

IN THE SUPREME COURT OF THE STATE OF NEVADA

DAVID GARVEY, M.D., an
individual.

Petitioner,

vs.

THE FOURTH JUDICIAL DISTRICT
COURT OF THE STATE OF
NEVADA ex rel. THE COUNTY OF
ELKO, AND THE HONORABLE
KRISTIN N. HILL,

Respondent,

and

DIANE SCHWARTZ, individually and
as Special Administrator of the Estate
of DOUGLAS R. SCHWARTZ,
deceased,

Real Party In Interest.

Supreme Court No. Electronically Filed
Sep 23 2021 09:21 a.m.
District Court No. : Elizabeth A. Brown
Clerk of Supreme Court
CV-21-439

**APPENDIX OF EXHIBITS TO PETITION FOR
WRIT OF MANDAMUS – VOLUME 12 OF 13**

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[VOLUME 4 (PAGES 144-174)]; [VOLUME 5 (PAGES 175-412)]; [VOLUME 6 (PAGES 413-508)]; [VOLUME 7
(PAGES 509-568)]; [VOLUME 8 (PAGES 569-717)]; [VOLUME 9 (PAGES 718-798)]; [VOLUME 10 (PAGES 799-
866)]; [VOLUME 11 (PAGES 867-959)]; [VOLUME 12 (PAGES 960-1093)]; [VOLUME 13 (PAGES 1094-1246)]

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CHRONOLOGICAL INDEX

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EXHIBIT 8

**DECLARATION FOR MEDICAL RECORDS
AND MEDICAL BILLING RECORDS**

STATE OF Nevada)
) ss:
COUNTY OF ELKO)

COMES NOW BEVERLEY LIGGETT, who after first being duly sworn, deposes and says:

1. That Declarant is the Custodian of Medical Records and of Medical Billing Records for **Northeastern Nevada Regional Hospital**.

2. That **Northeastern Nevada Regional Hospital** is licensed to do business in the State of NEVADA :

3. That on the 23 day of AUGUST, 2019, Declarant was served a Medical Records and Medical Billing Records Request in connection with the above-entitled cause, calling for the production of Medical Records and Medical Billing Records pertaining to: **DOUGLAS SCHWARTZ**.

4. That Declarant has examined the original of both those Medical Records and Medical Billing Records and has made or has caused to be made a true and exact copy of them, and that the reproduction of them attached hereto is true and complete.

5. That the original of both those Medical Records and Medical Billing Records were made at or near the time of the act, event, condition, opinion, diagnosis recited therein by or from information transmitted by a person with knowledge, in the course of a regularly conducted activity of Declarant or **Northeastern Nevada Regional Hospital**:

6. That the services provided were reasonable and necessary and the amounts charged for the services were reasonable and necessary at the time and place that the services were provided.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on: 27 day of AUGUST, 2019

Beverley Liggett
DECLARANT

NORTHEASTERN NEVADA REGIONAL HOSPITAL

User: MQ16948
Hospital: 26

Clinical View Notes Report

Date Range: 06/22/16 21:10 - 06/23/16 06:05

Date: 8/27/19
Time: 12:32

Patient Name:	SCHWARTZ DOUGLAS R	Room / Bed:	/	HSV:	ED
Patient #:	6139781	DOB:	06/02/1958	Admitted:	06/22/16 21:10
Medical Record	330967	Age / Sex:	58 M	Discharged:	06/23/16 06:05

Date	Time	By / Note Text
------	------	----------------

Patient has no notes.

RX0R28

NORTHEASTERN NEVADA REGIONAL HOSPITAL

Page: 1 of 1

Hospital . . . : 0025

MONITOR Pharmacy System

Date: 8/27/19

Rx.Location . . :

Medication Profile Report

* ALL ORDERS *

Time: 10:32:19

Nursing Stn . . :

User:MQ16948

Patient . . . : SCHWARTZ DOUGLAS R (6139781)

Room/Bed:

History Number: 330967

DOB . . . : 06/02/1958

Age . . . : 61 Y

(As of: 06/23/2016)

Height:

Weight:

IBW . . : 0 lb 0.00 oz / 0.000 kg

BSA . . . : 0.0000

CrCL . . :

Admit Date. . : 06/22/2016

Discharge Date: 06/23/2016

Physician: GARVEY DAVID J MD

Diagnosis: AUTO VS PEDESTRAIN

Allergies: Allergies Unknown

DISCHARGE MEDICATIONS:

Discharge Reconciliation has not been completed or still in progress

Admission/Discharge/Transfer:

Physician: Date: _____ Time: _____ Signature: _____

Attending Physician: Date: _____ Time: _____ Signature: _____

_ Please ask the Attending Physician to review the patients meds at next visit within 24 hours

Nurse . . : Date: _____ Time: _____ Signature: _____

* * * * END OF REPORT * * * *

NC0R05C20L
USER: MQI6948

NORTHEASTERN NEVADA REGIONAL HOSPITAL
PATIENT INTAKES/OUTPUTS

PAGE: 1
DATE: 8/27/19
TIME: 10:32:20

PATIENT: 6139781 SCHWARTZ DOUGLAS R
PHYSICIAN: 02818 GARVEY DAVID J MD

SEX: M DATE OF BIRTH: 6/02/58

ADMIT DATE: 6/22/16
ROOM/BED:
MED REC #: 000330967

I N T A K E S																
DATE	TIME	TOTAL														
	SHIFT:01															
	TOTAL:															

O U T P U T S																
DATE	TIME	TOTAL														
	SHIFT:01															
	TOTAL:															

Fluid Balance for 6/22/16 is .0

NORTHEASTERN NEVADA REGIONAL HOSPITAL

User: MQI6948

Hospital: 26

Assessment/Flowsheet Report

Page: 1

Date: 08/27/2019		Time: 12:32	
Patient Name:	SCHWARTZ DOUGLAS R	Room/Bed:	/
Patient Number:	6139781	Gender:	M
MR Number:	330967	Age:	58 Y
		HSV Code:	ED
		Date of Birth:	06/02/1958

Question / Answers	Comment

NC0R20
User: MQI6948
Hospital: 26

NORTHEASTERN NEVADA REGIONAL HOSPITAL
Patient Care Notes

Page: 1
Date: 8/27/19
Time: 10:32

Patient Name: SCHWARTZ DOUGLAS R
Patient #: 6139781

Med Rec #: 330967

Age/Cd/Sex: 58 / Y / M
Room/Bed:

Attending: GARVEY DAVID J MD
Admitted: 6/22/16 21:10

Date	Time	By	Title	Discipline
------	------	----	-------	------------

*** No Notes Exist ***

NORTHEASTERN NEVADA REGIONAL HOSPITAL

PATIENT: SCHWARTZ DOUGLAS R

PATIENT#: 6139781 MR#:000330967

DATE : 8/27/19

DSCHG DX: CARDIAC ARREST, CAUSE UNS

ATT PHYS: GARVEY DAVID J MD

DISCHARGE INSTRUCTIONS

PHYSICIAN: _____

NURSE SIGNATURE: _____

PATIENT/DESIGNATE SIGNATURE: _____

PATIENT : SCHWARTZ DOUGLAS R
PATIENT#: 6139781
DSC DATE: 6/23/16
DSC TIME: 06:05

NORTHEASTERN NEVADA REGIONAL HOSPITAL
2001 ERRECART BLVD.
ELKO NV 89801
775-738-5151

NC0R04LAND
USER: MQI6948

NORTHEASTERN NEVADA REGIONAL HOSPITAL
PATIENT VITAL SIGNS

PAGE: 1
DATE: 8/27/19
TIME: 10:32:20

PATIENT: 6139781 SCHWARTZ DOUGLAS R
PHYSICIAN: 02818 GARVEY DAVID J MD

SEX: M

DATE OF BIRTH: 6/02/58
MED REC #: 000330967

ADMIT DATE: 6/22/16
ROOM/BED: -

DATE	TIME								
Unit/Measure									

NORTHEASTERN NEVADA REGIONAL HOSPITAL

MEDICAL RECORD NUMBER		MRSA		Facesheet				VRE	PATIENT ACCOUNT NUMBER		
000330967									6139781		
PATIENT (Name, Address, Phone)				BIRTH DATE		AGE		BIRTH PLACE		SOCIAL SECURITY NUMBER	
SCHWARTZ DOUGLAS R [REDACTED]				06/02/1958		58				[REDACTED]	
				SEX		RACE		M/S		ED CD	
				M		W		M		07/22/14	
				REL		ADMITTED BY					
				R		LUE					
				ADMIT DATE & TIME		DISCHARGE DATE & TIME		SERVICE		ROOM / BED NO.	
				06/22/16 21:10		06/23/16 06:05		ED		/	
PATIENT EMPLOYER (Name, Address, Phone, Occ.)				EMERGENCY CONTACT (Name, Address, Phone, Rel.)				REFERRAL SOURCE / AGENCY / TEAM MEMBER			
ELKO FEDERAL CREDIT MOUNTAIN CITY HWY ELKO NV 898010000 PHONE: (775)738-4083 OCC: EXEC VICE PRES				SCHWARTZ DIANE [REDACTED] REL: Spouse				PHONE: CONTACT NAME:			
GUARANTOR (Name, Address, Phone)				GUARANTOR EMPLOYER (Name, Address, Phone)				FINANCIAL CLASS			
SCHWARTZ DOUGLAS R [REDACTED]				ELKO FEDERAL CREDIT MOUNTAIN CITY HWY ELKO NV 898010000 PHONE: (775)738-4083				04 WORKERS COMP			
PHONE: (702)373-2436 REL: Patient is insured								ATTENDING PHYSICIAN:			
								GARVEY DAVID J MD 2818			
								ADMISSION STATUS		DISCHARGE STATUS	
										20	
PRIMARY INSURANCE				SECONDARY INSURANCE				TERTIARY INSURANCE			
WC FIRSTCOMP PO BOX 3188 OMAHA NE 681030188 PHONE: (888)500-3344 POLICY# 518864393 GROUP #: GRP NAME: AUTH#: NR/ER SCHWARTZ DOUGLAS R DOB: 06/02/1958 SEX: M REL: Patient is insured				BCBS PREFIX YF PO BOX 5747 DENVER CO 802175747 PHONE: (877)833-5742 POLICY# YF0841M50938 GROUP #: A46847 GRP NAME: AUTH#: NR/ER SCHWARTZ DOUGLAS R DOB: 06/02/1958 SEX: M REL: Patient is insured				PHONE: POLICY# GROUP #: GRP NAME: AUTH#: DOB: REL:			
								SEX:			
CHIEF COMPLAINT											
ENCOUNTER FOR EXAM AND OBS FOLLOWING TRANSPORT ACC										Z041	
COMMENTS:											
2242 ALL PAPERWORK SIGNED COPY OF INS CARD AND ID CONSENTS SCANNED PT WAS HI T BY A CAR HIT AND RUN GAVE PT MRA PACKET NO PAYMENT OR DISCOUNT OFFERED											
04											

08/27/19

10:32

NN1000/033011



** 00266139781 NN1000

ADMISSIONS

06/22/16 000330967 SCHWARTZ DOUGLAS R

FACESHET

976

CH0R80
User: MQI6948
Hospital: 26

NORTHEASTERN NEVADA REGIONAL HOSPITAL
Clinical History Profile Report

Page: 001
Date: 8/27/19
Time: 10:32:20

Patient Name: SCHWARTZ DOUGLAS R
Patient Number: 6139781
Chart Number: 330967

Room/Bed: /
Date of Birth: 6/02/1958
Age: 61 Y

HSV Code: ED

CURRENT:

	<u>Date</u>	<u>Time</u>	<u>User ID</u>
Medical Condition:			
Admitting Diagnosis:	ENCOUNTER FOR EXAM AND OBS FOLLOWING TRANSPORT ACC	06/24/16 08:13	CRO9538
Current Diagnosis:			
Height:			
Weight:			
BSA:			
BMI:			

PATIENT PROBLEMS:

ALLERGIES:

No Historical Data

<u>Allergy</u>	<u>Symptoms</u>	<u>Severity</u>	<u>Type</u>	<u>Date</u>	<u>Time</u>	<u>User ID</u>
<u>General Comments:</u>						
<u>Review of allergies:</u>						

UNIVERSAL:

<u>Date</u>	<u>Time</u>	<u>User ID</u>
Advance Directive:		
Copy on Chart:		
DNR:		
Oxygen:		
Ventilator:		
Monitor:		
IV:		
Mobility:		
Transportation:		
Isolation:		
Other Remarks:		
Past Med/Surg Proc:		
Special Needs:		

ADVANCE DIRECTIVE:

HOME MEDICATIONS:

DIETARY:

SPECIAL:

DRUG RESISTANT INFECTIONS:

IMMUNIZATIONS:

WELLNESS:

CRO9538-ANGELA BARRETT - HIM, HIM

** End of Report **

User: MQI6948 NORTHEASTERN NEVADA REGIONAL HOSPITAL
Facility: 26 All Orders History
All Dates for Encounter

Page: 1
Date: 8/27/19
Time: 10:32:49

Encounter: 6139781 SCHWARTZ DOUGLAS R
Date of Birth: 6/02/1958

Order Type: All
Sequenced by: Entered Date

6/23/16 9:21 Pharmacy Order#: 1704021 Discontinued
sodium chloride 0.9% SOLN Dose: 18 mL
Route: IV FLUSH Frequency: ONE TIME ONLY
Drip rate: 0.75 ML Per: Hour IV type: IV
Start: 6/22/16 09:21 End: 6/22/16 09:21 # of Days: 1
D/C'd by: Vicki Childs Pharm Tech CPhT 6/23/16 11:23
D/C Order Origin:
Order Origin:
Ordering Physician: GARVEY DAVID J MD
Entered by: VICKI CHILDS

6/22/16 21:02 Ancillary Order#: 1000
Desc: CT ABD PELVIS IV ONLY Start: 6/22/16 21:02
Priority: Stat Frequency: ONE TIME Occurrences: 1
Ancillary Instructions: Bed Name: 12
Order Origin: eOrder
Ordering Physician: GARVEY DAVID J MD
Electronically Signed by: GARVEY DAVID J MD 6/22/16 21:02
Entered by: GARVEY DAVID J MD

6/22/16 21:02 Ancillary Order#: 900
Desc: CT CHEST W Start: 6/22/16 21:02
Priority: Stat Frequency: ONE TIME Occurrences: 1
Comments: Chest Pain with Trauma/Injury
Ancillary Instructions: Bed Name: 12
Order Origin: eOrder
Ordering Physician: GARVEY DAVID J MD
Electronically Signed by: GARVEY DAVID J MD 6/22/16 21:02
Entered by: GARVEY DAVID J MD

6/22/16 21:02 Ancillary Order#: 800
Desc: CT THORACIC WO Start: 6/22/16 21:02
Priority: Stat Frequency: ONE TIME Occurrences: 1
Comments: Pain with Trauma/Injury
Ancillary Instructions: Bed Name: 12
Order Origin: eOrder
Ordering Physician: GARVEY DAVID J MD
Electronically Signed by: GARVEY DAVID J MD 6/22/16 21:02
Entered by: GARVEY DAVID J MD

6/22/16 21:02 Ancillary Order#: 700
Desc: CT C SPINE WITHOUT Start: 6/22/16 21:02
Priority: Stat Frequency: ONE TIME Occurrences: 1
Comments: Pain with Trauma/Injury
Ancillary Instructions: Bed Name: 12
Order Origin: eOrder
Ordering Physician: GARVEY DAVID J MD
Electronically Signed by: GARVEY DAVID J MD 6/22/16 21:02
Entered by: GARVEY DAVID J MD

User: MQI6948 NORTHEASTERN NEVADA REGIONAL HOSPITAL
Facility: 26 All Orders History
All Dates for Encounter

Page: 2
Date: 8/27/19
Time: 10:32:49

Encounter: 6139781 SCHWARTZ DOUGLAS R
Date of Birth: 6/02/1958

Order Type: All
Sequenced by: Entered Date

6/22/16 21:02 Ancillary Order#: 600
Desc: CT BRAIN HEAD WO Start: 6/22/16 21:02
Priority: Stat Frequency: ONE TIME Occurrences: 1
Comments: Swelling with Trauma/Injury
Ancillary Instructions: Bed Name: 12
Order Origin: eOrder
Ordering Physician: GARVEY DAVID J MD
Electronically Signed by: GARVEY DAVID J MD 6/22/16 21:02
Entered by: GARVEY DAVID J MD

6/22/16 21:02 Ancillary Order#: 500
Desc: UA - URINALYSIS Start: 6/22/16 21:02
Priority: Stat Frequency: ONE TIME Occurrences: 1
Source: Urine
Ancillary Instructions: Bed:12
Order Origin: eOrder
Ordering Physician: GARVEY DAVID J MD
Electronically Signed by: GARVEY DAVID J MD 6/22/16 21:02
Entered by: GARVEY DAVID J MD

6/22/16 21:02 Ancillary Order#: 400
Desc: LIPASE Start: 6/22/16 21:02
Priority: Stat Frequency: ONE TIME Occurrences: 1
Ancillary Instructions: Bed:12
Order Origin: eOrder
Ordering Physician: GARVEY DAVID J MD
Electronically Signed by: GARVEY DAVID J MD 6/22/16 21:02
Entered by: GARVEY DAVID J MD

6/22/16 21:02 Ancillary Order#: 300
Desc: AMYLASE Start: 6/22/16 21:02
Priority: Stat Frequency: ONE TIME Occurrences: 1
Ancillary Instructions: Bed:12
Order Origin: eOrder
Ordering Physician: GARVEY DAVID J MD
Electronically Signed by: GARVEY DAVID J MD 6/22/16 21:02
Entered by: GARVEY DAVID J MD

6/22/16 21:02 Ancillary Order#: 200
Desc: CMP-COMPLETE METABOLIC PANEL Start: 6/22/16 21:02
Priority: Stat Frequency: ONE TIME Occurrences: 1
Ancillary Instructions: Bed:12
Order Origin: eOrder
Ordering Physician: GARVEY DAVID J MD
Electronically Signed by: GARVEY DAVID J MD 6/22/16 21:02
Entered by: GARVEY DAVID J MD

User: MQI6948 NORTHEASTERN NEVADA REGIONAL HOSPITAL
Facility: 26 All Orders History
All Dates for Encounter

Page: 3
Date: 8/27/19
Time: 10:32:49

Encounter: 6139781 SCHWARTZ DOUGLAS R
Date of Birth: 6/02/1958

Order Type: All
Sequenced by: Entered Date

6/22/16 21:02 Ancillary Order#: 100

Desc: CBC WITH DIFF

Start: 6/22/16 21:02

Priority: Stat Frequency: ONE TIME Occurrences: 1

Ancillary Instructions: Bed:12

Order Origin: eOrder

Ordering Physician: GARVEY DAVID J MD

Electronically Signed by: GARVEY DAVID J MD 6/22/16 21:02

Entered by: GARVEY DAVID J MD

User: MQI6948 NORTHEASTERN NEVADA REGIONAL HOSPITAL
Facility: 26 All Orders History
All Dates for Encounter

Page: 4
Date: 8/27/19
Time: 10:32:49

Encounter: 6139781 SCHWARTZ DOUGLAS R
Date of Birth: 6/02/1958

Order Type: All
Sequenced by: Entered Date

.....

