

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF KINGS

-----X
, as Executrix of the Estate
of , Deceased,

Plaintiff,

-against-

Defendants.

-----X

DEPOSITION of a Defendant in the
above-entitled action,

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2 IT IS HEREBY STIPULATED AND AGREED, by
3 and between the attorneys for the respective
4 parties hereto, that:

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6 All rights provided by the C.P.L.R., and
7 Part 221 of the Uniform Rules for the Conduct
8 of Depositions, including the right to object
9 to any question, except as to form, or such
10 other irregularity that would be waived if not
11 interposed, or to move to strike any testimony
12 at this examination is reserved.

13

14 The failure to object to any question,
15 or to move to strike any testimony at this
16 examination, except as to form or other
17 irregularity shall not be a bar or waiver to
18 make such motion at, and is reserved to, the
19 time of trial of this action.

20

21 An attorney shall not interrupt the
22 deposition for the purpose of communicating

23 with the deponent unless all parties consent or
24 the communication shall be stated clearly for
25 the record.

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2 This deposition shall be sworn to by the
3 witness being examined before a Notary Public
4 other than the Notary Public before whom this
5 examination was begun, but the failure to do so
6 or to return the original of this deposition to
7 counsel shall not be deemed a waiver of the
8 rights provided by Rule 3116 of the C.P.L.R.
9 and shall be controlled thereby.

10

11 The filing of the original of this
12 deposition is waived.

13

14 IT IS FURTHER STIPULATED, that a copy of
15 this examination shall be furnished to the
16 attorney for the witness being examined without
17 charge.

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REPORTING SERVICE

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PREMARKED EXHIBITS

PLAINTIFF'S DESCRIPTION

- 1 Curriculum vitae
- 2 Chart

21

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REPORTING SERVICE

21 I'm with the law firm of
22 Silberstein, Awad & Miklos. I represent the
23 decedent, .
24 Today I'm going to be asking you
25 some questions with regard to the care and

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2 treatment that Ms. received while at
3 hospital Hospital. If at any time you don't
4 understand any of my questions, just let me
5 know, I'll restate or repeat it. I ask that
6 you wait until I finish with my question, as
7 the court reporter cannot take down two at
8 once. And please keep all responses verbal
9 because she cannot take gestures or nods of
10 the head.

11 A Okay.

12 Q We previously marked as Exhibit 1
13 a copy of your CV. Is this current?

14 A This is current.

15 Q And Plaintiff's 2 is the
16 Hospital admission of August 1st to
17 August 11th,. Do you have any
18 independent recollection of Ms. ?

19 A I did not understand that
20 question.

21 MS.: Other than
22 refreshing your recollection with
23 the chart, do you remember this
24 patient?
25 A Yes.

REPORTING SERVICE

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2 Q I'm going to go through the
3 specific medicine in a little while, but can
4 you tell me generally what it is you remember
5 about this patient? Was it the care and
6 treatment you rendered, what she looked like,
7 something else?

8 A I remember how she looked like --
9 she looked and also, my care and treatment
10 which I provided at that time.

11 Q First beginning with what she
12 looked like, can you tell me what you recall
13 about her appearance?

14 A When I looked at her on that
15 particular day of procedure, she was lethargic
16 and very frail and thin old lady.

17 Q And may I ask why you specifically
18 remember this patient as opposed to not
19 remembering her?

20 MS. Hospital: I'll rephrase

21 the question.

22 Q Is there any reason that this

23 patient stands out that you have a

24 recollection of what she looked like?

25 A Yeah, because I came to know I was

REPORTING SERVICE

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2 served with this process, the complication

3 occurred, so I remember her until now.

4 Q Prior to August 10th, , did

5 you have any contact with Ms. ?

6 A That is the day of the procedure?

7 Q Yes.

8 A No.

9 Q So the day of the procedure was

10 the first time you came in contact with her?

11 A Yes.

12 Q How was it that you came into

13 contact with the patient?

14 A I was -- my colleague asked me to

15 place a central line on her, so I came down to

16 place a central line. That is the first time

17 I saw her.

18 Q Who is this colleague?

19 A DR.

20 Q And when you say "colleague," do

21 you recall, back in August of ,

22 Dr. position within the hospital?

23 A He was a PGY2, internal medicine

24 -- internal medicine resident.

25 Q And when you say PGY2, does that

REPORTING SERVICE

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2 mean that he was a resident or an intern or

3 something else?

4 A He was a resident.

5 Q What was your position back in

6 August of ?

7 A Same position, that is PGY2,

8 internal medicine resident.

9 Q Was there a reason why you were

10 called to put in the central line as opposed

11 to Dr. ?

12 A Yes, because I was certified.

13 Q And when you say you were

14 certified, what were you certified in?

15 A I was certified in placing a

16 subclavian central venous catheter.

17 Q And when did you receive that

18 certification?

19 A I don't recall, but approximately

20 one month before the procedure which I did.

21 Q And what did obtaining the
22 certification entail? Did you have to go to
23 school? Did you have to take a class,
24 something else?

25 A We should be internal resident,

REPORTING SERVICE

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2 first thing; and next criteria, we should do
3 five central line procedures under supervision
4 and a high degree of satisfaction.

5 Q So to obtain the certification,
6 five procedures had to be performed under the
7 supervision of an attending?

8 A Not necessarily. One of them
9 should be the supervision of the attending and
10 the other four may be the other residents who
11 were certified -- not necessarily internal
12 medicine -- who is certified in that
13 procedure.

14 Q Did you actually receive a
15 certificate?

16 A No. The thing -- how it works is
17 once I'm done with my five procedures, I put
18 it in a logbook and I submit it to the program
19 coordinator and when she -- she enters it in
20 the computer so that we can prove if I'm

21 certified or not.

22 Q The five procedures you did

23 perform, were all five of them under the high

24 degree of satisfaction?

25 A Yes.

REPORTING SERVICE

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2 Q When you say high degree of
3 satisfaction, what do you mean by that?

