		autor.
12	testifying. That there is only one	12		3. TA 10.
13	deposition in our County, and I just wanted to			Solution of
14	be clear on that point.	13		2120220
15	MS. SEVERYN: And I am clear on that. My	14		201015
16	only question was whether or not I wanted to	15		control.
17	ask any further standard of care questions,	16		COMME
18	and I don't. I think we are done.	17		1000
19	(Thereupon, the deposition was concluded at 1:59	18		in the second
20	p.m.)	19		(COLUMN)
21		20	Please forward the original signed errata sheet to	
22		21	this office so that copies may be distributed to all parties.	H estad
23		22	Under penalty of perjury, I declare that I have read my deposition and that it is true and correct	1211022
24		23 24	subject to any changes in form or substance entered here. Date: SIGNATURE OF DEPONENT:	CEASE CER.
25		25	Date SIGNATORE OF DEPONENT:	x1a07728
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