Legend:

D/C = Discontinue
WBD·BSA = Weight based dose - Body Surface Area
WBD·IBW = Weight based dose - Ideal Body Weight
WBD·Weight = Weight based dose - Weight
INFO = Informational Message

Providers:

GARVEY DAVID J MD (2818)
Vicki Childs Pharm Tech CPhT (IEQ7724)
VICKI CHILDS (VCHILDS)

*** End of Report ***

NORTHEASTERN NEVADA REGIONAL HOSPITAL
PHYSICIAN ATTESTATION

PAGE: 1

Date: 8/27/19
Time: 12:33:00

PATIENT NAME: SCHWARTZ DOUGLAS R AGE: 58 SEX: MALE
PATIENT NO: 6139781 CHART NO: 000330967 HISTORY NO: 000330967
ADMISSION DATE: 06/22/16 DISCHARGE DATE: 06/23/16
FC: 04 SRV:008 EMERGENCY DEPARTMENT
PHYSICIAN: 02818 DISCHARGE STATUS: 20 EXPIRED OR DID NOT R

FINAL DIAGNOSES	ICD
Coded by	CODE
Finalized by	
CRO9538	POA
CRO9538	

PRINCIPAL DIAGNOSIS
CARDIAC ARREST, CAUSE UNSPECIFIED I469

SECONDARY DIAGNOSES

TRAUMATIC PNEUMOTHORAX, INITIAL ENCOUNTER	S270XXA
FLAIL CHEST, INITIAL ENCOUNTER FOR CLOSED FRA	S225XXA
FOOD IN RESPIRATORY TRACT, PART UNSPECIFIED C	T17920A
CONTUSION OF LUNG, UNSPECIFIED, INITIAL ENCOU	S27329A
UNSPECIFIED INJURY OF OTHER INTRA-ABDOMINAL O	S36899A
PEDESTRIAN ON FOOT INJURED IN COLLISION WITH	V0390XA
ACTIVITY, UNSPECIFIED	Y939
UNSPECIFIED STREET AND HIGHWAY AS THE PLACE O	Y92410
UNSPECIFIED EXTERNAL CAUSE STATUS	Y999
ESSENTIAL (PRIMARY) HYPERTENSION	I10

CPT-4 PROCEDURES	CPT-4
	CODE
INCISION OF WINDPIPE	31605
INSERT EMERGENCY AIRWAY	31500

Patient: 6139781 SCHWARTZ DOUGLAS R
Admit / Discharge Date: 6/22/16 - 6/23/16

Type	Date	User	Activity
CIS	0/00/00		No records found
HIM	6/24/16	CRO9538	M 81159 NNRHCODER1 Adm Dx10 added Z041
HIM	6/24/16	CRO9538	M 81159 NNRHCODER1 Prin Dx10 added I469
HIM	6/24/16	CRO9538	M 81331 NNRHCODER1 FINALIZED BY CRO9538
HIM	7/08/16	DVI8604	O 91811 NNRHMRS2B Encounter checked out
MNL	0/00/00		No records found
PA1	6/22/16	LUE7964	6 000000000 Added Payor:MRA AUTO LIABILITY
PA1	6/22/16	LUE7964	6 000000000 Added Payor:MRA AUTO LIABILITY
PA1	6/22/16	NNRHDAYEND	F 000000000 Chrg 0103396 pstd FC 99/94
PA1	6/23/16	LUE7964	# 000000000 NPP received 06/22/2016
PA1	6/23/16	LUE7964	F 000000000 F/C CHG FROM 99 TO 94
PA1	9/02/16	CIJ9874	F 000000000 FC CHANGE 94 TO 04 PATIENTS
PA1	9/02/16	CIJ9874	1 000000000 PAYOR CHG: E/B Bills Deleted
PA1	9/02/16	CIJ9874	1 000000000 IN1 120/316 TO 300/090 ARSM(01
PA1	9/02/16	CIJ9874	1 000000000 IN1 120/316 TO 300/090 ARSM(02
PA1	9/02/16	CIJ9874	1 000000000 INS1 120/316 TO 300/090 PATIEN
PA2	0/00/00		No records found
RRX	0/00/00		No records found
TR	0/00/00		No records found
TRX	0/00/00		No records found

***** LEGEND *****

* CIS - DATE, USER, TIME, GROUP, TAB, OVR AUT, PRINT, OUTQ, ORDER # *

* HIM - DATE, USER, TRAN TYPE, TIME, WORKSTATION, DESCRIPTION *

* ROI - DATE, USER, TRAN TYPE, TIME, WORKSTATION, DESCRIPTION *

* MNL - DATE, USER, TRAN TYPE, TIME, WORKSTATION, DESCRIPTION *

* PA1 - DATE, USER, TRAN TYPE, AMOUNT, DESCRIPTION *

* PA2 - DATE, USER, OLD HSV, NEW HSV, NEW F/C, F/C#1, F/C#2, F/C#3, F/C#4 *

* RRX - DATE, USER, TIME, JOB NAME, SPLF NAME, RECIPIENT, FAX # *

* TR - DATE, USER, TIME, DOC NAME, ACT CODE, ACT DESC, NET ID *

* TRX - DATE, USER, TIME, DOC NAME, RECIPIENT, FAX # *

BTOR15A

NORTHEASTERN NEVADA REGIONAL HOSPITAL
Medication Administration Record

Page: 1

Date: 8/27/19

Time: 10:32:20

User: MQI6948

Order By: admin by, admin date, admin time

Administered: ALL

Patient: SCHWARTZ DOUGLAS R

Patient No.: 6139781 Sex: M Admit Date: 6-22-2016

Physician:

Location:

Order No: 0000000

***** No Records found with selected criteria. *****

***** End of Report *****

RX0R28
Hospital . . . : 0026
Rx Location . . :
Nursing Stn . . :

NORTHEASTERN NEVADA REGIONAL HOSPITAL
MONITOR Pharmacy System
Medication Profile Report

* ALL ORDERS *

Page: 1 of 2
Date: 8/27/19
Time: 10:32:20
User:MQI6948

Patient . . . : SCHWARTZ DOUGLAS R (5139781)
History Number: 330967
Height:
IBW . . : 0 lb 0.00 oz / 0.000 kg
Admit Date. . : 06/22/2016
Physician: GARVEY DAVID J MD
Diagnosis: AUTO VS PEDESTRAIN
Allergies: Allergies Unknown

DOB . . . : 06/02/1958
Weight:
BSA . . . : 0.0000
Discharge Date: 06/23/2016

Room/Bed:
Age . . . : 61 Y (As of: 06/23/2016)
CrCL . . :

PROFILE MEDICATION ORDERS:

Order#	Medication	Dose/UOM	Route	Start/Stop Date	OrderStatus	Continue Ord?
					Sts @Disch	(Circle One)
1704021	SALINE FLUSH 0.9 % SOLN	18 mL	IVFLUSH	6/22/16 9:21	D/C	Yes / No
	SALINE 0.9%			6/22/16 9:21	6/23/16	
	Frequency: ONE TIME ONLY					
	Drip Rate: 0.75 ML/HR					

Changes:

1703807	KETALAR (ketamine hcl) 100 MG/	100 MG	IV PUSH	6/23/16 :05	D/C	Yes / No
	KETALAR (ketamine) 100 MG/ML IN			6/23/16 :05		
	Frequency: ONE					

Changes:

1703806	DIPRIVAN (propofol) 10 MG/ML E	1000 MG	IV	6/23/16 :05	D/C	Yes / No
	DIPRIVAN (propofol) 1000 MG VIA			6/23/16 :05		
	Frequency: ONE					

Changes:

1703797	ZOFRAN (ondansetron) 4 MG/2ML	4 MG	IV PUSH	6/22/16 23:04	D/C	Yes / No
	ZOFRAN (ondansetron) 4 MG/2 ML			6/22/16 23:04		
	Frequency: ONE					

Changes:

1703786	DILAUDID (HYDROMORPHONE) 1 MG/	1 MG	IV PUSH	6/22/16 22:24	D/C	Yes / No
	DILAUDID (HYDROMORPHONE) 1 MG/ML			6/22/16 22:24		
	Frequency: ONE					

Changes:

1703785	ZOFRAN (ondansetron) 4 MG/2ML	4 MG	IV PUSH	6/22/16 22:24	D/C	Yes / No
	ZOFRAN (ondansetron) 4 MG/2 ML			6/22/16 22:24		
	Frequency: ONE					

HOME MEDICATIONS:

Medication	Dose/UOM	Route	Ordered By Physician	Ordered At Discharge	Imported
------------	----------	-------	----------------------	----------------------	----------

DISCHARGE MEDICATIONS:

Discharge Reconciliation has not been completed or still in progress

TRANSFER MEDICATIONS:

Continued on next page

RX0R28

NORTHEASTERN NEVADA REGIONAL HOSPITAL

Page: 2 of 2

Hospital . . . : 0025

MONITOR Pharmacy System

Date: 8/27/19

Rx.Location . :

Medication Profile Report

* ALL ORDERS *

Time: 10:32:20

Nursing Stn . :

User:MQI6948

Patient . . . : SCHWARTZ DOUGLAS R (6139781)

Room/Bed:

History Number: 330967

DOB . . . : 06/02/1958

Age . . . : 61 Y

(As of: 06/23/2016)

Height:

Weight:

IBW . . : 0 lb 0.00 oz / 0.000 kg

BSA . . . : 0.0000

CrCL. . :

Admit Date. . : 06/22/2016

Discharge Date: 06/23/2016

Physician: GARVEY DAVID J MD

Diagnosis: AUTO VS PEDESTRAIN

Allergies: Allergies Unknown

HOME MEDICATIONS:

Medication	Dose/UOM	Route	Ordered By Physician	Ordered At Discharge	Imported
------------	----------	-------	-------------------------	-------------------------	----------

Admission/Discharge/Transfer:

Physician: Date: _____ Time: _____ Signature: _____

Attending Physician: Date: _____ Time: _____ Signature: _____

... Please ask the Attending Physician to review the patients meds at next visit within 24 hours

Nurse. . : Date: _____ Time: _____ Signature: _____

Patient . : Date: _____ Time: _____ Signature: _____

* * * * END OF REPORT * * * *

BT0R15

NORTHEASTERN NEVADA REGIONAL HOSPITAL
Missed Dose Medication Administration Record

Page: 1

Date: 8/27/19

Time: 10:32:20

User: MQI6948

Shift: ALL

Order By: admin by, schedule date,schedule time

Administered: ALL

Patient: SCHWARTZ DOUGLAS R

Patient No.: 6139781 Sex: M Admit Date: 6-22-2016

Physician:

Location:

Order No: 0000000

***** No Records found with selected criteria. *****

***** End o f R e p o r t *****

RR0R11

0026

CUMULATIVE REPORT

** FINAL **

Page: 1

Print date: 8/27/19

Time: 10:32

Printed by: MQI6948

NORTHEASTERN NEVADA REGIONAL HOSPITAL

2001 ERRECART BLVD.

ELKO NV 89801

LABORATORY2 CLIA#29D0058654

GEORGE MARDINI, M.D.

NAME: SCHWARTZ DOUGLAS R

DOB: 6/02/58

STATUS : O/P / ED

PAT#: 6139781

AGE: 58

ADM DATE: 6/22/16

MR# : 000330967

SEX: M

DSCHG DT: 6/23/16

ADM PHYS: GARVEY DAVID J MD

*****CHEMISTRY*****

COLLECT	DT	05/22/16	06/22/16	06/22/16	REFERENCE	
	TM	21:36	21:36	21:36	LOW - HIGH	UNITS
SODIUM				134 L	136 - 148	mmol/L
K				3.4 L	3.5 - 5.2	mmol/L
CHLORIDE				100	98 - 108	mmol/L
BICARB				25.1	21 - 32	mmol/L
ANION GAP				8.9	6 - 18	
GLUCOSE				127 H	70 - 100	mg/dl
BUN				15	7 - 24	mg/dl
CREAT				1.3	0.6 - 1.3	mg/dl
BUN/CREA				11.5 L	12.0 - 20.0	ratio
EGFR				60 L	70	mL/min/1.73m
SGOT-AST				301 H	9 - 35	U/L
CA				8.3 L	8.8 - 10.5	mg/dl
ALBUMIN				4.1	3.4 - 5.0	g/dl
PROTEIN				7.4	6.4 - 8.2	g/dl
GLOBULIN				3.3	2.3 - 3.5	
A/GRATIO				1.2	1.1 - 1.9	
T BIL A				0.4	0.0 - 1.0	mg/dl
ALK PHOS				55	46 - 116	U/L
AMYLASE			87		25 - 115	U/L
SGPT-ALT				226 H	23 - 65	U/L
LIPASE		397 H			73 - 393	U/L
REPORTED DT	06/22/16	06/22/16	06/22/16			
TM	21:57	21:57	21:57			

RROR11

0026

Printed by: MQI6948

NORTHEASTERN NEVADA REGIONAL HOSPITAL
2001 ERRECART BLVD.

ELKO NV 89801

CUMULATIVE REPORT

** FINAL **

Page: 2

Print date: 8/27/19

Time: 10:32

LABORATORY2 CLIA#29D0058654
GEORGE MARDINI, M.D.

NAME: SCHWARTZ DOUGLAS R

PAT#: 6139781

MR# : 000330967

DOB: 6/02/58

AGE: 58

SEX: M

STATUS : O/P / ED

ADM DATE: 6/22/16

DSCHG DT: 6/23/16

ADM PHYS: GARVEY DAVID J MD

*****HEMATOLOGY*****

=====

COLLECT DT 06/22/16
TM 21:36

REFERENCE

LOW - HIGH

UNITS

WBC	13.0 H	4.8 - 10.8	X 10(3)
NEUTS	64.3	41.7 - 82.3	%
LYMPHS	27.2	15.0 - 51.1	%
MONOS	6.0	0.0 - 11.7	%
EOSINS	1.7	0.0 - 5.5	%
BASOS	0.2	0.0 - 3.0	%
NE#	8.4	2.5 - 9.0	X 10(3)
LY#	3.5	0.9 - 4.8	X 10(3)
MO#	0.8	0.1 - 0.9	X 10(3)
EO#	0.2	0.0 - 0.7	X 10(3)
BA#	0.0	0.0 - 0.2	X 10(3)
RBC	4.89	4.7 - 6.1	X 10(6)
HGB	15.5	14.0 - 18.0	GM/DL
HCT	42.8	42.0 - 54.0	%
MCV	87.5	80.0 - 99.0	FL
MCH	31.7	27.0 - 34.0	PG
MCHC	36.2 H	31.0 - 36.0	G/%
RDW	12.1	11.5 - 15.2	%
PLATELET	234	140 - 440	X 10(3)
MPV	10.1	6.5 - 12.0	FL

REPORTED DT 06/22/16
TM 21:42

RR0R11

0026

Printed by: MQI6948

NORTHEASTERN NEVADA REGIONAL HOSPITAL

2001 ERRECART BLVD.

ELKO NV 89801

CUMULATIVE REPORT

** FINAL **

Page: 3

Print date: 8/27/19

Time: 10:32

LABORATORY2 CLIA#29D0058654

GEORGE MARDINI, M.D.

NAME: SCHWARTZ DOUGLAS R

PAT#: 6139781

MR# : 000330967

DOB: 6/02/58

AGE: 58

SEX: M

STATUS : O/P / ED

ADM DATE: 6/22/16

DSCHG DT: 6/23/16

ADM PHYS: GARVEY DAVID J MD

*****URINALYSIS*****

COLLECT DT 06/22/16		REFERENCE		
TM	23:17	LOW - HIGH	UNITS	
COLOR	YELLOW			
CLARITY	CLEAR			
UR GLUC	NEGATIVE		NEG	
UR BILI	NEGATIVE		NEG	
UR KETON	NEGATIVE		NEG	
UR PH	5.5	5.0 - 8.0		
UR PROT	TRACE		NEG	
UROBILIN	0.2	NORM		MG/DL
NITRITE	NEGATIVE		NEG	
BLOODHGB	3+	NEG		
LEUK EST	NEGATIVE		NEG	
UR DIP	NO			
UR WBC	0-2			PER HPF
UR RBC	20-30			PER HPF
MUCUS	TRACE			PER HPF
REPORTED DT	06/22/16			
TM	23:30			

SOURCE INFORMATION:

6/22/16 21:02 UA Urine clean catch

RR0R11
0026

CUMULATIVE REPORT
** FINAL **

Page: 4
Print date: 8/27/19
Time: 10:32

Printed by: MQI6948
NORTHEASTERN NEVADA REGIONAL HOSPITAL
2001 ERRECART BLVD.
ELKO NV 89801

LABORATORY2 CLIA#29D0058654
GEORGE MARDINI, M.D.