4 A I mean that a -- I'm very apt --
5 more comfort -- very -- we should take care of
6 all standard precaution, which I'm supposed to
7 do, and there is specific procedure code even
8 before placing the central line and
9 precautions we have to establish after placing
10 the central line. All of them should have
11 been met.

12 Q And what standard precautions are
13 you referring to with regards to the placement
14 of the central line?

15 A First, before the placing the
16 central line, we need to know the indication
17 why the central line is placed. Next is to
18 see what is the condition of the patient and
19 the need -- I mean indication. That is what I
20 meant, indication of the central line.

- 21 Examination the patient, review the chest
- 22 x-ray of the patient and when you're actually
- 23 placing -- performing the procedure, keep
- 24 sterile conditions and putting the patient in
- 25 the Trendelenburg position, and that is the

REPORTING SERVICE

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2 precautions which I supposed to take before
3 the procedure -- and sterile precautions.

4 Q What about the precautions to be
5 taken after the procedure?

6 A Precautions after the procedure is
7 to hear -- auscultate both lungs and percuss
8 both lungs and to make sure that the patient
9 is -- does not have any complications, and I
10 do a routine physical examination and assess
11 the patient.

12 Q When you say hear both lungs and
13 percuss both lungs, what do you mean by that?
14 Do you use a stethoscope, something else?

15 A I use a stethoscope for
16 auscultation to make sure there is good air
17 entry in both lungs and percuss to make sure
18 there no hyperresonance.

19 Q Why is it you assess the lungs
20 following the placement of the central line?

21 A To make sure there is no immediate
22 pneumothorax.

23 Q What is a pneumothorax?

24 A Pneumothorax is air in the pleural
25 space between the lung and the chest cavity.

REPORTING SERVICE

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2 Q And how does a pneumothorax occur
3 when placing the central line?

4 A If you puncture the lung, then a
5 pneumothorax can occur.

6 Q Can the lung be punctured with a
7 central line being placed in the correct spot?

8 A I did not understand.

9 Q Sure, I'll rephrase.
10 What would cause a pneumothorax to
11 occur? Would it be the central line
12 puncturing the lung or something else?

13 A When we are starting the
14 procedure, we use -- introduce a thick needle
15 to access the vein. Most of the
16 pneumothoraxes occur at that time.

17 Q And when you say you use a thick
18 needle, are you referring to the Seldinger
19 technique or something else?

20 A Even before the Seldinger

21 technique, we use the needle to access the
22 vein. The first initial puncture, you go from
23 the chest wall to the vein; that is the needle
24 which we use.

25 Q If a puncture occurs, is that

REPORTING SERVICE

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2 something you're able to ascertain when you

3 actually insert the needle across the vein?

4 A Not all the times. Sometimes we

5 can access.

6 Q And how do you know that?

7 A When you are placing the needle,

8 you are putting a negative suction in the

9 syringe. So when you are placing the needle,

10 if you have a pneumo immediately, you will

11 feel the pressure going off, so we can pull

12 the -- when you are pulling the syringe, you

13 know that the pressure is left so that we can

14 get more air into the syringe than normally

15 with pressure.

16 Q Other than the thick needle being

17 placed to access the vein, how else would a

18 pneumothorax occur?

19 A That is the main reason.

20 Q Now, you used the term immediate

- 21 pneumothorax. Are there times when the
- 22 pneumothorax is not readily apparent when you
- 23 place the needle into the vein?
- 24 A Yes.
- 25 Q What happens when that occurs?

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2 A When it happens, what happens, the
3 pneumothorax -- initially, the air goes very
4 slow. The pneumothorax -- depends upon the
5 rate of the progression of the pneumothorax.
6 If it is a very small nick, then the air
7 escapes very slowly and it progresses over
8 time. But if it is a big nick into the lung,
9 then pneumothorax can occur immediately.

10 Q What does the standard of care
11 require with regards to the treatment of a
12 pneumothorax?

13 MS. Hospital: I'm going to
14 object to the form.

15 But if you can answer, I'll
16 let you answer over my objection.

17 If it's readily apparent --

18 A If it is readily apparent?

19 Q Yes.

20 A Then we can place a chest tube.

21 If the patient is deteriorating immediately,
22 then we can place a small bore needle into the
23 anterior chest to relieve the pneumothorax.

24 Q And the chest tube and the
25 equipment needed to reinflate the lung, would

REPORTING SERVICE

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2 that be at the bedside when you're actually

3 placing the central line?

4 A No.

5 Q How would you --

6 A But the needle is available to

7 place it immediately. If it is potential

8 pneumothorax, then you can place the needle.

9 If the slowly progressing pneumothorax and the

10 patient does not have any symptoms, then we

11 can take time and put a chest tube.

12 Q But the needle, itself, without

13 the chest tube, will that immediately relieve

14 the air in the lungs?

15 A Yes, if it is tension

16 pneumothorax.

17 Q And other than a tension

18 pneumothorax, are there other types of

19 pneumothoraxes?

20 A Yes.

- 21 Q What are the other types?
- 22 A Tension pneumothorax and
- 23 pneumothorax which depends upon the size of
- 24 the pneumothorax, so if it is less than
- 25 twenty-five percent of the lung space --

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2 collapse of less than twenty-five percent of
3 the lung, to be more exact, and the degree of
4 the pneumothorax, it can continue. So a
5 tension pneumothorax is one which pushed the
6 whole mediastinum into the left side and
7 causes symptoms like low blood pressure,
8 tachycardia and immediate respiratory
9 compromise. Pneumothorax which is not
10 apparent, then we grade depending upon the
11 size.

12 Q And how is it graded upon the
13 size? How do you determine what type of
14 pneumothorax it is?

15 A Depends upon the area of the
16 amount of collapse of the lung, plus the
17 patient's symptoms. Any degree of
18 pneumothorax, if the patient is symptomatic,
19 it requires immediate attention and if it is
20 odd -- if the pneumothorax is greater than

21 thirty percent slash twenty-five percent of
22 the lung field, then we require attention even
23 if the patient is not symptomatic.

24 Q What are the symptoms of
25 pneumothorax?

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2 A Difficulty breathing; there is
3 desaturation. The signs, decreased air entry
4 on that side by auscultation and
5 hyperresonance on percussion.

6 Q Earlier, we were discussing the
7 precautions that you take after a central line
8 placement and you used the term, make sure
9 there are no complications. When you use the
10 word complications, what specific
11 complications are you referring to?

12 A Referring to medical complication,
13 first of all, is excessive bleeding. The
14 second is immediate pneumothorax and
15 pneumothorax, definitely. And occasionally --
16 I mean, it is pain induced by the whole
17 procedure itself and air embolism, which is
18 one of the other complications which is --
19 which need immediate attention. But there are
20 other late complications.

21 Q And when you said routine physical
22 examination, other than listening to the
23 lungs, what does the routine examination
24 consist of following the placement of the
25 lung?

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2 A Taking the patient's vitals
3 including heart rate, respiratory rate,
4 temperature, and that's basically it -- and
5 doing the whole examination of CVS and lungs
6 -- cardiovascular system and respiratory
7 system.

8 Q Does the standard of care
9 following the placement of a central line
10 require a chest x-ray?

11 A Yes.

12 Q Why is that?

13 A To make sure that there is no
14 pneumo.

15 Q And is there any time frame in
16 which the x-ray must be taken and reported?

17 MS. Hospital: Can we break
18 that down?

19 MS. Hospital: Sure.

20 Q First taken, does the standard of

21 care require a certain time frame in which the

22 x-ray must be taken?

23 MS. Hospital: I'm going to

24 object to the form, but I'll

25 allow him to answer if he can.

REPORTING SERVICE

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2 A As soon as possible.

3 Q And I'm sorry, but when you say as

4 soon as possible, can you put any time frame

5 on that, an hour, ten minutes, twenty minutes?

6 Can you put any time frame on that?

7 MS. Hospital: Object to the

8 form.

9 Can you?

10 A Honestly, there is no standard.

11 But from my thing, it is --

12 MS. Hospital: No, just there's

13 no standard that you're aware of.

14 Q Back in August of , in the

15 evening hours, how long generally would it

16 take for a chest x-ray to be performed?

17 MS. Hospital: I'm going to

18 object to the form because that

19 could depend on a lot of things.

20 It could depend on whether the

21 patient's in the ICU, the ER.

22 MS. Hospital: I'll clean it

23 up.

24 MS. Hospital: If you want to

25 make it specific to this floor, I

REPORTING SERVICE

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2 think you have to establish his

3 familiarity with the floor first.

4 MS. Hospital: Okay.

5 Q Specifically relating to

6 Ms. , and please feel free to refer to

7 the chart anytime you have to, what floor was

8 she on?

9 A She was on K7.

10 Q What is K7?

11 A It is a -- one of the floors --

12 medical floors which primarily takes care of

13 geriatric patients.

14 Q And where, back in August,

15 was the radiology department in relation to

16 that floor?

17 A It was the third floor.

18 Q It was on the third floor?

19 A (Indicating.)

20 Q And when you say K7, is that the

21 seventh floor?

22 A Yes.

23 Q Do you recall what hours you

24 worked on the day of August 10th,?

25 A I don't honestly recall.

REPORTING SERVICE

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2 Q Back in August, , in or around
3 that time, do you recall generally what your
4 hours or shifts were?

5 A That month, I was an elective and
6 I was supposed to be in the hospital from nine
7 to five o'clock, but sometimes it takes a
8 little bit longer.

9 Q And when you say "elective," what
10 do you mean by that?

11 A Elective is a rotation which is
12 other than regular medical floors.

13 Q So you decided to take a rotation
14 on a geriatric floor?

15 MS. Hospital: No.

16 Q What do you mean by rotation?

17 A Rotation means the whole residency
18 year is divided into thirteen blocks. One
19 block is vacation, the other one blocking on
20 the six to seven regular floors. That

21 includes geriatric floors. And the other
22 months, we have elective which are
23 subspecialties of medicine, not actually
24 medicine.

25 Q How was it that Dr.

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2 contacted you the evening of August 10th?

3 A I don't remember but he contacted

4 me through the cell phone.

5 Q Was this a cell phone that was

6 provided by the hospital or was it your own

7 personal cell phone?

8 A Personal.

9 Q Did the hospital provide you, back

10 in August of , with a beeper?

11 A Yes.

12 Q Do you still have that same beeper

13 today?

14 A Yes.

15 Q Is it the same number as it was

16 back in ?

17 A It was the same number.

18 Q And does it end in the last four

19 digits ?

20 A Yes.

21 Q Do you recall the conversation you

22 had with Dr. when this conversation

23 took place?

24 A Not exact words.

25 Q Sum and substance.

REPORTING SERVICE

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2 A Essence is he wanted me to help

3 him to place a central line.

4 Q Now, when you say help him, was

5 Dr. in the room at the time you placed

6 the central line?

7 A In the patient's room, you mean?

8 Q Yes.

9 A Yes.

10 Q Other than yourself and

11 Dr. , who else was in the patient's

12 room at the time of the procedure?

13 MS. Hospital: If anybody.

14 Q If anybody.

15 A I don't recall, maybe a PCT --

16 patient care technician -- came in and helped

17 us for a few minutes but he was not present

18 for the whole procedure, so essentially, no.

19 Q And generally, what would a

20 patient care technician do to help during the

- 21 placement of a central line?
- 22 A Depends. If there is no other
- 23 doctor or nurse available, he would be able to
- 24 help me bring the equipment -- like, bringing
- 25 the equipment, helping me handle and opening

REPORTING SERVICE

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2 the box and everything. I would be doing the
3 procedure myself but he would be able to help
4 me do the procedure, like handling the
5 equipment. There's no need for a patient care
6 technician but anybody -- a medical student
7 can do it or a nurse can do it, but
8 Dr. was there. He was helping me with
9 the procedure.