NAME: SCHWARTZ DOUGLAS R
PAT#: 6139781
MR# : 000330967

DOB: 6/02/58
AGE: 58
SEX: M

STATUS : O/P / ED
ADM DATE: 6/22/16
DSCHG DT: 6/23/16
ADM PHYS: GARVEY DAVID J MD

*****SEROLOGY*****

=====

COLLECT DT	06/22/16
TM	23:17

REFERENCE
LOW - HIGH
UNITS

URINE SG	1.010
----------	-------

1.005 - 1.030

REPORTED DT	06/22/16
TM	23:30

SOURCE INFORMATION:

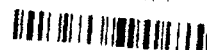
6/22/16 21:02 UA Urine clean catch



CONSENT FOR SERVICES AND FINANCIAL RESPONSIBILITY

Please read carefully and sign the necessary authorizations, releases and agreements so that we may proceed with the care and treatment ordered by your physician.

1. **CONSENT TO HOSPITAL SERVICES:** I understand that a patient's care is directed by his/her attending physician(s) and I consent to any hospital services that are appropriate for my care and as ordered by my physician(s).
2. **MEDICAL EDUCATION:** I understand that residents, interns, medical students, nursing or other students and trainees may observe, examine, treat and participate, with supervision, in my care as part of medical education programs.
3. **PATIENT'S CERTIFICATION AND PAYMENT REQUEST:** I certify that the information given by me in applying for payment under Title XVIII or XIX of the Social Security Act (Medicare) is correct. If I am a recipient of Medicare, I understand that I am responsible for the Medicare deductible, the co-insurance, life-time reserve days, if applicable, and the 20% Part B co-insurance for professional charges. I hereby irrevocably assign payment of all hospitalization and medical benefits applicable and otherwise payable to me to the hospital and to all clinical providers providing care to me at the hospital. Unless otherwise stated in the insurance contract, precertification is ultimately a patient responsibility.
4. **FINANCIAL AGREEMENT:** I, the undersigned, in consideration of the services to be rendered to the patient, am obligated to promptly pay the hospital in accordance with the charges listed in the hospital's charge description master and, if applicable, the hospital's charity care and discount payment policies and state and federal law. The hospital may provide, upon my request, a reasonable estimate of charges for items and services based on the hospital's charge description master. If any account is referred to an attorney or collection agency for collection, I agree to pay reasonable attorney's fees and collection expenses. I understand that, as a courtesy to me, the Hospital may bill my insurance company or health benefit plan, but is not required to do so. I agree and understand that, except where prohibited by law, the financial responsibility for the services rendered belongs to me, the undersigned. I further understand that the obligation to pay the hospital may not be deferred for any reason, including pending legal actions against other parties to recover medical costs. The Hospital shall determine whether and when an account is in default due to non-payment of the balance on the account. I understand that all physicians and surgeons, including the radiologist, pathologist, emergency physician, anesthesiologist, hospitalist, and others, will bill separately for their services.
5. **HOSPITAL TO ACT AS AGENT:** I irrevocably assign and transfer to the hospital all rights, benefits, and any other interests in connection with any insurance plan, health benefit plan (including an employer-sponsored health benefit plan), or other source of payment for my care. This assignment shall include assigning and authorizing direct payment to the hospital of all insurance and health plan benefits payable for this hospitalization or for these outpatient services. I agree that the insurer's or plan's payment to the hospital pursuant to this authorization shall discharge its obligations to the extent of such payment. I understand that I am financially responsible for charges not paid according to this assignment, to the extent permitted by state and federal law. I agree to cooperate with and take all steps reasonably requested by this hospital to perfect, confirm, or validate this assignment. I also hereby authorize the Hospital, or the Hospital's designee, to act on my behalf in any dispute with a managed care organization, government health program, any insurance plan or any employer-sponsored health benefit plan with respect to benefits available under such plan. This authorization specifically includes the authorization to file any appeal on my behalf from a denial of benefits and to act as my agent in pursuing such appeals.
6. **CONSENT TO WIRELESS TELEPHONE CALLS AND TEXT MESSAGES:** If at any time I provide a wireless telephone number at which I may be contacted, I consent to receive calls or text messages, including but not restricted to communications regarding billing and payment for items and services, unless I notify the hospital to the contrary in writing. In this section, calls and text messages include but is not restricted to pre-recorded messages, artificial voice messages, automatic telephone dialing devices or other computer assisted technology, or by electronic mail, text messaging or by any other form of electronic communication from the hospital, affiliates, contractors, servicers, clinical providers, attorneys or its agents including collection agencies.
7. **CONSENT TO EMAIL USAGE:** If at any time I provide an email address at which I may be contacted, unless I notify the hospital to the contrary in writing, I consent to receiving discharge instructions, statements, bills, marketing material for new services and payment receipts at that email address from the hospital.



8. **OUTPATIENT MEDICARE PATIENTS:** Medicare does not cover prescription drugs except for a few exceptions. Per Medicare regulations you are responsible for any drugs furnished you while an outpatient that meet Medicare's definition of a prescription drug. These drugs are commonly referred to as self-administered drugs, as they are typically self-administered but can be administered by hospital personnel. Medicare requires hospitals to bill Medicare patients or other third party payers for these drugs. Medicare Part D beneficiaries may bill Medicare Part D for possible reimbursement of these drugs in accordance with Medicare Drug plan enrollment materials.
9. **INFECTION CONTROL CONSENT:** To protect against possible transmission of blood borne diseases, such as Hepatitis or Human Immunodeficiency Virus (AIDS, HIV), I understand it may be necessary or medically indicated to test my blood while I am a patient of the hospital, if for example, a hospital employee is stuck by a needle while drawing blood, is splashed with blood, or sustains a scalpel injury and is exposed to my blood, I understand my blood, as well as the employee's blood will be tested for possible infection with the above mentioned diseases. The test results of both employee and patient will be kept confidential as provided by law.
10. **RELATIONSHIP BETWEEN HOSPITAL AND PHYSICIANS / OTHER HEALTH CARE PROVIDERS:** I understand that most or all of the health care providers performing services in this Hospital are independent contractors and are not Hospital employees, representatives or agents. Most physicians and surgeons providing services to me, including the radiologist, pathologist, emergency physician, anesthesiologist, hospitalist and others, are independent contractors and are not employees, representatives or agents of the hospital. Likewise, most physician assistants (P.A.'s), Nurse Practitioners (N.P.'s), and Certified Registered Nurse Anesthetists (C.R.N.A.'s) are independent contractors and are not employees, representatives or agents of the hospitals. Independent contractors are responsible for their own actions and the Hospital shall not be liable for the acts or omissions of any such independent contractors.
- I understand that I am under the care and supervision of my attending physician. The hospital and its nursing staff are responsible for carrying out my physician's instructions. My physician or surgeon is responsible for obtaining my informed consent, when required, to medical or surgical treatment, special diagnostic or therapeutic procedures, or hospital services provided to me under my physician's general and special instructions.
- ☐ I understand that physicians providing care at this hospital may be NON-PARTICIPATING providers in my insurance plan and will bill me for their professional services separately from the Hospital bill.
11. **ELECTION TO ELECTRONICALLY TRANSMIT MEDICAL INFORMATION AT DISCHARGE:** I authorize Northeastern Nevada Regional Hospital to provide a copy of the medical record of my treatment, the discharge summary, and a summary of care record to my primary care physician(s), specialty care physician(s), and/or any health care provider(s) or facility(ies) identified on my discharge paperwork to facilitate my treatment and continuity of care. I understand that information disclosed under this paragraph may include, among other things, confidential HIV-related information and other information relating to sexually transmitted or communicable diseases, information relating to drug or alcohol abuse or drug or alcohol dependence, mental or behavioral health information (excluding psychotherapy notes), genetic testing information, and/or abortion-related information. The summary of care record consists of information from my medical record, including among other things, information concerning procedures and lab tests performed during this admission, my care plan, a list of my current and historical problems, and my current medication list. I understand that I may, by placing my request in writing to the Privacy Officer, revoke this authorization at any time. However, I understand that a healthcare organization cannot take back information that has already been released under this authorization. This authorization will expire automatically one year after the date on which my current treatment episode comes to an end.
12. **NOTICE OF PRIVACY PRACTICES:** I understand and have been provided with a Notice of Privacy Practices that provides a more complete description of my health care information uses and disclosures.
13. **PATIENT DIRECTORY PREFERENCE:** I have been informed that unless I object, the hospital can use a facility directory to inform visitors or callers, if they ask for me by name, about my location in the facility and general medical condition. Clergy may also receive this information as well as my religious affiliation.
- ☐ I object to having my name, location and general condition listed in the facility directory.
14. **ELECTION TO REQUEST INTERPRETIVE SERVICES:** In accordance with Sect. 60, of Title VI, the Hospital is committed to ensuring that all patients receive equal access to medical care. To achieve this goal, interpretive services may be utilized or requested at no cost to you.
15. **PATIENT RIGHTS:** I have received a copy of the Patient Rights. I understand these rights and if I have further questions, I will ask the nursing staff.

Northeastern Nevada Regional Hospital
Consent for Services (English)

Page 2 of 3
NN1001A/C51816

SCHWARTZ, LINDA R. SEX: F
DOB: 06/22/1948 AGE: 57 SEX: M
ADMIT: 06/20/16 PT BED: 4 1618
ATT: CARNEY, DAVID L. ST: NV 8910191
MR #: 00011007 ST: NV 8910191



16. **CONSENT TO PHOTOGRAPH:** I consent to photographs, video or other images where deemed medically necessary by my physician before, during, or after a procedure. This is to provide documentation of my treatment and medical condition and will be kept as a part of your medical record.

17. **ADVANCE DIRECTIVE ACKNOWLEDGMENT:** I understand that I am not required to have an Advance Directive in order to receive medical treatment at this health care facility. I understand that the terms of my Advance Directive that I have executed will be followed by the health care facility and my caregivers to the extent permitted by law.

- ☐ I have executed an Advance Directive
☐ I have not executed an Advance Directive
☐ I would like to formulate an Advance Directive and receive additional information

18. **OTHER ACKNOWLEDGEMENTS:**

a. **Personal Valuables:** I understand and agree that the hospital maintains a safe for the safekeeping of money and other valuables and that the hospital shall not be liable for the loss of such valuables unless deposited with the hospital for safekeeping. The liability of the hospital for loss of personal property that is deposited for safekeeping is limited to \$5000 or the maximum required by law. I understand that I am responsible for all my personal effects, including personal grooming articles, clothing, eyeglasses, contact lenses, hearing aids, dentures, other prosthetic devices, electronic devices such as cell phones, laptops, electronic readers, iPads/Pods and all other such devices.

b. **Smoke Free Facility Policy:** The Hospital is a smoke free facility. I understand that while I am a patient at the Hospital I may not use tobacco products.

c. **Weapons / Explosives / Drugs:** I understand and agree that the hospital is a weapons, explosives, illegal substance or drug and alcohol free facility. I understand that while I am a patient at the Hospital I may not have these items in my room or with my belongings. If the hospital believes I have any of the above mentioned items the hospital may search my room and belongings. If found the items may be confiscated, disposed appropriately or turned over to the law enforcement authorities.

19. **MATERNITY PATIENTS:** If I deliver an infant(s) while a patient of this hospital, I agree that each provision of this Consent for Services and Financial Responsibility applies to the infant(s).

20. **KENTUCKY ONLY:** In compliance with KRS 214, the undersigned has received AIDS information. ☐ Yes ☐ No

I have read and fully understand this Patient Consent and Financial Agreement and been given the opportunity to ask questions. I acknowledge that I either have no questions or that my questions have been answered to my satisfaction.

Signature of Patient or Legal Representative for Health Care if Other Than Patient Deane Schwartz Date / Time 6/22/16

Relationship of Representative

Reason Individual is Unable to Sign, i.e., Minor or Legally Incompetent

Signature of Witness

Date / Time

Northeastern Nevada Regional Hospital
Consent for Services (English)

Page 3 of 3

NN1001A/051315

SCHWARTZ DEANE P
DOB: 06/01/1965 AGE: 51 SEX: M
ADMIT: 06/22/16 RN REG: 1
ATT: CARVER CLINIC #12912
MR # 00000000000000000000



WHITE - CHART COPY
YELLOW - CHARGE COPY
PINK - COURT COPY

Douglas R. Schwartz

PATIENT NAME

DATE 06-23-16

TIME OF ARREST 0035 INITIATED BY: CPR

ED 5:32-16

ARRIVAL TIME: 2035

NOTIFIED TIME

BY

NOTIFIED TIME

0145

PAGE

OF

DIAGNOSIS: Cardiac Arrest
Due to Asystole

BY Dr. Harvey

TEAM MEMBERS (Name and Title)

- 1) David Garvey MD
- 2) Donna Levitt RN
- 3) Sue Olson RN
- 4) Cindy Ford RN
- 5) Nancy Abraham RN
- 6) Bonnie RN - Beach
- 7) Barry RN - Beach
- 8) Paul EMS
- 9) Tom R.T.
- 10) Board

TYPE OF ARREST (Check all appropriate)

- ☐ RESPIRATORY ☐ V-FIB ☐ ASYSTOLE
- ☐ CARDIAC ☐ EMD
- ☐ WITNESSED ☐ OTHER
- ☐ UNWITNESSED ☐ OTHER
- ☐ ECG MONITORED
- ☐ VTACH.

INITIAL ASSESSMENT

- RESPIRATIONS ☐ PRESENT ☐ ABSENT ☐ AGONAL
- CAROTID PULSE ☐ PRESENT ☐ ABSENT

INFORMATION

SIZE: 20g (R) hand

TIME: 20g (R) wrist

BY WHOM: EMS (1) / Paramedic

BILAT BS: ☐ PRESENT ☐ ABSENT

IV PRESENT - Site

20g (R) hand

IV STARTED - Site

20g (R) wrist

NEEDLE SIZE: 165

SOLUTION: EMS (1) / Paramedic

BY WHOM: EMS (1) / Paramedic

TIME	RESPONSE	RESPIRATION	PULSE	RHYTHM	BP	JOULES	EXTERNAL PACING	EPH	APR	LOCATE	SINGLE DOSES	DRIP MEDS	ABG
0038	Retamine 180 mg IV	Respiration by each air nurse	Comment: 180 mg IV										
0040	ET tube attempted	Unsuccessful	ET tube 7.5 tube by Barry RN										
0043	"	"	"										
0045	CPR in progress	HR 31	Q2 int 37%										
0046	King airway placed	203%	Q2 int 37%										
0047	HR 120	Q2 int 82%	203%										
0048	ET tube attempted by Dr. Harvey	Unsuccessful	ET tube 7.5 tube by Barry RN										
0049	"	"	"										
0050	Q2 int 65%	CPR continues	asystole										
0051	ET tube insertion attempted by Barry (RN)	Unsuccessful	ET tube 7.5 tube by Barry RN										
0052	Q2 int 50%	Unsuccessful	ET tube 7.5 tube by Barry RN										
0053	HR 147	Q2 int 82%	203%										
0054	HR 147	Q2 int 82%	203%										
0055	HR 147	Q2 int 82%	203%										
0056	HR 147	Q2 int 82%	203%										
0057	HR 147	Q2 int 82%	203%										
0058	HR 147	Q2 int 82%	203%										
0059	HR 147	Q2 int 82%	203%										
0060	HR 147	Q2 int 82%	203%										
0061	HR 147	Q2 int 82%	203%										
0062	HR 147	Q2 int 82%	203%										
0063	HR 147	Q2 int 82%	203%										
0064	HR 147	Q2 int 82%	203%										
0065	HR 147	Q2 int 82%	203%										
0066	HR 147	Q2 int 82%	203%										
0067	HR 147	Q2 int 82%	203%										
0068	HR 147	Q2 int 82%	203%										
0069	HR 147	Q2 int 82%	203%										
0070	HR 147	Q2 int 82%	203%										

OUTCOME

☐ SUCCESSFUL DISPOSITION

☒ UNSUCCESSFUL Code Terminated At 0133 (time)

SIGNATURE OF RECORDER X Silvia Wilson EMT

SIGNATURE OF MED NURSE X Donna Levitt RN

SIGNATURE OF MD IN CHARGE X Dr. Harvey

BY WHOM: Harvey MD

DOB: 06/02/1958 AGE: 58 SEX: M HSV: ED

ATT: GARVEY DAVID J MD PT #: 000330967

MR #: 000330967

ADMIT: 06/22/16 RM/BD: # 2818

PT #: 6139781

SCHEWARTZ DOUGLAS R

995

Northeastern Nevada Regional Hospital
2001 Errecart Blvd. • Elko, Nevada 89801

CARDIAC ARREST RECORD

Continuing throughout the code

SUMMARY OF CQ/IRM MONITORING AND EVALUATION

Findings:

What did you see (find)? What are the statistical numbers?

Conclusions:

What decisions did you make from the findings? What stories do the findings tell us?

Recommendations:What do you think needs to be done? Actions: How are you going to make improvements?Follow-up:

What did you find when reviewing this at a later date? What did you do to make sure the actions were implemented.