10 Q Prior to placing the central line,
11 did you have any conversations with
12 Ms. ?

13 A I tried to wake her up but she was
14 very lethargic and she was responding only to
15 the pain and touch stimulus.

16 Q How do you know that she was
17 responding to pain and touch stimuli?

18 A Because I tried to wake her up
19 with -- normally, we call her name. She was
20 not able to answer. And then I tried to touch

21 her; she was not responding. But when I got
22 small painful stimulus by rubbing on the
23 sternum, she was responding but she was not
24 able to communicate.

25 Q When you say "responding," what do

REPORTING SERVICE

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2 you mean by that? Was her body moving or was

3 any sounds coming out of her mouth or

4 something else?

5 A Body moving and sounds coming out

6 of her mouth.

7 Q At the time that you presented to

8 Ms. 's room, did you review her medical

9 chart?

10 A Not completely, a little bit.

11 Q And what did you review at that

12 time?

13 A I reviewed the condition why she

14 needed central line to be placed and what is

15 the indication of the central line to be

16 placed. That's essentially -- and what is the

17 general condition.

18 Q Did you check to see if she was on

19 any medications at the time?

20 A I don't recall the medications.

21 Yes, I did check if she was on any IV

22 antibiotics.

23 Q To your knowledge, was she on any

24 medications to help her sleep?

25 A I don't remember.

REPORTING SERVICE

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2 Q Did you review the entire chart
3 prior to coming here today, prior to speaking
4 to me today?

5 A No.

6 Q What specific portions of the
7 chart did you review?

8 A I reviewed my procedure note and I
9 reviewed my chest x-ray order and the
10 investigations ordered by me, like the chest
11 x-ray and blood culture, consent form.

12 Q Who signed the consent form in
13 this case for the placement of the central
14 line?

15 A It is Dr. and me as a
16 witness.

17 Q And do you know how it was that
18 Dr. had the authority to sign the
19 consent form?

20 A I did not understand the question.

21 Q When you say consent form, what
22 type of consent form are you referring to?

23 A Consent for the central line
24 placement.

25 Q Do you know if Dr. had any

REPORTING SERVICE

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2 discussions with the patient's family or the
3 patient about the placement of the central
4 line?

5 A Yes, I witnessed it. She -- he
6 contacted the next kin available, to get the
7 consent.

8 Q And it was done over the phone?

9 A Yes, it was done over the phone.

10 Q Were you able to hear what the
11 next of kin was saying?

12 A Yes. I spoke to her, personally.

13 Q Was the call taking place on
14 speakerphone?

15 A No. He was talking to her over
16 the phone -- handheld phone. After he
17 finished with it, I took the handheld phone
18 and I said if she understands all the things
19 that Dr. said and she said yes, and
20 then I witnessed it.

21 Q Do you know who the next of kin
22 that you spoke to was?

23 A It was a female. I don't -- I
24 mean, from the chart, I saw it was
25 somebody.

REPORTING SERVICE

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2 Q ?

3 A Yes. I -- I saw the -- confirmed
4 her name with -- with her, but I don't recall
5 the name at this moment unless I look at the
6 record.

7 MS. Hospital: Just let the
8 record reflect he's referring to
9 the actual form in the chart.

10 Q Do you recall your portion of the
11 conversation with Ms. ? What did you
12 say to her? What did she say to you?

13 A I don't recall it exactly, but I
14 ask her if she understood the complications
15 and if she authorize to carry out with the
16 procedure, and she said yes.

17 Q Did you specifically discuss the
18 complications with her or is that something
19 that Dr. did?

20 A Dr. did.

21 Q How long did your portion of the
22 conversation last with Ms. ?

23 A Maybe three to four minutes.

24 Q And do you know what Dr.
25 said to Ms. ?

REPORTING SERVICE

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2 A Yes.

3 Q What did he say?

4 A He explained about all the risks

5 of central line including pneumothorax,

6 infection and bleeding.

7 Q Other than the risks of the

8 procedure, was anything else discussed with

9 Ms. during that conversation?

10 A The risks of the procedure and

11 what would we do if this procedure -- if those

12 risks occurred.

13 Q And what is it you told her you

14 would do if it occurred?

15 A I told her that we try all the

16 precautions. To reduce the amount of pain, we

17 give local anesthesia -- local. And I told

18 her -- we told her -- I -- basically,

19 Dr. told her that the complications of

20 bleeding, which we stop by keeping pressure

21 and that complication is a pneumothorax. If
22 it occurs, we'll get a chest tube placed with
23 the help of cardiatic surgery.

24 Q Was there any conversations with
25 Ms. about the use of a chest x-ray

REPORTING SERVICE

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2 following the placement of the central line?

3 A Yes.

4 Q What was told to Ms. about

5 that?

6 A We -- when explaining the

7 pneumothorax, we would know if that occurred

8 if we take a chest x-ray. So they told her

9 that a chest x-ray would be taken and it would

10 be followed up.

11 Q Do you know approximately how long

12 Dr. phone call portion was with

13 Ms. ?

14 A Maybe ten to fifteen minutes. I

15 don't exactly recall.

16 Q Now earlier you had said that you

17 reviewed portions of the chart at the time to

18 see the indications for the central line and

19 why she needed it.

20 A Yes.

21 Q Can you please tell me what was
22 your understanding as to the indications for
23 the central line and why it was needed?

24 A Okay, the indication for the
25 central line is that she was being treated for

REPORTING SERVICE

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2 sepsis and meningitis with IV antibiotic and
3 she needed to get the IV antibiotic and she
4 was not having any other IV access.

5 Q And when you say she had no other
6 IV access, what do you mean by that?

7 A Peripheral veins -- like
8 peripheral venous access, like IV catheter.

9 Q Did she already have IVs in her
10 arms?

11 A When I saw her?

12 Q Yes.

13 A No.

14 Q Prior to you inserting the central
15 line, do you know how she was getting her
16 antibiotics?

17 A I don't know.

18 MS. Hospital: Or if she was
19 getting antibiotics.

20 Q Or if she was getting antibiotics.

21 A I don't understand the question.

22 Q Prior to placing the central line,

23 do you know if Ms. was receiving

24 antibiotics?

25 A I don't know.

REPORTING SERVICE

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2 Q Also, earlier you had indicated
3 that you would review the chart for the
4 general condition of the patient. At the
5 time, what was your understanding as to her
6 general condition?

7 MS. Hospital: Other than what
8 he just said about sepsis and
9 meningitis?

10 MS. Hospital: Yes.

11 MS. Hospital: Did you have any
12 other --

13 A Other than that, I know that
14 general condition was that she was very sick,
15 in critical condition, and she was very -- I
16 mean, critical condition is what I would say,
17 exactly.

18 Q At the time that you reviewed the
19 chart before placing the central line, did you
20 and Dr. have any discussions as to

21 Ms. 's prognosis?

22 A No.

23 Q From your review of the chart back

24 then, did you see any indication that any

25 doctor in the chart documented her progress or

REPORTING SERVICE

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2 prognosis to be terminal?

3 A I don't recall.

4 MS. Hospital: Objection to the

5 form, but he answered.

6 Q Generally following the placement

7 of a central line, after it's placed and you

8 perform your examination of the patient,

9 what's the next thing you do with regards to

10 the patient?

11 A I order a chest x-ray and make

12 sure the patient is very comfortable.

13 Q What was the procedure back in

14 August of for ordering a chest x-ray?

15 MS. Hospital: You mean how was

16 it done?

17 Q Yes.

18 A We order in the computer system.

19 Q So you would physically go to the

20 computer and enter it into the computer?

21 A Yes.

22 Q Are you familiar with how

23 radiology would receive that computer order?

24 A They should receive it --

25 MS. Hospital: Not what they

REPORTING SERVICE

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2 should. Are you familiar with

3 it?

4 A I did not understand.

5 Q When you enter your order, are you

6 familiar with how radiology comes to learn

7 that you placed an order? Did they give a

8 pop-up thing that there's an order? Do they

9 periodically check it for the order? Are you

10 familiar with how they go about learning that

11 you have placed an order?

12 MS. Hospital: Do you know how

13 radiology works?

14 A I don't really have understanding,

15 but if the chest x-ray is important, I would

16 call them and let them know and tell them to

17 get an x-ray done as soon as possible.

18 Q Do you recall in this case

19 specifically placing a phone call to radiology

20 following the procedure?

21 A Yes. I placed the phone call to
22 the radiology tech and they said they'd do it
23 as soon as possible.

24 Q Do you know who you spoke to?

25 A No, I don't know who answered the

REPORTING SERVICE

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2 phone.

3 Q Now, earlier, you had indicated

4 that Dr. helped place the central

5 line. Can you tell me what portion of the

6 placement you handled and what portion

7 Dr. handled?

8 A Okay, first, we both held the

9 patient to keep her in a good position, a

10 comfort position, and then I -- we placed her

11 in Trendelenburg position. I don't know who

12 placed it. And then I personally made the

13 field sterile and after I made the field

14 sterile, I glove up, make myself sterile and

15 then he helped me opening the box for central

16 line.

17 Do you want me to explain the

18 whole procedure.

19 Q Sure, and if you could please tell

20 me what portions you did and what portions

21 Dr. did.

22 A So after I -- after we made the

23 patient sterile, I made myself sterile and

24 then he handed me the flashes and he helped me

25 open the box of the central line kit. Then I

REPORTING SERVICE

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2 prepared the whole things. I kept everything
3 in place in order to place the central line
4 and I started to put the local anesthesia with
5 the syringe, made the patient comfortable and
6 I placed the central line.

7 I put the needle in, got the
8 flashback and then passed the guidewire
9 through the needle, took out the needle and
10 made an incision with the knife to make the
11 hole bigger, placed a dilator and took out the
12 dilator and placed a central line in and took
13 out the guidewire out. And I got a good
14 flashing from three ports of the central line
15 and after I got it, I secured the central
16 line. He helped me, giving me the things,
17 like taking of the guidewire and everything.

18 Q But Dr. did not physically
19 insert any needles or catheters into the
20 patient?

21 A No.

22 Q Where was the syringe at this
23 time, the suction of the syringe that you had
24 mentioned earlier? Where did that fit into
25 the procedure in what you just described?

REPORTING SERVICE

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2 A When you put the needle, it is
3 attached to a syringe. There is a time when
4 we put negative suction and when they put the
5 needle into her thorax, I would place it along
6 with the syringe and I go in finally into the
7 vein. Once I get the flashback on the
8 syringe, then there is a time when I take off
9 the syringe and put the guidewire.

10 Q When you say "the flashback," what
11 does that mean?

12 A The blood coming into the syringe.

13 Q And at the time you did that on
14 this patient, did you notice any puncture of
15 the lung?

16 A No.

17 Q Generally, can placements of
18 central line be done with any radiographical
19 imaging such as fluoroscopy?

20 MS. Hospital: Okay, over

21 objection, I mean, to the word
22 can. I think basically anything
23 can be done.

24 MS. Hospital: Sure, I'll
25 rephrase it.

REPORTING SERVICE

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2 Q Are fluoroscopies used for

3 placements of central line?

4 MS. Hospital: Customarily?

5 Q Customarily.

6 A No. Customarily means routinely?

7 Q Routinely.

8 A No.

9 Q Do you know why that is? Is that

10 the practice of -- withdrawn.

11 MS. Hospital: Off the record.

12 (Whereupon, a discussion was

13 held off the record.)

14 Q Just briefly, can you please tell

15 me your understanding of fluoroscopy and what

16 that is?

17 A Fluoroscopy meaning -- there are

18 different radiological helps which -- or

19 procedures which we can do when placing a

20 central line.

21 A fluoroscopy is done when we
22 put in the central line under the fluoroscopy
23 guidance but we don't normally use it. We use
24 ultrasound guidance, not fluoroscopy.
25 Q And was ultrasound guidance used

REPORTING SERVICE

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2 in this case?

3 A No.

4 Q Who made that decision?

5 A The decision of what?

6 Q Not to use ultrasound guidance for

7 the placement of the central line?