ASPECT OF CARE /SERVICE (INDICATOR/STUDY)	% THRESHOLD DESIRED	% THRESHOLD ATTAINED	FINDINGS-CONCLUSIONS	RECOMMENDATIONS-ACTIONS	FOLLOW-UP
CODE BLUE 1. Supplies and equipment are immediately available and operational 2. Code response immediate by at least four qualified personnel 3. ACLS protocol followed	100% 100% 100%				

CONFIDENTIAL: NOT PART OF MEDICAL RECORDS

DEPARTMENT

DATE

REVIEWER

WHITE - CHART COPY
YELLOW - CHARGE COPY
PINK - CQ/IRM COPY



SV: ED
DOB: 06/02/1958 AGE: 58 SEX: M
ADMIT: 06/22/16 RM/BD: /
ATT: GARVEY DAVID J MD
HR #: 000330967
PT #: 6139781

PATIENT NAME: Douglas R. Schwartz PAGE: OF
DATE: 06/23/16 TIME OF ARREST: CPR INITIATED BY: LOCATION OF ARREST: DIAGNOSIS:
ED ARRIVAL TIME: ATTD PHYS: BY: FAMILY NOTIFIED TIME: BY:

TEAM MEMBERS (Name and Title)
1) 2) 3) 4)
5) 6) 7)

TYPE OF ARREST (CHECK ALL APPLICABLE)
☐ RESPIRATORY ☐ V-FIB ☐ CARDIAC ☐ ASYSTOLE ☐ WITNESSED ☐ EMD ☐ UNWITNESSED ☐ OTHER ☐ ECG MONITORED ☐ VITACH.
INITIAL ASSESSMENT
RESPIRATIONS ☐ PRESENT ☐ ABSENT ☐ AGONAL ☐ CAROTID PULSE ☐ PRESENT ☐ ABSENT
SIZE: FIO₂:
TIME:
BY WHOM:
BILAT BS: ☐ PRESENT ☐ ABSENT

TIME	RESPIRATION 3- Spontaneous 4- Assisted	PULSE 3- Spontaneous 4- Assisted	RHYTHM	BP	JOULES	EXTERNAL PACING	EP N or ET N or ETT	ATROPHIC N or ET N or ETT	LOCATING	SINGLE DOSES	DRIP MEDS	ABG	PH	PO ₂	POC ₂	COMMENTS/LAB	
0117																	
0119																	
0120																	
0122																	
0124																	
0125																	
0128																	
0129																	
0131																	
0133																	
During procedure - autonomic response. Copious amount of hemorrhage from pericardial margin.																	

CUTCODE
☐ UNSUCCESSFUL
☐ SUCCESSFUL
Code Terminated At: 0133 (time)
BY WHOM: Starusky MD
SIGNATURE OF RECORDER X: Douglas R. Schwartz
SIGNATURE OF MED NURSE X:
SIGNATURE OF MD IN CHARGE X:

SUMMARY OF CQI/RM MONITORING AND EVALUATION

Findings:Conclusions:Recommendations:Follow-up:

What did you see (find)? What are the statistical numbers?

What decisions did you make from the findings? What stories do the finding tell us?

What do you think needs to be done? Actions: How are you going to make improvements?

What did you find when reviewing this at a later date? What did you do to make sure the actions were implemented.

ASPECT OF CARE /SERVICE (INDICATOR/STUDY)	% THRESHOLD DESIRED	% THRESHOLD ATTAINED	FINDINGS-CONCLUSIONS	RECOMMENDATIONS-ACTIONS	FOLLOW-UP
CODE BLUE 1. Supplies and equipment are immediately available and operational 2. Code response immediate by at least four qualified personnel 3. ACLS protocol followed	100% 100% 100%				

CONFIDENTIAL: NOT PART OF MEDICAL RECORDS

DEPARTMENT

DATE

REVIEWER

ID: Patient 0207
 Patient Mode: Adult
 06/23/2016 01:58:07AM
 Dept:
 Unit:
 S/N: A11K001505
 SW Rev: 02.01.27.00

TREND SUMMARY REPORT

Name:	TIME 24HR	HR/PR BPM	SpO2 %	NIBP mmHg	BR/RR Br/M	EtCO2 mmHg	FiCO2 mmHg
ID: Patient 0206	01:45	???	???	OFF	???	???	???
Patient Mode: Adult	01:40	???	???	OFF	???	???	???
Start Time:	01:35	???	???	OFF	???	???	???
06/23/2016 12:06:14AM	01:32	134	49	149/55(88)	---	0	0
Total Trend Events: 27	01:30	---	60	OFF	---	0	0
Dept:	01:25	---	64	OFF	---	0	0
Unit:	01:20	36	39	OFF	---	0	0
S/N: A11K001505	01:15	119	46	126/95(106)	---	0	0
SW: 02.01.27.00	01:15	123	41	OFF	---	0	0

TIME 24HR	HR/PR BPM	SpO2 %	NIBP mmHg	BR/RR Br/M	EtCO2 mmHg	FiCO2 mmHg
01:14	124	60	202/125(150)	---	0	0
01:10	126	52	OFF	---	0	0
01:05	120	71	OFF	---	0	0
01:00	121	62	207/143(165)	---	0	0
01:00	124	69	OFF	---	0	0
00:55	128	43	OFF	46	OFF	OFF
00:50	126	62	OFF	57	OFF	OFF
00:45	118	73	221/148(173)	23	OFF	OFF
00:45	119	75	OFF	30	OFF	OFF

TIME 24HR	HR/PR BPM	SpO2 %	NIBP mmHg	BR/RR Br/M
00:41	125	81	249/140(178)	31
00:40	111	77	OFF	34
00:35	36	37	OFF	35
00:30	124	76	225/136(166)	57
00:30	127	76	OFF	57
00:25	108	92	OFF	27 ✓
00:20	97	83	OFF	22 ✓
00:15	73	99	OFF	19 ✓
00:10	66	97	OFF	17 ✓

SCHWARTZ DOUGLAS R HSV: ED
 DOB: 06/02/1958 AGE: 58 SEX: M
 ADMIT: 06/22/16 RM/BED: /
 ATT: GARVEY DAVID J MD #: 2818
 MR #: 000330967 PT #: 6139781



TREND SUMMARY REPORT

Name:

ID: Patient 0206

Patient Mode: Adult

Start Time:

06/23/2016 12:06:14AM

Total Trend Events: 27

Dept:

Unit:

S/N: A111K001505

SW: 02.01.27.00

TIME 24HR	HR/PR BPM	SpO2 %	NIBP mmHg	BR/RR Br/M	EtCO2 mmHg	FICO2 mmHg
01:45	???	???	OFF	???	???	???
01:40	???	???	OFF	???	???	???
01:35	???	???	OFF	???	???	???
01:32	134	49	149/55(88)	---	0	0
01:30	---	60	OFF	---	0	0
01:25	---	64	OFF	---	0	0
01:20	36	39	OFF	---	0	0
01:15	119	46	126/95(106)	---	0	0
01:15	123	41	OFF	---	0	0

TIME 24HR	HR/PR BPM	SpO2 %	NIBP mmHg	BR/RR Br/M	EtCO2 mmHg	FICO2 mmHg
01:14	124	60	202/125(150)	---	0	0
01:10	126	52	OFF	---	0	0
01:05	120	71	OFF	---	0	0
01:00	121	62	207/143(165)	---	0	0
01:00	124	69	OFF	---	0	0
00:55	128	43	OFF	46	OFF	OFF
00:50	126	62	OFF	57	OFF	OFF
00:45	118	73	221/148(173)	23	OFF	OFF
00:45	119	75	OFF	30	OFF	OFF

TIME 24HR	HR/PR BPM	SpO2 %	NIBP mmHg	BR/RR Br/M
00:41	125	81	249/140(178)	31
00:40	111	77	OFF	34
00:35	36	37	OFF	35
00:30	124	76	225/136(166)	57
00:30	127	76	OFF	57
00:25	108	92	OFF	27
00:20	97	83	OFF	22
00:15	73	98	OFF	19
00:10	66	97	OFF	17

SCHWARTZ DOUGLAS R HSV: ED
 DOB: 06/02/1958 AGE: 58 SEX: M
 ADMIT: 06/22/16 RM/BED: /
 ATT: GARVEY DAVID J MD #: 2818
 MR #: 000330967 PT #: 6139781



Organ and Tissue Notification:

Intermountain Organ Recovery System Must be notified of
ALL Deaths at 1-800- 83-DONOR

Spoke with: Elizabeth Hill
Time: 0304 — returned call at 0335
Date: 3-26-16

Contacted by: [Signature] (Staff Signature)

IORS rules medically eligible: YES ☒ NO

Explain: pt not eligible, body to
doc sent for investigation

The option of Organ and Tissue Donation has been presented:


N/A Family wishes to pursue option of donation
N/A Family declines option of donation

Next of Kin signature: N/A Relationship: N/A

Completed by: [Signature] (Staff signature)

Northeastern Nevada Regional Hospital
2001 Errecart Blvd, Elko, NV 89801

SCHWARTZ DOUGLAS R		HSV: ED
DOB: 06/02/1958	AGE: 58	SEX: M
ADMIT: 06/22/16	RM/BED: /	
ATT: GARVEY DAVID J MD	#: 2818	
MR #: 000330967	PT #: 6139781	





PATIENT TRANSFER

Name: SCHWARTZ DOUGLAS R Patient Number: 6139781
Age: 58 Date of Birth: 06/02/1958 Sex: M MR No.: 000330967
Date: 6-22-16

Section: Patient Consent (This section must be signed by the patient and / or responsible party.)

I acknowledge the patient will be transferred to: University of Utah
The risks and benefits involved in the transfer have been explained to me, as well as the risks and benefits of foregoing this transfer, and I accept full responsibility for such transfer. I acknowledge that I have received a medical screening for my condition. I give consent to this hospital to release all of my medical records and x-ray films, including information related to HIV, drug / alcohol abuse, or psychiatric treatment.

Transported Via: ☐ ALS ☐ BLS ☐ POV Against Medical Advice
☒ Air Evacuation ☐ POV Beach Air

I elect to provide my own transportation and decline medical transportation for the transfer. I am aware of the risks and release the physician, this hospital, and its agents from any liability related to transportation to the receiving facility.

n/a n/a
Patient / Responsible Party's Signature Relationship Date

Summary of Risks and Benefits:

Risk of Transfer:

☒ Worsening of medical condition including risk to unborn/newborn in the case of pregnancy. Disease specific risks:

Death
☒ Transportation Risks plane crash

☐ Other: _____

Benefits of Transfer:

☒ Immediate access to specialized practitioner / equipment / monitoring, specifically: _____

Trauma

☐ Bed capacity that is not currently available at this facility.

☒ Continuity of care

☐ Other: _____

I release the physician, this hospital and its agents from any liability as a result of this transfer.

Clare Schwartz
Signature of Responsible Party

Spouse
Relationship

6-22-16
Date

[Signature]
Signature of Witness

Nurse
Relationship

6-22-16
Date

Section II: Patient Refusal for Transfer

This risk and benefits involved in the transfer have been explained to me, as well as the risks and benefits of foregoing this transfer, and I have decided to decline the transfer. I accept full responsibility for this decision. I release the physician, this hospital, and its agents from any liability as a result of NOT being transferred.

n/a
Signature of Responsible Party

n/a
Relationship

Date

Signature of Witness

Relationship

Date



Ideal Bodyweight vT calc: male: $50 + 2.3$ for every inch > 60 inches. Female: $45.5 + 2.3$
T calc: 6-8ml's / kg of ideal BW, 5ml/kg for sepsis.
Vent Check: Turn on > clear alarm > Select & scroll to "Vent Check" > select.
Pressure Cntl Setup: Mode - SIMV, Breath Type - Pressure, PC = 15, PS = 10, PEEP = 5. Add the C and PEEP together and that should ~ equate to PIP. This is a safe starting point for adults and peds. Adjust fIO2 and/or PC up or down PRN to increase sPO2 or change ETCO2.
 o Increase sPO2 add more PC. To manipulate ETCO2 manipulate PC.
IPAP Setup: On > select New Pt. > select Pt. Size > select Intubate > Breath Mode = CPaP + PS
 reath Type = Pressure > Adjust PS and PEEP to desired values > select ventilate.
Alarms: Set high 10 point above PIP and low 10 points below PIP.

Epi 1mg
 Keta
 Roc

KETA ROC

0018 0018

0102 7172
 7590

Tube 0020 - No

0023 unsuccessful

0033 unsuccessful 7.5

0033 unsuccessful 9.

0035 CPR

0036 King 10657 225/136 4702 7987 (Paul)

0040 17207 8202 Resp25 249/140
 Resp 02

0044 unsuccessful

0047 unsuccessful

0050 O2 65%

0052 unsuccessful 2 5590 6090

0053 5040 O2 unsuccessful

0054 12752 4202 221/148

NPA 0057 (6990 0058)

SCHWARTZ DOUGLAS R HSV: ED
 DOB: 06/02/1958 AGE: 58 SEX: M
 ADMIT: 06/22/16 RM/BED: /
 ATT: GARVEY DAVID J MD #: 2818
 MR #: 000330967 PT #: 6139781



0116 3702 819 126/95

0117 CPR started no pulse
4402 339

0119 3602

0120 asystole - no O₂ apnoeic

0122 52 CPR still in progress

0124 6102 CPR still gastric extubation

0125 4902 CPR

0128 6402

0129 needle right no output

0131 decompression L & R ← little
air

0133 stop compressions

SCHWARTZ DOUGLAS R HSV: ED
DOB: 06/02/1958 AGE: 58 SEX: M
ADMIT: 06/22/16 RM/BED: /
ATT: GARVEY DAVID J MD #: 2818
MR #: 000330967 PT #: 6139781



Ideal Bodyweight vT calc: male: $50 + 2.3$ for every inch > 60 inches. Female: $45.5 + 2.3$
T calc: 6-8ml's / kg of ideal BW, 5ml/kg for sepsis.
Vent Check: Turn on > clear alarm > Select & scroll to "Vent Check" > select.
Pressure Cntl Setup: Mode - SIMV, Breath Type - Pressure, PC = 15, PS = 10, PEEP = 5. Add the C and PEEP together and that should ~ equate to PIP. This is a safe starting point for adults.
 nd peds. Adjust fIO2 and/or PC up or down PRN to increase sPO2 or change ETCO2.
 o increase sPO2 add more PC. To manipulate ETCO2 manipulate PC.
IPAP Setup: On > select New Pt. > select Pt. Size > select Intubate > Breath Mode = CPaP + PS
 reath Type = Pressure > Adjust PS and PEEP to desired values > select ventilate.
Alarms: Set high 10 point above PIP and low 10 points below PIP.

Epi 1mg
 Keta
 Roc

^{180mg}
 Keta 20C
 0018 0018

0102 8172
 75%

Tube 0020 - No

0023 unsuccessful

0033 unsuccessful 7.5

0033 unsuccessful 9.

0035 CPR

0036 King 10057 225/136 470 798 (Paul)

0040 1907 8202 Resp 25 249/140
 Resp 02

0044 unsuccessful

0047 unsuccessful

0050 O2 65%

0052 unsuccessful ~ 55% , 60%

0053 5000 O2 unsuccessful

0054 1272 4202 221/148

NPA 0057 (69% 0058)

SCHWARTZ DOUGLAS R HSV: ED
 DOB: 06/02/1958 AGE: 58 SEX: M
 ADMIT: 06/22/16 RM/BED: /
 ATT: GARVEY DAVID J MD #: 2818
 MR #: 000330967 PT #: 6139781



**PHYSICIAN/QUALIFIED MEDICAL PERSONNEL STATEMENT
MEDICAL NECESSITY AND REASONABLENESS FOR AIR MEDICAL TRANSPORT**

As the medical professional involved in the air ambulance transport provided by _____

Please complete this form in its entirety in order to justify why air transportation was required instead of ground transport.
(This information will be provided to third party payer.)

Patient Data	Please Complete Each Section	
	Call # _____ Patient Name <u>SCHWARTZ DOUGLAS R.</u> Date of Service _____ Date of Birth <u>DOB: 06/02/1958</u> Diagnosis or Potential Diagnosis of Patient _____	HSV: ED SEX: M AGE: 58 RM/BED: / # : 2818 PT #: 6139781 ADMIT: 06/22/16 ATT: GARVEY DAVID J MD MR #: 000330967

Requesting Source
Requested By (full name and title) <u>DR David Garvey</u> Requesting Entity (name and contact) <u>NNRH</u> Accepting-Receiving Hospital <u>University of Utah</u>

Requesting Air Transport General Criteria
<input type="checkbox"/> The Patient's condition is too critical to allow for longer transport time by ground <input type="checkbox"/> Patient requires higher level of care <input type="checkbox"/> Facility on Divert <input type="checkbox"/> Weather / road conditions prohibit ground transport <input checked="" type="checkbox"/> The patient's condition is too unstable for a ground unit and requires critical care abilities of the air ambulance transport team. Specify care: <input type="checkbox"/> Intubated <input type="checkbox"/> ETCO2 Monitoring <input type="checkbox"/> TPA Infusion <input type="checkbox"/> EKG <input type="checkbox"/> IABP <input type="checkbox"/> Fetal Monitoring <input type="checkbox"/> Neonatal Isolette <input type="checkbox"/> Glidescope Intubation <input type="checkbox"/> Other _____ <input type="checkbox"/> IV Medications, titrated drips (specify medications) _____