8 A We -- I mean, if it is a difficult
9 central line, then we use ultrasound guidance.

10 It is not a difficult procedure.

11 Q So only if there is difficulty in
12 placing the central line would you use the
13 ultrasound?

14 A Yes.

15 Q Following the placement of the
16 central line, earlier you had testified that
17 you went to the computer and entered an order
18 for a chest x-ray. Following the placement of
19 the order, is that when you made the phone
20 call down to radiology?

21 A Yes.

22 Q Did radiology give you any sort of
23 time frame in which they come up to take the
24 x-ray?

25 A I do not recall giving me a time

REPORTING SERVICE

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2 frame, but as soon as possible.

3 Q And you had ordered a portable

4 chest x-ray?

5 A Yes.

6 Q Is there a reason you order

7 portable as opposed to taking the patient to

8 the radiology suite?

9 A Portable is done much faster.

10 Q During the placement of the

11 central line, did you and Dr. have any

12 conversations other than the passing of

13 instruments?

14 A I did not understand the question,

15 sorry.

16 Q During the procedure while you

17 were in the patient's room, did you and

18 Dr. have any conversations with

19 regards to the placement of the central line

20 other than handing each other instruments?

21 A In the course of placing the
22 central line?

23 MS. Hospital: She means during
24 the actual placement, during the
25 procedure, did you talk?

REPORTING SERVICE

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2 A No.

3 Q Was Dr. with you at the
4 time you placed the computer order and made
5 the phone call to radiology?

6 A Yes.

7 Q Other than Dr. , was anyone
8 a witness to the conversation that you had
9 with radiology over the phone?

10 A I don't recall. I don't know.

11 Q What did you do next with respect
12 to this patient?

13 MS. Hospital: If anything.

14 A After placing the order, I
15 examined her again and then made sure that the
16 patient is comfortable. She was not having
17 any increased respiratory rate and her
18 breathing was fine, and after examining her
19 and then we left -- after we gave the sign-off
20 to the oncoming doctor, we left.

- 21 Q Who was the oncoming doctor?
- 22 A Dr. .
- 23 Q That's Dr. ?
- 24 A Yes.
- 25 Q Do you know how it was that she

REPORTING SERVICE

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2 was the oncoming doctor at that time? Was
3 there a change in shift or something else?

4 A Change in shift.

5 Q I'd like to turn to your procedure
6 note. Approximately what time did you perform
7 the procedure?

8 A Around -- I came to the patient's
9 room around 6:30 and I actually performed the
10 procedure around seven, 7:30 -- between seven
11 and 7:30. Let me see. Sorry, I don't exactly
12 recall but it is between 7:30 and eight when I
13 started the procedure.

14 Q Is there a reason your note in the
15 record is not timed?

16 A I forgot about it.

17 Q I'm going to ask you to please
18 read your note slowly so the court reporter
19 can take everything down, spelling out all
20 abbreviations.

21 A Okay, 08/10/, procedure note;
22 right subclavian CVC, central veinous
23 catheter. Under sterile conditions after
24 preparation of the site, right subclavian
25 needle was introduced after instilling local

REPORTING SERVICE

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2 anesthesia. Blood was aspirated. A guidewire

3 was introduced. A needle was taken out.

4 After dilating with the dilator, CVC was

5 passed over the guidewire and the guidewire

6 was taken out. All three ports were checked

7 and blood was aspirated at all three ports.

8 The CVC was secured and dressing was done. A

9 follow-up chest x-ray was ordered. Patient

10 told procedure went well and no complications

11 occurred during the procedure.

12 Q And then is this your signature?

13 A Yes.

14 Q And number , that's your

15 beeper number?

16 A Yes.

17 Q Other than this note in the chart,

18 do you have any other notes in the chart?

19 MS. Hospital: Any other

20 handwritten notes?

21 Q Handwritten notes.

22 A No.

23 Q Did Dr. have any

24 conversations with radiology, to your

25 knowledge, with respect to this patient?

REPORTING SERVICE

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2 A No -- I don't know. I don't know.

3 Q Why did you not contact radiology

4 prior to the placement of the central line?

5 MS. Hospital: Objection to the

6 form. I'm not sure what you're

7 getting at. Anticipatory?

8 MS. Hospital: Right.

9 Q Is there a reason why radiology

10 was not called prior to the placement of the

11 central line so that they would come up at or

12 about the time you were completing the

13 placement?

14 MS. Hospital: Objection to the

15 form, because I think it calls

16 for speculation.

17 Can you answer? Is that

18 generally done?

19 A Generally we don't do it for one

20 reason: Because the thing is, we don't know

21 how long the procedure will go. So if the
22 radiology will come at the time we're doing
23 the procedure, it's an unnecessary distraction
24 or obstruction to our work.
25 Q Did you leave the hospital

REPORTING SERVICE

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2 following your phone call with radiology and

3 your conversation with Dr. ?

4 A Yes.

5 Q Did Dr. leave the

6 hospital, as well?

7 A Yes.

8 Q And did you have a verbal

9 conversation with Dr. ?

10 A I don't exactly remember who gave

11 the verbal conversation. I think it is

12 Dr. having a verbal conversation.

13 Q Were you present --

14 A I was present at that time.

15 Q Do you recall the exchange between

16 Dr. and Dr. ?

17 A He said that a central line was

18 place and a chest x-ray ordered and he asked

19 her to follow the chest x-ray.

20 Q What did Dr. say in

21 response to that?

22 A I don't know because the
23 conversation occurred over the phone.

24 Q How did this phone call take
25 place? Did you place the call to her? Did

REPORTING SERVICE

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2 she call in to you?

3 A He paged her and she answered the

4 phone and he told her.

5 Q At that point, do you know where

6 Dr. was in the hospital?

7 A I don't know.

8 Q And at the change of shifts, do

9 you know if Dr. ' shift was specifically

10 on the geriatric floor where Ms. was?

11 A Yes.

12 Q It was?

13 A Yes.

14 Q Do you recall back in August of

15 ' approximately how many patients were on

16 the geriatric floor?

17 A I don't know. I don't recall.

18 Q Approximately how many beds, back

19 in August of ', were on the geriatric floor?