Mechanism of Injury			
<input checked="" type="checkbox"/> Patient requires immediate and rapid transport due to the nature and or severity of the illness / injury (Please check the Mechanism(s) of Injury) <table border="0"> <tr> <td> <input type="checkbox"/> Vehicle rollover / ejection / high speed collision <input checked="" type="checkbox"/> Vehicle striking pedestrian > 10 mph <input type="checkbox"/> Falls from > 15 feet <input type="checkbox"/> Motorcycle victim ejected at > 20 mph <input type="checkbox"/> Near drowning injuries <input type="checkbox"/> Major crush injuries <input type="checkbox"/> AMI / Chest pain <input type="checkbox"/> Other (specify) _____ </td> <td> <input type="checkbox"/> Symptomatic hypotension <input type="checkbox"/> High-risk obstetrical conditions <input type="checkbox"/> Penetrating trauma <input type="checkbox"/> Spinal Cord / spinal column injury <input type="checkbox"/> Partial or total amputation <input type="checkbox"/> 2 or more long bone fx. Pelvic fx. <input type="checkbox"/> Altered level of consciousness </td> <td> <input type="checkbox"/> Patient experiencing neurological impairment (CVA, Stroke, Seizures) <input type="checkbox"/> Symptomatic hypertension <input type="checkbox"/> Major burns of the body surface area; burns involving the face, hands, feet, perineum; burns with significant respiratory involvement; major electrical or chemical burn <input type="checkbox"/> Same vehicle fatality </td> </tr> </table>	<input type="checkbox"/> Vehicle rollover / ejection / high speed collision <input checked="" type="checkbox"/> Vehicle striking pedestrian > 10 mph <input type="checkbox"/> Falls from > 15 feet <input type="checkbox"/> Motorcycle victim ejected at > 20 mph <input type="checkbox"/> Near drowning injuries <input type="checkbox"/> Major crush injuries <input type="checkbox"/> AMI / Chest pain <input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Symptomatic hypotension <input type="checkbox"/> High-risk obstetrical conditions <input type="checkbox"/> Penetrating trauma <input type="checkbox"/> Spinal Cord / spinal column injury <input type="checkbox"/> Partial or total amputation <input type="checkbox"/> 2 or more long bone fx. Pelvic fx. <input type="checkbox"/> Altered level of consciousness	<input type="checkbox"/> Patient experiencing neurological impairment (CVA, Stroke, Seizures) <input type="checkbox"/> Symptomatic hypertension <input type="checkbox"/> Major burns of the body surface area; burns involving the face, hands, feet, perineum; burns with significant respiratory involvement; major electrical or chemical burn <input type="checkbox"/> Same vehicle fatality
<input type="checkbox"/> Vehicle rollover / ejection / high speed collision <input checked="" type="checkbox"/> Vehicle striking pedestrian > 10 mph <input type="checkbox"/> Falls from > 15 feet <input type="checkbox"/> Motorcycle victim ejected at > 20 mph <input type="checkbox"/> Near drowning injuries <input type="checkbox"/> Major crush injuries <input type="checkbox"/> AMI / Chest pain <input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Symptomatic hypotension <input type="checkbox"/> High-risk obstetrical conditions <input type="checkbox"/> Penetrating trauma <input type="checkbox"/> Spinal Cord / spinal column injury <input type="checkbox"/> Partial or total amputation <input type="checkbox"/> 2 or more long bone fx. Pelvic fx. <input type="checkbox"/> Altered level of consciousness	<input type="checkbox"/> Patient experiencing neurological impairment (CVA, Stroke, Seizures) <input type="checkbox"/> Symptomatic hypertension <input type="checkbox"/> Major burns of the body surface area; burns involving the face, hands, feet, perineum; burns with significant respiratory involvement; major electrical or chemical burn <input type="checkbox"/> Same vehicle fatality	

Specialty Care Required			
<input type="checkbox"/> Specialty Care likely required for this patient's immediate care. (Please check the appropriate physician consultation or skill likely required) <table border="0"> <tr> <td> <input type="checkbox"/> Cardiologist <input type="checkbox"/> Cardiothoracic Surgeon <input type="checkbox"/> Vascular Surgeon <input type="checkbox"/> Neurologist <input type="checkbox"/> Neurosurgeon <input type="checkbox"/> Neuroradiologist </td> <td> <input type="checkbox"/> Pulmonologist <input type="checkbox"/> Gastroenterologist <input type="checkbox"/> Neonatologist <input type="checkbox"/> Pediatric Intensive Care Specialist <input type="checkbox"/> Burn Specialist <input type="checkbox"/> Trauma Surgeon </td> <td> <input type="checkbox"/> ICU Not Available at referring <input type="checkbox"/> Other (specify) _____ _____ _____ </td> </tr> </table>	<input type="checkbox"/> Cardiologist <input type="checkbox"/> Cardiothoracic Surgeon <input type="checkbox"/> Vascular Surgeon <input type="checkbox"/> Neurologist <input type="checkbox"/> Neurosurgeon <input type="checkbox"/> Neuroradiologist	<input type="checkbox"/> Pulmonologist <input type="checkbox"/> Gastroenterologist <input type="checkbox"/> Neonatologist <input type="checkbox"/> Pediatric Intensive Care Specialist <input type="checkbox"/> Burn Specialist <input type="checkbox"/> Trauma Surgeon	<input type="checkbox"/> ICU Not Available at referring <input type="checkbox"/> Other (specify) _____ _____ _____
<input type="checkbox"/> Cardiologist <input type="checkbox"/> Cardiothoracic Surgeon <input type="checkbox"/> Vascular Surgeon <input type="checkbox"/> Neurologist <input type="checkbox"/> Neurosurgeon <input type="checkbox"/> Neuroradiologist	<input type="checkbox"/> Pulmonologist <input type="checkbox"/> Gastroenterologist <input type="checkbox"/> Neonatologist <input type="checkbox"/> Pediatric Intensive Care Specialist <input type="checkbox"/> Burn Specialist <input type="checkbox"/> Trauma Surgeon	<input type="checkbox"/> ICU Not Available at referring <input type="checkbox"/> Other (specify) _____ _____ _____	

I order/certify that this patient's condition requires Air Ambulance Transportation due to the time or geographical factors. Such certification is to the best of my professional ability. By so certifying, I am NOT assuming any financial responsibility for the transportation services provided by: _____
 The ambulance supplier agrees that it will bill only the patient or any applicable third party payer for any transportation cost. (Air ambulance supplier)

Signature/Date [Signature] Name (print) Donna Kevitt RN
☐ EMT ☐ Paramedic ☐ Trained First Responder ☐ Physician ☐ Physician Assistant ☒ Nurse Practitioner ☐ per VO/TO of Dr.

Do you (requesting source) have a financial/employment relationship with the ambulance supplier transporting patient?
 Please Indicate ☐ Yes ☒ No

Patient Name: SCHWARTZ DOUGLAS R
DOB: 05/02/1958 AGE: 58 HSV: ED SEX: M
ADMIT: 05/22/16 RM/BED: /
ATT: GARVEY DAVID J MD #1: 2818
MR #: 000330967 PT #: 6139781

Privacy Practice: a copy of its Notice of Privacy Practices is valid as an original

Services Signature form

Transport Date: _____ Transport #: _____

signer acknowledges that REACH Air Medical Services, LLC. (REACH) provided service to the patient and the patient or party with instructions to provide the Notice to the patient. *A copy of this form is

SECTION I - PATIENT SIGNATURE

The patient must sign here unless the patient is physically or mentally incapable of signing.

NOTE: If the patient is a minor, the parent or legal guardian should sign in this section.

I authorize the submission of a claim for payment to Medicare, Medicaid, or any other payor for any services provided to me by REACH now, in the past, or in the future, until such time as I revoke this authorization in writing. I understand that I am financially responsible for the services and supplies provided to me by REACH, regardless of my insurance coverage, and in some cases, may be responsible for an amount in addition to that which was paid by my insurance. I agree to immediately remit to REACH any payments that I receive directly from insurance or any source whatsoever for the services provided to me and I assign all rights to such payments to REACH. I authorize REACH to appeal payment denials or other adverse decisions on my behalf without further authorization. I authorize and direct any holder of medical information or other relevant documentation about me to release such information to REACH and its billing agents, the Centers for Medicare and Medicaid Services, and/or any other payors or insurers, and their respective agents or contractors, as may be necessary to determine these or other benefits payable for any services provided to me by REACH, now, in the past, or in the future.

If the patient signs with an "X" or other mark, a witness should sign below

X

Patient Signature or Mark

Date

X

Witness Signature

Date

SECTION II - AUTHORIZED REPRESENTATIVE SIGNATURE

Complete this section only if the patient is physically or mentally incapable of signing.

On the line below, explain the circumstances that make it impractical for the patient to sign:

Patient unable to sign multi trauma

I am signing on behalf of the patient to authorize the submission of a claim for payment to Medicare, Medicaid, or any other payor for any services provided to the patient by REACH now or in the past, (or in the future, where permitted). By signing below, I acknowledge that I am one of the authorized signers listed below. My signature is not an acceptance of financial responsibility for the services rendered.

Authorized representatives include only the following individuals:

- ☐ Patient's legal guardian
- ☒ Relative or other person who receives social security or other governmental benefits on behalf of the patient
- ☐ Relative or other person who arranges for the patient's treatment or exercise other responsibility for the patient's affairs
- ☐ Representative of an agency or institution that did not furnish the services for which payment is claimed (i.e., ambulance services or sending facility) but furnished other care, services, or assistance to the patient

Deane Schwartz 6/22/16

Representative Signature

Date

Diane Schwartz

Printed Name

Printed Address of Representative

SECTION III - AMBULANCE CREW AND RECEIVING FACILITY SIGNATURES

Complete this section only if: (1) the patient was physically or mentally incapable of signing, and (2) no authorized representative (Section II) was available or willing to sign on behalf of the patient at the time of service.

A. Ambulance Crew Member Statement (must be completed by crew member at time of transport)

My signature below indicates that, at the time of service, the patient named above was physically or mentally incapable of signing, and that none of the authorized representatives listed in Section II of this form were available or willing to sign on the patient's behalf. My signature is not an acceptance of financial responsibility for the services rendered.

On the line below, explain the circumstances that make it impractical for the patient to sign:

Name and Location of Receiving Facility: _____ Time at Receiving Facility: _____

X

Signature of Crewmember

Title

Date

Printed Name of Crewmember

Title of Crewmember

B. Receiving Facility Representative Signature

The patient named on this form was received by this facility at the date and time indicated above. My signature is not an acceptance of financial responsibility for the services rendered to this patient.

X

Signature of Receiving Facility Representative

Title

Date

Printed Name of Receiving Facility Representative

Title

Elko County Ambulance Physician Certification for Transport

SCHWARTZ DOUGLAS R DOB: 06/02/1958 AGE: 58 SEX: M ADMIT: 06/22/16 RM/BED: / ATT: GARVEY DAVID J MD # 2818 MR #: 000330967 PT #: 6139781	- GENERAL INFORMATION Date of Birth: _____ Medicare #: _____ and trips on this date and for all repetitive trips in the 60-day range as noted below.) <u>University of Utah</u> Origin: _____ Is the pt's stay covered under Medicare Part A (PPS/DRG)? <input type="checkbox"/> YES <input type="checkbox"/> NO Closest appropriate facility? <input type="checkbox"/> YES <input type="checkbox"/> NO If no, why is transport to more distant facility required? _____ If hosp-hosp transfer, describe services needed at 2nd facility not available at 1st facility: <u>Multi System</u> If hospice pt, is this transport related to pt's terminal illness? <input type="checkbox"/> YES <input type="checkbox"/> NO Describe: _____
---	--

SECTION II - MEDICAL NECESSITY QUESTIONNAIRE

Ambulance Transportation is medically necessary only if other means of transport are contraindicated or would be potentially harmful to the patient. To meet this requirement, the patient must be either "bed confined" or suffer from a condition such that transport by means other than ambulance is contraindicated by the patient's condition. The following questions must be answered by the medical professional signing below for this form to be valid:

- 1) Describe the MEDICAL CONDITION (physical and/or mental) of this patient AT THE TIME OF AMBULANCE TRANSPORT that requires the patient to be transported in an ambulance and why transport by other means is contraindicated by the patient's condition:

Multi System Trauma

- 2) Is this patient "bed confined" as defined below? ☐ Yes ☐ No
 To be "bed confined" the patient must satisfy all three of the following conditions: (1) unable to get up from bed without Assistance; AND (2) unable to ambulate; AND (3) unable to sit in a chair or wheelchair

- 3) In addition to completing questions 1-3 above, please check any of the following conditions that apply*:
 *Note: supporting documentation for any boxes checked must be maintained in the patient's medical records

- ☐ Contractures ☐ Non-healed fractures ☐ Patient is confused ☐ Patient is comatose ☒ Moderate/severe pain on movement
☐ Danger to self/other ☒ IV meds/fluids required ☐ Patient is combative ☐ Need or possible need for restraints
☐ DVT requires elevation of a lower extremity ☒ Medical attendant required ☒ Requires oxygen - unable to self administer
☐ Special handling/isolation/infection control precautions required ☐ Unable to tolerate seated position for time needed to transport
☐ Hemodynamic monitoring required enroute ☒ Unable to sit in a chair or wheelchair due to decubitus ulcers or other wounds
☐ Cardiac monitoring required enroute ☐ Morbid obesity requires additional personnel/equipment to safely handle patient
☐ Orthopedic device (backboard, halo, pins, traction, brace, wedge, etc.) requiring special handling during transport
☐ Other (specify) _____

SECTION III - SIGNATURE OF PHYSICIAN OR HEALTHCARE PROFESSIONAL

I certify that the above information is true and correct based on my evaluation of this patient, and represent that the patient requires transport by ambulance and that other forms of transport are contraindicated. I understand that this information will be used by the Centers for Medicare and Medicaid Services (CMS) to support the determination of medical necessity for ambulance services, and I represent that I have personal knowledge of the patient's condition at the time of transport.

☐ If this box is checked, I also certify that the patient is physically or mentally incapable of signing the ambulance service's claim and that the institution with which I am affiliated has furnished care, services or assistance to the patient. My signature below is made on behalf of the patient pursuant to 42 CFR §424.36(b)(4). In accordance with 42 CFR §424.37, the specific reason(s) that the patient is physically or mentally incapable of signing the claim form is as follows:

Signature of Physician or Healthcare Professional: Donna Levitt RN Date Signed: 6.22.16
 (For scheduled repetitive transport, this form is not valid for transports performed more than 60 days after this date).

Printed Name and Credentials of Physician or Healthcare Professional (MD, DO, RN, etc.)

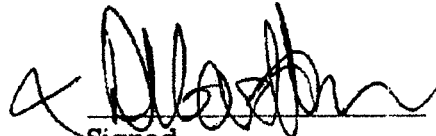
*Form must be signed only by patient's attending physician for scheduled, repetitive transports. For non-repetitive, unscheduled ambulance transports, if unable to obtain the signature of the attending physician, any of the following may sign (please check appropriate box below):

- ☐ Physician Assistant ☐ Clinical Nurse Specialist ☒ Registered Nurse
☐ Nurse Practitioner ☐ Discharge Planner

Attestation Statement – Authorized PCS Signers

Name of Patient: _____ Patient ID Number: _____

"I, _____ [print full name of the physician/practitioner that signed the PCS or other document in question], hereby attest that the document dated _____ [date of signing PCS or other document in question] accurately reflects signatures/notations that I made in my capacity as _____ [insert provider credentials, e.g., M.D., D.O., RN, etc.] when I certified that the above listed Medicare beneficiary required ambulance transport. I do hereby attest that this information is true, accurate and complete to the best of my knowledge and I understand that any falsification, omission, or concealment of material fact may subject me to administrative, civil, or criminal liability."


Signed

Donna Kevitt
Printed Name

10.22.14
Date

**Northeastern Nevada Regional Hospital**

Patient: **SCHWARTZ, DOUGLAS (Male)** DOB: 06/02/58
MR #: **330967** Status: ER
Date: 06/22/16 22:37 Slices: 0
History: Study: CT BRAIN HEAD WO Reason: Swelling with Trauma/Injury
Priors:
Tech: Exam request generated by HL7 interface
Exams: CT HEAD Without Contrast
Contrast:
Accession Numbers: 61397810000600, 61397810000700, 61397810000800, 61397810000900,
61397810001000

Final Report

EXAM: CT head without contrast.

CLINICAL INDICATION: Auto versus pedestrian with blunt force trauma to the head.

TECHNIQUE: Multiple contiguous axial images were obtained from skull base to vertex without the use of intravenous contrast.

COMPARISON: None.

FINDINGS: The ventricular system is normal in size and configuration without midline shift or ventriculomegaly. Symmetrical hyperdensity along the bilateral tentorium may represent hemoconcentration. Trace subdural blood products would be considered much less likely but not entirely excluded. There is no CT evidence of acute cortical infarction. The bilateral orbital contents are grossly unremarkable. Scattered paranasal sinus mucosal thickening is present with possible trace right maxillary sinus fluid level. Evaluation for facial fracture is limited with the provided technique. There is no significant mastoid or tympanic cavity fluid. There is no depressed calvarial fracture.

IMPRESSION:

1. Symmetrical hyperdensity along the bilateral tentorium likely reflects hemoconcentration/dehydration. Trace subdural blood products would be considered much less likely. If indicated, followup head CT could be performed to assess for stability.
2. No midline shift or depressed calvarial fracture.
3. Mild scattered paranasal sinus mucosal thickening and possible low-density fluid level in the right maxillary sinus most suggestive of inflammatory sinus fluid rather than acute hemorrhage.

Radiologist: Max Pollock, M.D.

Phone: 858-626-8106

Study ready at 22:40 and initial results transmitted at 23:29

Critical Value Communications

Clear Time	Type	Notes
06/22/16 23:48	Verify Receipt	Verified receipt with Dr. Garvey on 06/22 23:47 (-07:00)

**Northeastern Nevada Regional Hospital**

Patient:	SCHWARTZ, DOUGLAS (Male)	DOB:	06/02/58
MR #:	330967	Status:	ER
Date:	06/22/16 22:22	Slices:	0
History:	Study: CT THORACIC WO Reason: Pain with Trauma/Injury		
Priors:			
Tech:	Exam request generated by HL7 interface		
Exams:	CT T SPINE		
Accession Numbers: 61397810000600, 61397810000700, 61397810000800, 61397810000900, 61397810001000			

Final Report**EXAM: CT thoracic spine**

CLINICAL INDICATION: Auto versus pedestrian, blunt force trauma to the chest and back, back pain.

TECHNIQUE: Helical CT was performed through the thoracic spine with two-dimensional coronal and sagittal reformatted images generated for review.

COMPARISON: None.

FINDINGS: Thoracic alignment is anatomic without spondylolisthesis and the thoracic vertebral body heights are generally well preserved with the exception of mild ventral wedging at T12. Irregularity of the right T10 and T11 pedicles may reflect chronic fracture deformities. Acute nondisplaced pedicle fractures not excluded. Consider MRI for further evaluation as indicated. The thoracic facets articulate normally. Multilevel mild loss of intervertebral disc space height with small central disc protrusions are noted without significant bony spinal canal stenosis. Prominent ventral osteophytosis is present at T9/T10 on the right. Heterotopic ossification is seen within the interspinous ligament in the mid/lower thoracic spine.

Please see CT chest report for further detail regarding intrathoracic findings.

IMPRESSION:

1. Irregularity of the right T10 and T11 pedicles may reflect chronic fracture deformity. Acute nondisplaced pedicle fractures not entirely excluded. Correlate for tenderness to palpation at this level. MRI could further evaluate as indicated.
2. Mild thoracic spondylosis without significant spinal canal stenosis.
3. Mild ventral wedging of T12 is likely chronic/physiologic.
4. Please see CT chest report for further detail.

Radiologist: Max Pollock, M.D.

Phone: 858-626-8106

Study ready at 22:27 and initial results transmitted at 23:16

Critical Value Communications

Clear Time	Type	Notes
06/22/16 23:48	Verify Receipt	Verified receipt with Dr. Garvey on 06/22 23:47 (-07:00)

**Northeastern Nevada Regional Hospital**

Patient: **SCHWARTZ, DOUGLAS (Male)** DOB:
MR #: **330967** Status: **ER**
Date: **06/22/16 22:19** Slices: **0**
History: **Study: CT ABD PELVIS IV ONLY**
Priors:
Tech: **Exam request generated by HL7 interface**
Exams: **CT ABDOMEN & PELVIS With Contrast**
Contrast:
Accession Numbers: 61397810000600, 61397810000700, 61397810000800, 61397810000900, 61397810001000

Final Report

EXAM: CT abdomen and pelvis with contrast.

CLINICAL INDICATION: Auto versus pedestrian, blunt force trauma to the abdomen/pelvis, abdominal pain.

TECHNIQUE: Contrast-enhanced helical CT was performed through the abdomen and pelvis following the administration of 125 cc Isovue-370 iodinated intravenous contrast. Two-dimensional coronal and sagittal reformatted images were generated for review.

COMPARISON: None.

FINDINGS:

Please see separate CT chest report for further detail regarding intrathoracic findings.

The liver is enlarged with the right hepatic lobe measuring 19.9 cm. No hypoenhancement is present to suggest hepatic contusion or laceration. A small amount of hyperdense free fluid is seen adjacent to the inferior portion of the right hepatic lobe. The gallbladder is nondistended and the common bile duct is normal in caliber. The pancreas enhances uniformly without evidence for laceration. Small calcifications are seen within the spleen and there is no definite splenic laceration allowing for limitations of streak artifact related to arms down scanning technique. The bilateral adrenal glands are normal. The bilateral kidneys enhance uniformly without evidence for contusion or laceration and there is no hydronephrosis. The small bowel loops are nondilated and there is no mesenteric hematoma. No free air is present within the abdomen. Atherosclerotic plaquing is seen within the infrarenal abdominal aorta and mild ectasia is present without aneurysmal dilatation or dissection. There are no pathologically enlarged mesenteric or retroperitoneal lymph nodes.

Small hyperdense fluid is seen within the mid and inferior portion of the left paracolic gutter. There is a 7.6 mm focus of hyperenhancement within the periphery of the prostate on the right. No significant free fluid is seen collecting within the rectovesical pouch. The urinary bladder is grossly unremarkable. No colonic wall thickening is evident. A small fat-containing umbilical hernia is present.

Soft tissue stranding and induration is seen overlying the left gluteal region compatible with contusion. There is no definite proximal left femoral fracture. Degenerative change in the bilateral hips is noted with marginal osteophytosis and joint space narrowing. No acute displaced pelvic fracture is clearly evident. Multilevel lumbar degenerative disc disease is present most pronounced at L2-3 and L5-S1. Lower lumbar facet arthropathy is also noted. A hypoplastic rib is present on the right at L1. Evaluation for nondisplaced transverse process fracture is limited with the provided technique. There is no clear CT evidence of acute lumbar fracture allowing for limitations of routine CT abdomen/pelvis technique.

IMPRESSION:

1. Trace hyperdense free fluid adjacent to the inferior right hepatic lobe as well as within the mid and caudal left paracolic gutter. No clear CT evidence for splenic or hepatic contusion/laceration, however, finding should be considered to reflect trace hemoperitoneum in the setting of significant trauma. Low-grade solid organ injury is not excluded. Surgical consultation, close clinical, and as needed imaging followup recommended.
2. Soft tissue contusion overlying the left hip as described. No definite CT evidence of acute proximal left femoral or left hemipelvis fracture allowing for limitations of routine CT abdomen/pelvis technique. If there is clinical suspicion for pelvic or femoral fracture, dedicated CT could be performed for further evaluation.
3. No free air to suggest visceral perforation.
4. Lumbar spondylosis without clear CT evidence of acute lumbar fracture. As above, if there is concern for lumbar spine fracture, dedicated lumbar spine CT could enter evaluate.
5. Also noted: Atherosclerosis without aneurysm/dissection, hepatomegaly, fat-containing umbilical hernia, splenic calcification, degenerative change of the bilateral hips, and 7.6 mm hyperenhancing right prostate lesion. Followup recommended.
6. Please see CT chest report for further detail regarding intrathoracic findings.

Radiologist: Max Pollock, M.D.

Phone: 858-626-8106

Study ready at 22:24 and initial results transmitted at 22:54

Critical Value Communications

Clear Time	Type	Notes
06/22/16 23:07	Verify Receipt	Verified receipt with Cheryl in the ER for Dr. Garvey on 06/23:07 (-07:00)

**Northeastern Nevada Regional Hospital**

Patient: **SCHWARTZ, DOUGLAS (Male)** DOB: **06/02/58**
MR #: **330967** Status: **ER**
Date: **06/22/16 22:20** Slices: **0**
History: **Study: CT CHEST W Reason: Chest Pain with Trauma/Injury**
Priors:
Tech: **Exam request generated by HL7 interface**
Exams: **CT CHEST With Contrast**
Contrast:
Accession Numbers: **61397810000600, 61397810000700, 61397810000800, 61397810000900, 61397810001000**

Final Report**EXAM: CT chest with contrast.****CLINICAL INDICATION:** Auto versus pedestrian, one force trauma to the chest, chest pain, increased difficulty breathing.**TECHNIQUE:** Contrast-enhanced helical CT was performed through the chest following the ministration of 125 cc Isovue-370 iodinated intravenous contrast. Two-dimensional coronal and sagittal reformatted images were generated for review.**COMPARISON:** None.**FINDINGS:**

The heart is normal in size and there is no pericardial effusion. Trace atherosclerosis is present without thoracic aortic aneurysm or dissection. The origins of the great vessels are unremarkable with the exception of mild atherosclerotic plaquing in the left subclavian artery. Trace gas within the main pulmonary artery is likely related to peripheral IV access. No mediastinal hematoma is present. The visualized aerodigestive tract is unremarkable.

There is a small, less than 10%, right pneumothorax. Prominent pleural fat is present without definite pleural effusion. Bibasilar opacities and right perihilar opacity may reflect atelectasis, contusion, or the sequela of aspiration. There is no left-sided pneumothorax or pleural effusion. Prominent left pleural fat is also present. There is a 4.9 mm noncalcified left upper lobe subpleural pulmonary nodule.

There are acute anterolateral fractures of the right fourth through seventh ribs with the fourth and sixth ribs fractured in 2 places (nondisplaced posterior fractures also noted). Comminution and displacement of the seventh rib fracture is present. No acute displaced sternal fracture. Please see separate CT thoracic spine report for further detail.

IMPRESSION:

1. Small right anterior pneumothorax (less than 10%). Surgical consultation and followup

recommended.

2. Prominent right pleural fat without definite pleural effusion.

3. Acute fractures of the right fourth through seventh ribs as described above. Please note that the fourth and sixth ribs are fractured in 2 places.

4. Dependent bibasilar opacities and right perihilar opacity may reflect atelectasis, pulmonary contusion, and/or the sequela of aspiration.

5. Mild atherosclerosis without evidence for traumatic aortic injury.

6. Please see CT thoracic spine report for further detail.

7. 4.9 mm left upper lobe pulmonary nodule. Followup per Fleischner Society criteria recommended.

Radiologist: Max Pollock, M.D.

Phone: 858-626-8106

Study ready at 22:24 and initial results transmitted at 23:08

Critical Value Communications

Clear Time	Type	Notes
	Verify Receipt	

**Northeastern Nevada Regional Hospital**

Patient: **SCHWARTZ, DOUGLAS (Male)** DOB: **06/02/58**
MR #: **330967** Status: **ER**
Date: **06/22/16 22:38** Slices: **0**
History: **Study: CT C SPINE WITHOUT Reason: Pain with Trauma/Injury**
Priors:
Tech: **Exam request generated by HL7 interface**
Exams: **CT C SPINE**
Contrast:
Accession Numbers: **61397810000600, 61397810000700, 61397810000800, 61397810000900, 61397810001000**

Final Report

EXAM: CT cervical spine.

CLINICAL INDICATION: Auto versus pedestrian, trauma to the neck and cervical spine, upper back pain.

TECHNIQUE: Helical CT is performed through the cervical spine with two-dimensional coronal and sagittal reformatted images generated for review.

COMPARISON: None.

FINDINGS:

Cervical alignment is anatomic without spondylolisthesis and there is preservation of the cervical lordosis. The visualized vertebral body heights are preserved without evidence for compression deformity. No acute cervical fracture is evident by CT. The atlantooccipital and atlantoaxial articulations are intact. The odontoid process is normal. The cervical facets articulate normally bilaterally without dislocation or subluxation. There is no prevertebral soft tissue thickening.

The intervertebral disc spaces are generally well preserved. Small ventral osteophytes are present at C4, C5, and C6. A partially calcified right paracentral disc protrusion is present at T1/T2. Right greater than left facet arthropathy is present most pronounced at C4-5. There is no significant bony spinal canal stenosis. Minimal foraminal stenosis is present on the left at C4-5.

Please see CT chest for further detail regarding intrathoracic findings.

IMPRESSION:

1. No CT evidence of acute cervical fracture or traumatic subluxation.
2. Very mild cervical and upper thoracic spondylosis as described above.
3. Please see CT chest report for further detail.

Radiologist: Max Pollock, M.D.

Phone: 858-626-8106

Study ready at 22:40 and initial results transmitted at 23:38

Physician Documentation

Northeastern Nevada Regional Hospital

Name: Douglas Schwartz

Age: 58 yrs

Sex: Male

DOB: 06/02/1958

MRN: 330967

Arrival Date: 06/22/2016

Time: 20:51

Account#: 6139781

Bed 16

Private MD:

ED Physician Garvey, David

HPI:

06/22

21:15 This 58 yrs old White Male presents to ER via EMS with complaints of pedestrian versus djg/jkp auto.

21:15 The patient was a pedestrian struck by a moving vehicle, and thrown approximately 10 djg/jkp feet.

Onset: The symptoms/episode began/occurred just prior to arrival.

Associated

injuries: The patient sustained injury to the head, abrasion, injury to the chest,

specifically the right lateral posterior chest, pain with breathing, pain with movement, right bicep, right elbow and right knee, abrasion. Associated signs and

symptoms: Loss of consciousness: the patient experienced loss of consciousness, that

was brief. Severity of symptoms: At their worst the symptoms were moderate, in the

emergency department the symptoms are unchanged. The patient has not experienced

similar symptoms in the past. The patient has not recently seen a physician.

Historical:

Allergies: Lortab;

PMHx: Hypertension;

PSHx: None;

Exposure Risk/Travel Screening:: Patient has not been out of the country in last 30

days. Have you been in contact with anyone who is ill that has traveled outside of

the country in the last 30 days? No.

Social history:: Tobacco Status: The patient states he/she has never used tobacco.

The patient/guardian denies using alcohol, street drugs, IV drugs. The patient lives

with family, The patient's primary language is English. The patient's preferred

language is English.

Tuberculosis screening:: No symptoms or risk factors identified.

Family history:: Not pertinent.

The history from nurses notes was reviewed: and I agree with what is documented up to this point.

ROS:

21:18 Constitutional: Negative for body aches, chills, fatigue, fever. Eyes: Negative for djg/jkp

blurry vision, visual disturbance, the patient's right contact lens was lost during the

accident. ENT: Negative for drainage from ear(s), nasal discharge. Neck:

Negative for

stiffness, swelling. Cardiovascular: Positive for chest pain, of the right lateral

posterior chest, Negative for palpitations. Respiratory: Negative for hemoptysis,

shortness of breath. Abdomen/GI: Negative for nausea, vomiting. Back: Positive for pain

at rest, of the left scapular area and left subscapular area. MS/extremity: Positive

Legally authenticated by David J. Garvey, MD 2016-06-24 06:05:01

for abrasion. Skin: Negative for diaphoresis, pallor. Neuro: Negative for dizziness, gait disturbance, headache. Psych: Negative for anxiety, depression.

Exam:

21:20 Constitutional: The patient appears awake, in obvious pain, uncomfortable. djg/jkp
21:20 Head/face: Noted is abrasion(s), that are mild, of the forehead.
21:20 Eyes: Pupils: equal, round, and reactive to light and accommodation.
21:20 ENT: TM's: are normal, no hemotympanum, Nose: is normal, no bleeding, no clotted blood, no drainage.
21:20 Neck: External neck: is normal, C-spine: Nexus Criteria: Nexus criteria: no cervical midline tenderness, patient is not intoxicated, mental status is normal, no focal/neurologic deficits, and no painful distracting injuries are present.
21:20 Chest/axilla: Inspection: normal, Palpation: tenderness, that is moderate, of the right lateral posterior chest.
21:20 Cardiovascular: Rate: normal, Rhythm: regular.
21:20 Respiratory: the patient does not display signs of respiratory distress, Respirations: normal, Breath sounds: are normal, clear throughout.
21:20 Abdomen/GI: Inspection: abdomen appears normal, Bowel sounds: normal, active, all quadrants, Palpation: abdomen is soft and non-tender, in all quadrants.
21:20 Back: pain, that is moderate, of the left scapular area and left subscapular area.
21:20 Musculoskeletal/extremity: Extremities: grossly normal except: noted in the right knee and right elbow and right bicep: abrasion, ROM: intact in all extremities, Circulation is intact in all extremities. Sensation intact.
21:20 Skin: Appearance: normal except for affected area.
21:20 Neuro: Orientation: is normal, to person, place & time. Memory: immediate memory is intact, remote memory is intact. recent memory is impaired.
21:20 Psych: Behavior/mood is pleasant, cooperative.

Vital Signs:

20:53 BP 162 / 96; Pulse 69; Resp 20; Temp 98.4(T); Pulse Ox 94% on 4 lpm NC;
Weight 92.99 dk
kg; Height 5 ft. 10 in. (177.80 cm); Pain 5/10;
20:53 BP 162 / 96 (auto/); Pulse 71 MON; Pulse Ox 83% ;
dk
20:55 Pulse 69 MON; Resp 18; Pulse Ox 94% ;
dk
23:17 BP 116 / 75 (auto/);
dk
23:17 Pulse 67 MON; Resp 16; Pulse Ox 91% ;
dk
23:27 BP 115 / 74 (auto/);
dk
23:27 Pulse 67 MON; Resp 17; Pulse Ox 91% ;
dk
23:30 BP 120 / 78 (auto/);
dk
23:30 Pulse 67 MON; Resp 18; Pulse Ox 92% ;
dk
23:45 BP 114 / 73 (auto/);
dk
23:45 Pulse 68 MON; Resp 18; Pulse Ox 91% ;
dk
06/23
00:10 Pulse 66; Resp 17; Pulse Ox 97% on 15% Non-rebreather mask;
dk
00:15 Pulse 73; Resp 19; Pulse Ox 99% on 15% Non-rebreather mask;
dk
00:20 Pulse 97; Resp 22; Pulse Ox 83% ;
dk
00:25 Pulse 108; Pulse Ox 76% ;
dk
00:30 BP 225 / 136; Pulse 127; Pulse Ox 76% ;
dk

Legally authenticated by David J. Garvey, MD 2016-06-24 06:05:01

Date: 8/27/2019 12:33:54

Patient Report
Legally authenticated

User: MQI6948

Page 3

00:35 Pulse 36; Pulse Ox 37% ;
dk
00:40 Pulse 111; Pulse Ox 77% ;
dk
00:41 BP 249 / 140; Pulse 125; Pulse Ox 81% ;
dk
00:45 BP 221 / 148; Pulse 119; Pulse Ox 75% ;
dk
00:50 Pulse 126; Pulse Ox 62% ;
dk
00:55 Pulse 128; Pulse Ox 43% ;
dk
01:00 BP 207 / 143; Pulse 124; Pulse Ox 69% ;
dk
01:05 Pulse 120; Pulse Ox 71% ;
dk
01:10 Pulse 126; Pulse Ox 52% ;
dk
01:14 BP 202 / 125; Pulse 124; Pulse Ox 60% ;
dk
01:15 BP 126 / 95; Pulse 119; Pulse Ox 46% ;
dk
01:20 Pulse 36; Pulse Ox 39% ;
dk
01:25 Pulse Ox 64% ;
dk
01:30 Pulse Ox 60% ;
dk
01:32 BP 149 / 55; Pulse 134; Pulse Ox 49% ;
dk
06/22
20:53 Body Mass Index 29.41 (92.99 kg, 177.80 cm)
dk

Glasgow Coma Score:

02:29 Eye Response: spontaneous(4). Verbal Response: oriented(5). Motor
Response: obeys djg
commands(6). Total: 15.

Procedures:

05:04 Performed Cricothyrotomy performed due to inability to orally intubate
patient. djg
Initially the small trach tube that came with kit was placed - it quickly
became
occluded with gastric contents. The tube became dislodged while attempting to
clear the
obstruction, and after repositioning it, development of SQ air in the neck was
noticed.
The trach tube was removed and replaced with a 5-0 ET tube. The pt was very
difficult
to ventilate thru the crich tube with most of the bagged air expelled from the
mouth,
but there was chest rise and equal air movement with bagging thru the cric and
occluding the mouth and nose. O2 sats however did not improve and the patient
went into
full cardiac arrest and CPR was restarted. .