20 Empty or full, just generally, how many beds?

21 MS. Hospital: I'm just going
22 to object to the form because I
23 don't think you've established he
24 knows.

25 Q Do you know approximately how many

REPORTING SERVICE

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2 rooms are on the geriatric floor, patient
3 rooms?

4 MS. Hospital: Can I make a
5 suggestion that you ask him if
6 he'd ever been assigned to the
7 floor?

8 Q Had you ever been assigned to the
9 geriatric floor prior to August 10th of '?

10 A No.

11 Q Was that the first day of your
12 rotation with geriatrics?

13 MS. Hospital: He wasn't
14 rotating through geriatrics. He
15 said he was doing an elective.

16 Off the record.

17 (Whereupon, a discussion was
18 held off the record.)

19 Q Dr. , to your knowledge,
20 was he assigned to the geriatrics floor?

21 A Yes.

22 Q And Dr. , to your knowledge,

23 was assigned to the geriatrics floor?

24 A Yes.

25 Q And you came about to place the

REPORTING SERVICE

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2 central line as an elective because you were

3 called to that floor because you were

4 certified to place the central line?

5 A Yes.

6 Q Did you have any conversations

7 with any nurses prior to leaving the hospital

8 with regards to this patient?

9 A Yes.

10 Q Which nurses or nurse did you

11 speak with?

12 A The nurse which taking care of the

13 patient.

14 Q Do you recall who that nurse was?

15 A I don't know. I don't recall.

16 Q What was that conversation?

17 A I told the nurse to let Dr.

18 know as soon as the chest x-ray was done.

19 Q Earlier you had said you had paged

20 Dr. prior to leaving the hospital, or

21 Dr. had paged Dr. . Where did
22 she return that paged phone call to? Was that
23 the geriatric floor?

24 A Yes.

25 Q At the time you had left the

REPORTING SERVICE

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2 hospital, was Dr. , to your knowledge,

3 on the geriatric floor?

4 A I don't know.

5 Q I'd like to please turn your

6 attention to your orders in the chart.

7 MS. Hospital: Just let the

8 record reflect we're referring to

9 page seven of the orders.

10 Q Do you have an order in the chart

11 at 2036?

12 A Uh-huh.

13 Q Yes?

14 A Yes.

15 Q And that's 8:30 p.m., obviously.

16 A Yes.

17 Q What does 325 stand for at the

18 start of the order note?

19 A I don't know.

20 MS. Hospital: Off the record.

21 (Whereupon, a discussion was

22 held off the record.)

23 Q Is there a reason that you placed

24 your beeper number in the order? Is that

25 something you customarily do?

REPORTING SERVICE

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2 A Yes.

3 Q And why do you do that?

4 A I don't know, but basically, if

5 they have any questions, they can page us.

6 Q At any time that evening or early

7 morning of the 11th, did you receive any pages

8 from the hospital?

9 A From the chief resident.

10 Q Who was that?

11 MS. Hospital: She means during

12 the night.

13 A No, not during the night, sorry.

14 Q That's okay.

15 So with respect to this patient,

16 did you receive any pages after you left the

17 hospital up until the time you came back the

18 next morning?

19 A No.

20 Q What does . stand for?

- 21 A My initials.
- 22 Q Why did you take a blood culture?
- 23 A Because when you are placing a
- 24 central line, it is under sterile condition.
- 25 The patient was in septic shock, so I take a

REPORTING SERVICE

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2 blood culture to see if we can get any
3 cultures back from the patient so that we can
4 adjust treatment depending on the culture
5 results.

6 Q What time was the chest x-ray
7 performed?

8 MS. Hospital: Do you know what
9 time?

10 A I don't know.

11 Q Do you know what time the chest
12 x-ray was performed?

13 A I don't know.

14 Q Prior to coming here today during
15 your review of the chart, did you review the
16 chest x-ray report?

17 A Before I came here?

18 Q In meeting with your attorney
19 today, did you review the x-ray report?

20 A Yes.

21 Q If you can please turn to that for
22 me. Referring to the hospital chart, it's
23 page two of test.

24 MS. Hospital: Go ahead.

25 Q Do you know what G222 dash 0416

REPORTING SERVICE

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2 stands for?

3 A No.

4 Q Do you know what 8:42 stands for?

5 A I don't know, but --

6 MS. Hospital: Don't guess.

7 THE WITNESS: Okay, sorry.

8 Q From your custom and practice of

9 reading the test entries within the Hospital

10 chart, do you have any understanding as to

11 what 8:42 means?

12 A The time the radiology report was

13 read or dictated.

14 Q And looking at the radiology

15 report where it reads this is a right

16 pneumothorax with mild displacement of the

17 mediastinum to the left, is that the area in

18 which the central line was placed?

19 A Yes.

20 Q Do you recall having any

21 conversations with Dr. with regards to

22 this finding?

23 A No.

24 Q What time did you report back to

25 the hospital the next day on the 11th, if you

REPORTING SERVICE

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2 did?

3 A Around nine o'clock, maybe around

4 eight o'clock. Depends upon the --

5 Q Okay. How did you come to learn

6 that this patient had passed away?

7 A The next day morning around 8:45,

8 nine -- I don't remember the time but the

9 chief resident paged me and told me about this

10 one and asked to go over what exactly

11 happened.

12 Q And who is the chief resident?

13 A Dr. .

14 Q Did you meet with the chief

15 resident?

16 A I spoke to her over the phone.

17 Q Was anyone else involved in that

18 conversation other than you and the chief

19 resident?

20 A No, as far as I --

21 Q What was the sum and substance of
22 that conversation?

23 MS. Hospital: Over objection,
24 you can answer.

25 Q What did you talk about?

REPORTING SERVICE

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2 A She told me that this patient who
3 had a procedure yesterday expired and I asked
4 her what was the reason for the expiration.
5 She was a -- caused by a pneumothorax and to
6 ask me if I placed the central line. I said,
7 yes, I did place the central line.