MDM:

06/22
20:52 MSE Initiated by Provider.
djg

06/23
02:05 ED course: Discussed with Dr Ray at U of U who excepted pt in transfer.
He requested djg
that a chest tube be placed and possibly intubation prior to air medical
transport due
to flail segment, pulmonary contusions, low O2 sats and a traumatic R
pneumothorax.
Plan was discussed with pt and his wife. Reach critical care transport team
arrived
just after the discussion with patient and family. Plan was to sedate the
patient with
Ketamine. I would place the CT while the Reach crew performed the intubation.
The pt
Legally authenticated by David J. Garvey, MD 2016-06-24 06:05:01

was give Rocuronium and Ketamine with appropriate sedation and paralysis. The initial attempt at intubation was unsuccessful. The pt was bagged for a few mins and a 2nd attempt was made. During the 2nd attempt the pt vomited and aspirated a large amount of gastric contents. Suctioning was difficult due to large food particles occluding the suction. I attempted the 3rd attempt at intubation w/o success - mainly due to a very anterior larynx and vomitus in the airway that couldn't be completely cleared. The pt bradied down due to low O2 sats and CPR was begun while the pt was bagged. The O2 sats improved and the pt regained a strong pulse. Several more attempts at intubation were made by myself and the Reach team, and although each time it was felt that the ET tube was properly placed, large amts of gastric contents continued to fill the ET tube and each time the tube was pulled and the patient bagged. At the point when bagging did not achieve adequate oxygenation, a cricothyrotomy was performed. Again there was a significant amt of vomitus plugging the small ET tube used for the cric. Bilateral needle thoracostomies were also done. The patient could not be adequately ventilated, even through the cric tube and again bradyed down to full arrest and CPR was restarted. The patient did not respond to CPR efforts and the code was called and the pt pronounced at 0133. I informed the pt's wife and friends of the occurrences in the ED.. Data reviewed: vital signs, nurses notes, EMS record, lab test result(s), radiologic studies, CT scan. 04:20 I have reviewed and agree with the scribe's documentation on my behalf. djg 05:21 ED course: Note: after the pt's initial regurgitation and aspiration, a patent airway was never secured - multiple oral ET attempts with direct and video fiberoptic laryngoscopes, bougie and King airway. Some of the initial ETT placements may have been in the trachea, but because of the large amt of gastric contents filling the tube with each placement and poor ET CO2 readings, all placed tubes were pulled, and the pt was bagged via BVM until the cric was placed. But, even with the cric the pt could not be adequately ventilated or oxygenated. . 21:55 I have reviewed and agree with the scribe's documentation on my behalf. djg

06/22

21:02 Order name: Cbc W/ Auto Diff; Complete Time: 23:42
djg

06/22

21:02 Order name: CMP; Complete Time: 23:42
djg

06/22

21:02 Order name: Amylase; Complete Time: 23:42
djg

06/22

21:02 Order name: Lipase; Complete Time: 23:42
djg

06/22

21:02 Order name: Urinalysis; Complete Time: 23:42
djg

06/22

21:02 Order name: Ct Brain Head Wo; Complete Time: 03:18
djg

06/22

21:02 Order name: CT C Spine Wo; Complete Time: 23:42
djg

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Legally authenticated

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06/22

21:02 Order name: CT T Spine W/O; Complete Time: 03:18
djg

06/22

21:02 Order name: Ct Chest W; Complete Time: 03:18
djg

06/22

21:02 Order name: CT Abd/Pelvis IV Only; Complete Time: 23:42
djg

06/22

21:02 Order name: Dilaudid 1 mg IVP once
djg

06/22

21:02 Order name: Zofran - Ondansetron 4 mg IVP once; over 2 minutes
djg

06/22

23:18 Order name: Zofran - Ondansetron 4 mg IVP once; over 2 minutes
dk

06/23

04:29 Order name: Ativan 2 mg PO once; 2 mg Ativan given to wife at 0225h
djg

06/22

21:02 Order name: Urine, Obtain; Complete Time: 23:19
djg

06/22

21:02 Order name: NS saline lock; Complete Time: 21:33
djg

Dispensed Medications:

06/22

22:33 Drug: Dilaudid 1 mg Route: IVP; Site: left hand;
dk

23:17 Follow up: Response: No adverse reaction; Pain is decreased
dk

22:33 Drug: Zofran - Ondansetron 4 mg Route: IVP; Site: left hand;
dk

23:18 Follow up: Response: No adverse reaction; Nausea is decreased
dk

23:19 Drug: Zofran - Ondansetron 4 mg Route: IVP; Site: left hand;
dk

23:53 Follow up: Response: No adverse reaction; Nausea is decreased
dk

06/23

02:25 Drug: Ativan 2 mg Route: PO;
dk

03:20 Follow up: Response: No adverse reaction
dk

Disposition:

02:29 Electronically signed by Garvey, David, MD at 02:29 on 06/23/2016.
djg

Disposition:

Patient pronounced on 06/23/16 01:33 by Garvey, David. Impression: Multiple Trauma -

Multiple R Rib Fractures (4-7) with Flail Segment, R Pulmonary Contusions, Closed

Head Injury with LOC, R Pneumothorax, Hemoperitoneum, Cardiac arrest - Due to Asphyxiation .

Critical care time excluding procedures:

02:29 Critical care time: Bedside Care excluding time for seprate services.: 2.5 minutes. djg

Total time: 2 minutes

02:29 Critical care time: Consultation: 10 minutes, Family Intervention: 15 minutes. Total djg

time: 25 minutes

Signatures:

Dispatcher MedHost

EDMS

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Page 6

Garvey, David, MD
Kevitt, Donna
Price, Julia

MD djg
dk
jkg

Corrections: (The following items were deleted from the chart)
05:46 06/22 21:02 IV saline lock ordered. djg
dk

Nurse's Notes

Northeastern Nevada Regional Hospital

Name: Douglas Schwartz

Age: 58 yrs

Sex: Male

DOB: 06/02/1958

MRN: 330967

Arrival Date: 06/22/2016

Time: 20:51

Account#: 6139781

Bed 16

Private MD:

Diagnosis: Multiple Trauma - Multiple R Rib Fractures (4-7) with Flail

Segment, R Pulmonary

Contusions, Closed Head Injury with LOC, R Pneumothorax,

Hemoperitoneum; Cardiac

arrest-Due to Asphyxiation

Presentation:

06/22

20:53 Presenting complaint: EMS states: right sided rib pain, right knee pain, right dk

shoulder. Hit by car going approx 35-40 mph. Possible loss of consciousness.

Alert/oriented at time EMS arrive. VSS during transfer. A/O at this time. EMS

administered 100 mcg Fentanyl and 4 mg Zofran in the field. Airway is patent

with good

air movement. The patient is breathing without difficulty. The patient is

pink, warm and

dry. Heart rate is within normal limits. Pain: Complains of pain in right

supraclavicular area, diaphragm and right breast. Influenza risk: Fever: The

patient

has no complaints of fever. Suicide Screening: Have you recently had thoughts about

hurting yourself or others? No.

20:53 Acuity: Emergent (2)

dk

20:53 Care prior to arrival: Medication(s) given: See presentation complaint for treatment dk

and medications given prior to arrival.

20:53 Compressions began at 00:35.

dk

Historical:

Allergies: Lortab;

PMHx: Hypertension;

PSHx: None;

Exposure Risk/Travel Screening:: Patient has not been out of the country in last 30

days. Have you been in contact with anyone who is ill that has traveled

outside of

the country in the last 30 days? No.

Social history:: Tobacco Status: The patient states he/she has never used tobacco.

The patient/guardian denies using alcohol, street drugs, IV drugs, The patient lives

with family, The patient's primary language is English. The patient's preferred

language is English.

Tuberculosis screening:: No symptoms or risk factors identified.

Family history:: Not pertinent.

Screening:

21:05 Fall Risk: History of Falls: No (0 points): The patient does not have a history of dk

falls. Secondary Diagnosis: No (0 points): The patient has no chronic conditions.

Ambulatory Aids: None (0 Points): The patient uses no ambulatory aids. IV or IV Access:

Yes (20 points): The patient has IV access or infusion therapy. Gait: Impaired (20

points): The patient has difficulty rising from a chair, head is down, or watches the

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ground, grabs walking aids or others for support, or cannot walk without assistance.
Mental Status: Oriented (0 pts): The patient can recall their ability to ambulate and acknowledges limitations per medical order. Sedated or Mind altering medications: No
Total Points: Med. Risk (25-44); Implement universal fall prevention interventions.
Abuse Screen: Patient verbally denies physical, verbal and emotional abuse/neglect.
Cultural/Spirit Needs: There are no cultural/spiritual considerations for care needed for this patient.
21:05 Nutritional Screening: No deficits noted.
dk

Assessment:

20:52 visited this patient and evaluated for pain, information needs and comfort. djg
21:02 Mechanism of Injury: Auto vs Ped Vehicle was traveling approximately 35 mph. hit approx dk
35-40 mph. Thrown up and over vehicle. The level of pain that is acceptable is 0 out of 10 on a pain scale. General: Appears well developed, well nourished, well groomed, uncomfortable, Behavior is appropriate for age, cooperative, pleasant. Neuro: No deficits noted. EENT: No deficits noted. Cardiovascular: No deficits noted. Heart tones present. Respiratory: Breath sounds are diminished in right posterior middle lobe and right posterior lower lobe. GI: No deficits noted. Bowel sounds present X 4 quads. GU: No deficits noted. Sepsis Screening: Sepsis screening negative at this time.
21:02 Method Of Arrival: EMS: Elko EMS
dk

21:13 Neuro: Level of Consciousness is awake, alert, unknown LOC at time of injury. A/O at dk
this time. . Oriented to person, place, time, Grips are equal bilaterally Moves all extremities. Speech is normal, Facial symmetry appears normal.
21:21 Derm: Abrasions noted to Right scalp area, outer right arm, right elbow and right knee. dk
Injury Description: Abrasion Auto vs. Ped. Vehicle traveling approx 35-40 on impact. Pt hit right drivers door and was thrown up over vehicle. Unknown LOC at scene. EMS reported pt A/O on their arrival. Pt is alert and oriented at time of arrival to NNRH.

21:31 visited this patient and evaluated for pain, information needs and comfort. dk
23:17 visited this patient and evaluated for pain, information needs and comfort. dk
23:27 visited this patient and evaluated for pain, information needs and comfort. dk
23:31 visited this patient and evaluated for pain, information needs and comfort. dk
23:36 Injury Description:..
dk

06/23
00:35 CPR assessment: unresponsive, no respiratory effort, mechanical ventilation, Ambu dk
ventilation, cyanotic, pulses absent w/ compressions.
00:35 Cardiac rhythm is asystole.
dk

06/24
00:37 visited this patient and evaluated for pain, information needs and comfort. kp

Vital Signs:

06/22
20:53 BP 162 / 96; Pulse 69; Resp 20; Temp 98.4(T); Pulse Ox 94% on 4 lpm NC;
Weight 92.99 dk
kg; Height 5 ft. 10 in. (177.80 cm); Pain 5/10;
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20:53 BP 162 / 96 (auto/); Pulse 71 MON; Pulse Ox 83% ;

dk

20:55 Pulse 69 MON; Resp 18; Pulse Ox 94% ;

dk

23:17 BP 116 / 75 (auto/);

dk

23:17 Pulse 67 MON; Resp 16; Pulse Ox 91% ;

dk

23:27 BP 115 / 74 (auto/);

dk

23:27 Pulse 67 MON; Resp 17; Pulse Ox 91% ;

dk

23:30 BP 120 / 78 (auto/);

dk

23:30 Pulse 67 MON; Resp 18; Pulse Ox 92% ;

dk

23:45 BP 114 / 73 (auto/);

dk

23:45 Pulse 68 MON; Resp 18; Pulse Ox 91% ;

dk

06/23

00:10 Pulse 66; Resp 17; Pulse Ox 97% on 15% Non-rebreather mask;

dk

00:15 Pulse 73; Resp 19; Pulse Ox 99% on 15% Non-rebreather mask;

dk

00:20 Pulse 97; Resp 22; Pulse Ox 83% ;

dk

00:25 Pulse 108; Pulse Ox 76% ;

dk

00:30 BP 225 / 136; Pulse 127; Pulse Ox 76% ;

dk

00:35 Pulse 36; Pulse Ox 37% ;

dk

00:40 Pulse 111; Pulse Ox 77% ;

dk

00:41 BP 249 / 140; Pulse 125; Pulse Ox 81% ;

dk

00:45 BP 221 / 148; Pulse 119; Pulse Ox 75% ;

dk

00:50 Pulse 126; Pulse Ox 62% ;

dk

00:55 Pulse 128; Pulse Ox 43% ;

dk

01:00 BP 207 / 143; Pulse 124; Pulse Ox 69% ;

dk

01:05 Pulse 120; Pulse Ox 71% ;

dk

01:10 Pulse 126; Pulse Ox 52% ;

dk

01:14 BP 202 / 125; Pulse 124; Pulse Ox 60% ;

dk

01:15 BP 126 / 95; Pulse 119; Pulse Ox 46% ;

dk

01:20 Pulse 36; Pulse Ox 39% ;

dk

01:25 Pulse Ox 64% ;

dk

01:30 Pulse Ox 60% ;

dk

01:32 BP 149 / 55; Pulse 134; Pulse Ox 49% ;

dk

06/22

20:53 Body Mass Index 29.41 (92.99 kg, 177.80 cm)

dk

Glasgow Coma Score:

02:29 Eye Response: spontaneous(4). Verbal Response: oriented(5). Motor

Response: obeys djg

commands(6). Total: 15.

ED Course:

06/22

20:51 Patient arrived in ED.

dk

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Date: 8/27/2019 12:33:55

Patient Report
Legally authenticated

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20:51 Patient moved to Waiting
dk
20:51 Patient moved to 12
dk
20:52 Garvey, David, MD is Attending Physician.
djg
20:58 Triage completed.
dk
21:08 Kevitt, Donna is Primary Nurse.
dk
21:20 Maintain field IV. Dressing intact. Good blood return noted. Site clean
& dry. Gauge & dk
site: 20g left wrist. Oxygen administration via nasal cannula @ 4L/min.
21:20 Cardiac monitor on. Pulse ox on. NIBP on. Warm blanket given.
dk
21:25 Patient has correct armband on for positive identification. Placed in
gown. Bed in low dk
position. Call light in reach. Side rails up X2. Adult w/ patient.
21:29 Awaiting Per MD- hold medication administration at this time due to meds
given by EMS. dk
OK to wait on urine at this time until after CT completed.
21:32 Inserted peripheral IV: 20 gauge left hand blood drawn and sent to lab
per order. dk
21:33 Patient moved to CT.
hr
21:33 Patient moved to CT Scan
hr
21:33 Lipase Sent.
dk
21:33 Amylase Sent.
dk
21:33 CMP Sent.
dk
21:33 Cbc W/ Auto Diff Sent.
dk
21:40 Patient moved to CT.
dk
23:00 Patient moved back from CT.
hr
23:00 Patient moved to 12
hr
23:37 Pt placed on 40% Venti mask per respiratory. Pt sats: 92-93%.
dk
23:51 Oxygen administration via non-rebreather mask @ 15L/min.
dk
06/23
01:45 Wife notified of patient's death by Dr. Garvey. Dr. John Patton, friend
of family at dk
wife's side. Wife moved to Triage room. Assisted Dr. Patton in calling family
members.
Sons DJ, Taylor, and Mitchell notified. Called family friend Todd Robinson @
0220.
Continuing to comfort wife. 0225am 2 mg po Ativan given to wife per MD order.
02:14 Patient moved to 16
so
02:30 Garvey, David, MD is Pronouncing Provider.
djg
02:40 Wife escorted to room 16 via wheelchair. Friend John Patton at side.
dk
03:06 Patient moved to D1
na
03:06 Patient moved to 16
na
04:10 Awaiting Call to donor line. Case #: 10402647.
dk
04:13 Awaiting Elizabeth Gill with Donor line called. Release to coroner.
dk
04:25 Gastric tube NGT removed.
dk
05:46 Custody of body released to Elko Co. Sheriff Officer Coroner.
Transported by Burn's dk
Funeral home.
05:50 Assist provider with intubation Unsuccessful attempts. See Code sheet.
dk
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Date: 8/27/2019 12:33:55

Patient Report
Legally authenticated

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Administered Medications:

06/22

22:33 Drug: Dilaudid 1 mg Route: IVP; Site: left hand;

dk

23:17 Follow up: Response: No adverse reaction; Pain is decreased

dk

22:33 Drug: Zofran - Ondansetron 4 mg Route: IVP; Site: left hand;

dk

23:18 Follow up: Response: No adverse reaction; Nausea is decreased

dk

23:19 Drug: Zofran - Ondansetron 4 mg Route: IVP; Site: left hand;

dk

23:53 Follow up: Response: No adverse reaction; Nausea is decreased

dk

06/23

02:25 Drug: Ativan 2 mg Route: PO;

dk

03:20 Follow up: Response: No adverse reaction

dk

Intake:

01:33 1000 plus ml from suctioning during event. Copious amounts of vomitus
from posterier dk
pharynx using 2 suction simultaneously.

Output:

01:33 Gastric: 1000ml (NGT); Total: 1000ml.

dk

01:33 1000 plus ml from suctioning during event. Copious amounts of vomitus
from posterier dk
pharynx using 2 suction simultaneously.

Outcome:

05:00 Outcome Patient expired

dk

05:00 Patient expired: Time of death 01:33 Pronounced by David Garvey MD Body
released to ME

Organ Donation no

05:00 Condition: expired

dk

05:00 Discharge Assessment: Patient Pt expired @ 0133

dk

06:05 Patient left the ED.

dk

Signatures:

Garvey, David, MD

MD djg

Rangel, Hannah

hr

Abrams, Nancy, PCA

PCA na

Olson, Sue

so

Kevitt, Donna

dk

Price, Julia

jkp

Payne, Kimber

kp

Corrections: (The following items were deleted from the chart)

06/22

21:20 20:53 Presenting complaint: EMS states: right sided rib pain, right knee
pain, right dk

shoulder. Hit by car going approx 35-40 mph. Possible loss of consciousness.
Alert/oriented at time EMS arrive. VSS during transfer. A/O at this time. dk

06/23

05:19 04:37 Wife was notified by Dr. Garvey. Dr John Patton, friend of family
at wife's side. dk

Wife moved to Triage room. Assisted Dr. Patton in calling family members. Sons
DJ,

Taylor, and Mitchell notified. Called family friend Todd Robinson @ 0220.