8 Q Was there any conversations as to
9 the status of the x-ray?

10 MS. Hospital: Did you talk
11 about the x-ray?

12 A No. No, he asked me if I order
13 x-ray and to -- because I placed the central
14 line, and I said yes, I did.

15 Q Was there any discussion as to why
16 the x-ray was not reported to Dr.
17 until 7:41 the next morning?

18 MS. Hospital: I'm going to
19 object because I don't know that
20 he knew that.

21 Q Was there any discussion as to the
22 findings of the x-ray and the time in which
23 they were reported?

24 MS. Hospital: Over objection,
25 you can answer.

REPORTING SERVICE

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2 A No.

3 Q Other than speaking with the chief
4 resident, did you speak to anyone else with
5 regards to this patient that morning when you
6 arrived at the hospital?

7 A No.

8 Q Did you have any conversations
9 with Dr. that morning or that day with
10 regards to this patient?

11 A No. Regarding the patient, no.

12 Q Did you have any conversations
13 with Dr. about this patient?

14 A No.

15 Q Was this patient ever the
16 discussion of a morbidity conference?

17 A No -- I don't know.

18 Q Were you involved in any morbidity
19 conference with regards to this patient?

20 A No.

21 Q As you sit here today, have you
22 come to learn why the x-ray was not reported
23 until the next morning?

24 MS. Hospital: I'm going to
25 object because --

REPORTING SERVICE

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2 MS. Hospital: Form?

3 MS. Hospital: Well, off the

4 record.

5 (Whereupon, a discussion was

6 held off the record.)

7 Q Did you learn at any point that
8 the x-ray had been read prior to the reporting
9 to Dr. the next morning?

10 A No.

11 Q Did you review the autopsy report
12 this morning?

13 A No.

14 Q Have you ever seen the autopsy
15 report with regards to Ms. ?

16 A No, I did not know -- aware an
17 autopsy was performed.

18 Q What significance, if any, is
19 there to the trachea containing foam? Do you
20 know what significance, if any, that has?

21 MS. Hospital: I'm just going
22 to object. I'm not sure. You're
23 asking him a question from a
24 document he's never reviewed. If
25 you're asking a general medical

REPORTING SERVICE

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2 condition, I'll allow him to

3 answer over objection.

4 Do you know if there is any

5 medical significance to foam being

6 found in the trachea?

7 You're talking about after

8 death?

9 MS. Hospital: Right.

10 A I don't know.

11 Q What about before death?

12 MS. Hospital: Same objection.

13 You can answer.

14 A I mean, it indicates that the

15 patient has aspiration or if the patient is in

16 pulmonary edema. Those are the ones what

17 comes to my mind.

18 Q Upon learning that the patient had

19 expired, did you pull her medical chart or

20 check anything on the computer at that time

21 with respect to this patient?

22 A No.

23 Q Were you aware of any respiratory

24 care that was given to Ms. that evening

25 after you had left the hospital?

REPORTING SERVICE

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2 A No.

3 Q Generally, back in August of ,

4 if you had ordered a portable chest x-ray, how

5 would you be notified of the results?

6 A Notified of the results -- we

7 would check the chest x-ray when it is done.

8 As soon as it is done, we check the PACS

9 system.

10 MS. Hospital: That's what

11 she's asking. You have to

12 explain that.

13 A The PACS system is a system of the

14 computer. As soon as the chest x-ray is done

15 and it is there, we review the preliminary

16 finding. If we have any question, we call the

17 radiologist.

18 Q Under this system, do you see the

19 actual x-ray?

20 A Yes, visualize.

- 21 Q Are you also able to access the
22 report or is that something that comes at some
23 point after the actual image is available for
24 viewing?
- 25 A The report comes after radiologist

REPORTING SERVICE

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2 reads it.

3 Q Just so I'm clear, generally when
4 a chest x-ray is ordered, radiology generally
5 doesn't notify you. You go on the computer to
6 see the film yourself?

7 A Generally, yes. But if there are
8 any critical findings, they notify us.

9 Q If you can just briefly tell me,
10 for the record, where you currently are in
11 your medical training?

12 A I'm a PGY3. That's third-year
13 residency in internal medicine residency
14 program at Hospital Medical Center.

15 Q Do you still have your
16 certification for the placement of central
17 lines?

18 A Yes.

19 Q Was that in any way altered as a
20 result of what happened with this patient?

21 A No.

22 Q So at this point you're licensed

23 to practice medicine in the state of New York?

24 MS. Hospital: No, he's not.

25 Go ahead.

REPORTING SERVICE

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2 Q And you're not board certified?

3 A No.

4 Q Looking at your research

5 experience, the infection rates dealing with

6 central veinous catheters, does that research

7 experience at all relate to what we're talking

8 about in this case in the placement of a

9 central line?

10 MS. Hospital: What does that

11 involve?

12 A Basically, this research was done

13 after the incident took place -- a few months

14 after that. A little bit -- it is not

15 directly with this incident but to some

16 degree, it has some implication because it is

17 a central line.

18 Q Can you tell me a little bit about

19 that study and what it entailed and what the

20 results of the study was?

21 A It is not completed. It is still
22 ongoing study. It measures the infection
23 rates of the central lines inserted in ICU.

24 Q Prior to coming here today, other
25 than speaking with Ms. Hospital, did you have any

REPORTING SERVICE

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2 discussions with Dr. or Dr.

3 about coming here today?

4 A About coming here today?

5 Q About being deposed in this

6 action.

7 A No.

8 Q At the time that you were served

9 with the summons and complaint, did you have

10 any conversations with Dr. or

11 Dr. about this patient?

12 A Yes.

13 Q What did you discuss?

14 A With Dr. .

15 Q Okay, what did you talk about?

16 MS. Hospital: Over objection,

17 you can answer. Go ahead.

18 A We talked about the patient,

19 basically what was the pneumothorax, what is

20 the cause of her death and we reviewed the

21 case. And that's basically it.

22 (Continued on next page to

23 accommodate jurat.)

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REPORTING SERVICE

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Q Up until today, have you ever had
any conversations with Dr. about this
patient?

A No.

MS. Hospital: I have no
further questions.

-oOo-

(Whereupon, the deposition of

M.D., was concluded)

, M.D.

Subscribed and sworn to
before me this ____ day
of _____,

NOTARY PUBLIC