Continuing to

comfort wife. 0225 2 mg by mouth Ativan given to wife per MD Order. dk

05:24 01:45 Wife was notified by Dr. Garvey. Dr John Patton, friend of family
at wife's side. dk

Wife moved to Triage room. Assisted Dr. Patton in calling family members. Sons
DJ,

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Patient Report
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Taylor, and Mitchell notified. Called family friend Todd Robinson @ 0220.
Continuing to
comfort wife. 0225 2 mg by mouth Ativan given to wife per MD Order. Body was
released
to Coroner transported by Burns Funeral home. . dk
05:54 05:53 Discharge Assessment: Pt expired at 0133 dk
dk
05:55 05:55 Instructed on dk
dk

Date: 8/27/2019 12:33:55

Patient Report
Legally authenticated

User: MQI6948

Page 1

Northeastern Nevada Regional Hospital
2001 Errecart Boulevard, Elko, Nevada 89801
Phone: 775-738-5151 Fax: 775-748-2031

Radiology Report

Patient Name: SCHWARTZ, DOUGLAS
Date of Birth: 06/02/1958
Gender: Male
Exam Date: 06/22/2016
Medical Record #: 330967
Account Number: 6139781
Exam Description: CT ABD PELVIS IV ONLY
Ordering Physician: GARVEY, DAVID

StatRad Final Report

EXAM: CT abdomen and pelvis with contrast.

CLINICAL INDICATION: Auto versus pedestrian, blunt force trauma to the abdomen/pelvis, abdominal pain.

TECHNIQUE: Contrast-enhanced helical CT was performed through the abdomen and pelvis following the administration of 125 cc Isovue-370 iodinated intravenous contrast. Two-dimensional coronal and sagittal reformatted images were generated for review.

COMPARISON: None.

FINDINGS:

Please see separate CT chest report for further detail regarding intrathoracic findings.

The liver is enlarged with the right hepatic lobe measuring 19.9 cm. No hypoenhancement is present to suggest hepatic contusion or laceration. A small amount of hyperdense free fluid is seen adjacent to the inferior portion of the right hepatic lobe. The gallbladder is nondistended and the common bile duct is normal in caliber. The pancreas enhances uniformly without evidence for laceration. Small calcifications are seen within the spleen and there is no definite splenic laceration allowing for limitations of streak artifact related to arms down scanning technique. The bilateral adrenal glands are normal. The bilateral kidneys enhance uniformly without evidence for contusion or laceration and there is no hydronephrosis. The small bowel loops are nondilated and there is no mesenteric hematoma. No free air is present within the abdomen. Atherosclerotic plaquing is seen within the infrarenal abdominal aorta and mild ectasia is present without aneurysmal dilatation or dissection. There are no pathologically enlarged mesenteric or retroperitoneal lymph nodes.

Legally authenticated by POLLOCK MAX MD 2016-06-22 22:54:44

Date: 8/27/2019 12:33:55

Patient Report
Legally authenticated

User: MQI6948

Page 2

Small hyperdense fluid is seen within the mid and inferior portion of the left paracolic gutter. There is a 7.6 mm focus of hyperenhancement within the periphery of the prostate on the right.

No significant free fluid is seen collecting within the rectovesical pouch. The urinary bladder is grossly unremarkable. No colonic wall thickening is evident. A small fat-containing umbilical hernia is present.

Soft tissue stranding and induration is seen overlying the left gluteal region compatible with contusion. There is no definite proximal left femoral fracture. Degenerative change in the bilateral hips is noted with marginal osteophytosis and joint space narrowing. No acute displaced pelvic fracture is clearly evident. Multilevel lumbar degenerative disc disease is present most pronounced at L2-3 and L5-S1. Lower lumbar facet arthropathy is also noted. A hypoplastic rib is present on the right at L1. Evaluation for nondisplaced transverse process fracture is limited with the provided technique. There is no clear CT evidence of acute lumbar fracture allowing for limitations of routine CT abdomen/pelvis technique.

IMPRESSION:

1. Trace hyperdense free fluid adjacent to the inferior right hepatic lobe as well as within the mid and caudal left paracolic gutter. No clear CT evidence for splenic or hepatic contusion/laceration, however, finding should be considered to reflect trace hemoperitoneum in the setting of significant trauma.

Low-grade solid organ injury is not excluded. Surgical consultation, close clinical, and as needed imaging followup recommended.

2. Soft tissue contusion overlying the left hip as described. No definite CT evidence of acute proximal left femoral or left hemipelvis fracture allowing for limitations of routine CT abdomen/pelvis technique. If there is clinical suspicion for pelvic or femoral fracture, dedicated CT could be performed for further evaluation.

3. No free air to suggest visceral perforation.

4. Lumbar spondylosis without clear CT evidence of acute lumbar fracture. As above, if there is concern for lumbar spine fracture,

Legally authenticated by POLLOCK MAX MD 2016-06-22 22:54:44

Date: 8/27/2019 12:33:55

Patient Report
Legally authenticated
dedicated lumbar spine CT could enter evaluate.

User: MQI6948

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5. Also noted: Atherosclerosis without aneurysm/dissection, hepatomegaly, fat-containing umbilical hernia, splenic calcification, degenerative change of the bilateral hips, and 7.6 mm hyperenhancing right prostate lesion. Followup recommended.

6. Please see CT chest report for further detail regarding intrathoracic findings.

Critical Value Communications

Verify Receipt

Dictating Radiologist: Pollock, Max M.D.
Electronically Signed by: Pollock, Max M.D. 06/22/2016 22:54
StatRad Exam Id: 2154859

Date: 8/27/2019 12:33:59

Patient Report
Legally authenticated

User: MQI6948

Page 1

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2001 Errecart Boulevard, Elko, Nevada 89801
Phone: 775-738-5151 Fax: 775-748-2031

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Date of Birth: 06/02/1958
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Legally authenticated by POLLOCK MAX MD 2016-06-22 22:54:44

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4. Lumbar spondylosis without clear CT evidence of acute lumbar fracture. As above, if there is concern for lumbar spine fracture,

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Patient Report
Legally authenticated

User: MQI6948

Page 3

dedicated lumbar spine CT could enter evaluate.

5. Also noted: Atherosclerosis without aneurysm/dissection, hepatomegaly, fat-containing umbilical hernia, splenic calcification, degenerative change of the bilateral hips, and 7.6 mm hyperenhancing right prostate lesion. Followup recommended.

6. Please see CT chest report for further detail regarding intrathoracic findings.

Critical Value Communications

Verify Receipt

***** ADDENDUM

CR

Critical Value Communications

06/22/16 23:07 Verify Receipt Verified receipt with Cheryl in the

ER for Dr. Garvey on 06/22 23:07 (-07:00)

Electronically Signed and Reported by: Pollock, Max M.D. 06/22/2016 22:54
StatRad Exam Id: 2154859

Legally authenticated by POLLOCK MAX MD 2016-06-22 22:54:44

Date: 8/27/2019 12:34:03

Patient Report
Legally authenticated

User: MQI6948

Page 1

Northeastern Nevada Regional Hospital
2001 Errecart Boulevard, Elko, Nevada 89801
Phone: 775-738-5151 Fax: 775-748-2031

Radiology Report

Patient Name: SCHWARTZ, DOUGLAS
Date of Birth: 06/02/1958
Gender: Male
Exam Date: 06/22/2016
Medical Record #: 330967
Account Number: 6139781
Exam Description: CT CHEST W
Ordering Physician: GARVEY, DAVID

StatRad Final Report

EXAM: CT chest with contrast.

CLINICAL INDICATION: Auto versus pedestrian, one force trauma to the chest, chest pain, increased difficulty breathing.

TECHNIQUE: Contrast-enhanced helical CT was performed through the chest following the ministration of 125 cc Isovue-370 iodinated intravenous contrast. Two-dimensional coronal and sagittal reformatted images were generated for review.

COMPARISON: None.

FINDINGS:

The heart is normal in size and there is no pericardial effusion. Trace atherosclerosis is present without thoracic aortic aneurysm or dissection. The origins of the great vessels are unremarkable with the exception of mild atherosclerotic plaquing in the left subclavian artery. Trace gas within the main pulmonary artery is likely related to peripheral IV access. No mediastinal hematoma is present. The visualized aerodigestive tract is unremarkable. There is a small, less than 10%, right pneumothorax. Prominent pleural fat is present without definite pleural effusion. Bibasilar opacities and right perihilar opacity may reflect atelectasis, contusion, or the sequela of aspiration. There is no left-sided pneumothorax or pleural effusion. Prominent left pleural fat is also present. There is a 4.9 mm noncalcified left upper lobe subpleural pulmonary nodule.

There are acute anterolateral fractures of the right fourth through seventh ribs with the fourth and sixth ribs fractured in 2 places (nondisplaced posterior fractures also noted). Comminution and displacement of the seventh rib fracture is present. No acute displaced sternal fracture. Please see separate CT thoracic spine
Legally authenticated by POLLOCK MAX MD 2016-06-22 23:08:08

Date: 8/27/2019 12:34:03

Patient Report
Legally authenticated

User: MQI6948

Page 2

report for further detail.

IMPRESSION:

1. Small right anterior pneumothorax (less than 10%). Surgical consultation and followup recommended.
2. Prominent right pleural fat without definite pleural effusion.
3. Acute fractures of the right fourth through seventh ribs as described above. Please note that the fourth and sixth ribs are fractured in 2 places.
4. Dependent bibasilar opacities and right perihilar opacity may reflect atelectasis, pulmonary contusion, and/or the sequela of aspiration.
5. Mild atherosclerosis without evidence for traumatic aortic injury.
6. Please see CT thoracic spine report for further detail.
7. 4.9 mm left upper lobe pulmonary nodule. Followup per Fleischner Society criteria recommended.

Critical Value Communications

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Dictating Radiologist: Pollock, Max M.D.
Electronically Signed by: Pollock, Max M.D. 06/22/2016 23:08
StatRad Exam Id: 2154862

Legally authenticated by POLLOCK MAX MD 2016-06-22 23:08:08

Date: 8/27/2019 12:34:06

Patient Report
Legally authenticated

User: MQI6948

Page 1

Northeastern Nevada Regional Hospital
2001 Errecart Boulevard, Elko, Nevada 89801
Phone: 775-738-5151 Fax: 775-748-2031

Radiology Report

Patient Name: SCHWARTZ, DOUGLAS
Date of Birth: 06/02/1958
Gender: Male
Exam Date: 06/22/2016
Medical Record #: 330967
Account Number: 6139781
Exam Description: CT THORACIC WO
Ordering Physician: GARVEY, DAVID

StatRad Final Report

EXAM: CT thoracic spine

CLINICAL INDICATION: Auto versus pedestrian, blunt force trauma to the chest and back, back pain.

TECHNIQUE: Helical CT was performed through the thoracic spine with two-dimensional coronal and sagittal reformatted images generated for review.

COMPARISON: None.

FINDINGS: Thoracic alignment is anatomic without spondylolisthesis and the thoracic vertebral body heights are generally well preserved with the exception of mild ventral wedging at T12. Irregularity of the right T10 and T11 pedicles may reflect chronic fracture deformities. Acute nondisplaced pedicle fractures not excluded. Consider MRI for further evaluation as indicated. The thoracic facets articulate normally. Multilevel mild loss of intervertebral disc space height with small central disc protrusions are noted without significant bony spinal canal stenosis. Prominent ventral osteophytosis is present at T9/T10 on the right. Heterotopic ossification is seen within the interspinous ligament in the mid/lower thoracic spine. Please see CT chest report for further detail regarding intrathoracic findings.

IMPRESSION:

1. Irregularity of the right T10 and T11 pedicles may reflect chronic fracture deformity. Acute nondisplaced pedicle fractures not entirely excluded. Correlate for tenderness to palpation at this level. MRI could further evaluate as indicated.
2. Mild thoracic spondylosis without significant spinal canal stenosis.

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Date: 8/27/2019 12:34:06

Patient Report

User: MQI6948

Page 2

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3. Mild ventral wedging of T12 is likely chronic/physiologic.

4. Please see CT chest report for further detail.

Critical Value Communications

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Dictating Radiologist: Pollock, Max M.D.

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StatRad Exam Id: 2154865

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Date: 8/27/2019 12:34:09

Patient Report
Legally authenticated

User: MQI6948

Page 1

Northeastern Nevada Regional Hospital
2001 Errecart Boulevard, Elko, Nevada 89801
Phone: 775-738-5151 Fax: 775-748-2031

Radiology Report

Patient Name: SCHWARTZ, DOUGLAS
Date of Birth: 06/02/1958
Gender: Male
Exam Date: 06/22/2016
Medical Record #: 330967
Account Number: 6139781
Exam Description: CT BRAIN HEAD WO
Ordering Physician: GARVEY, DAVID

StatRad Final Report

EXAM: CT head without contrast.

CLINICAL INDICATION: Auto versus pedestrian with blunt force trauma to the head.

TECHNIQUE: Multiple contiguous axial images were obtained from skull base to vertex without the use of intravenous contrast.

COMPARISON: None.

FINDINGS: The ventricular system is normal in size and configuration without midline shift or ventriculomegaly. Symmetrical hyperdensity along the bilateral tentorium may represent hemoconcentration. Trace subdural blood products would be considered much less likely but not entirely excluded. There is no CT evidence of acute cortical infarction. The bilateral orbital contents are grossly unremarkable. Scattered paranasal sinus mucosal thickening is present with possible trace right maxillary sinus fluid level. Evaluation for facial fracture is limited with the provided technique. There is no significant mastoid or tympanic cavity fluid. There is no depressed calvarial fracture.

IMPRESSION:

1. Symmetrical hyperdensity along the bilateral tentorium likely reflects hemoconcentration/dehydration. Trace subdural blood products would be considered much less likely. If indicated, followup head CT could be performed to assess for stability.
2. No midline shift or depressed calvarial fracture.
3. Mild scattered paranasal sinus mucosal thickening and possible low-density fluid level in the right maxillary sinus most suggestive of inflammatory sinus fluid rather than acute hemorrhage.

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Patient Report
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Page 2

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Dictating Radiologist: Pollock, Max M.D.
Electronically Signed by: Pollock, Max M.D. 06/22/2016 23:29
StatRad Exam Id: 2154893

Legally authenticated by POLLOCK MAX MD 2016-06-22 23:29:57

Date: 8/27/2019 12:34:12

Patient Report
Legally authenticated

User: MQI6948

Page 1

Northeastern Nevada Regional Hospital
2001 Errecart Boulevard, Elko, Nevada 89801
Phone: 775-738-5151 Fax: 775-748-2031

Radiology Report

Patient Name: SCHWARTZ, DOUGLAS
Date of Birth: 06/02/1958
Gender: Male
Exam Date: 06/22/2016
Medical Record #: 330967
Account Number: 6139781
Exam Description: CT C SPINE WITHOUT
Ordering Physician: GARVEY, DAVID

StatRad Final Report

EXAM: CT cervical spine.

CLINICAL INDICATION: Auto versus pedestrian, trauma to the neck and cervical spine, upper back pain.

TECHNIQUE: Helical CT is performed through the cervical spine with two-dimensional coronal and sagittal reformatted images generated for review.

COMPARISON: None.

FINDINGS:

Cervical alignment is anatomic without spondylolisthesis and there is preservation of the cervical lordosis. The visualized vertebral body heights are preserved without evidence for compression deformity. No acute cervical fracture is evident by CT. The atlantooccipital and atlantoaxial articulations are intact. The odontoid process is normal. The cervical facets articulate normally bilaterally without dislocation or subluxation.

There is no prevertebral soft tissue thickening.

The intervertebral disc spaces are generally well preserved.

Small ventral osteophytes are present at C4, C5, and C6. A partially calcified right paracentral disc protrusion is present at T1/T2. Right greater than left facet arthropathy is present most pronounced at C4-5. There is no significant bony spinal canal stenosis. Minimal foraminal stenosis is present on the left at C4-5.

Please see CT chest for further detail regarding intrathoracic findings.

IMPRESSION:

1. No CT evidence of acute cervical fracture or traumatic subluxation.

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Date: 8/27/2019 12:34:12

Patient Report
Legally authenticated

User: MQI6948

Page 2

2. Very mild cervical and upper thoracic spondylosis as described above.

3. Please see CT chest report for further detail.

Dictating Radiologist: Pollock, Max M.D.
Electronically Signed by: Pollock, Max M.D. 06/22/2016 23:38
StatRad Exam Id: 2154896

Legally authenticated by POLLOCK MAX MD 2016-06-22 23:38:13

Date: 8/27/2019 12:34:16

Patient Report
Legally authenticated

User: MQI6948

Page 1

Northeastern Nevada Regional Hospital
2001 Errecart Boulevard, Elko, Nevada 89801
Phone: 775-738-5151 Fax: 775-748-2031

Radiology Report

Patient Name: SCHWARTZ, DOUGLAS
Date of Birth: 06/02/1958
Gender: Male
Exam Date: 06/22/2016
Medical Record #: 330967
Account Number: 6139781
Exam Description: CT CHEST W
Ordering Physician: GARVEY, DAVID

StatRad Final Report

EXAM: CT chest with contrast.

CLINICAL INDICATION: Auto versus pedestrian, one force trauma to the chest, chest pain, increased difficulty breathing.

TECHNIQUE: Contrast-enhanced helical CT was performed through the chest following the ministration of 125 cc Isovue-370 iodinated intravenous contrast. Two-dimensional coronal and sagittal reformatted images were generated for review.

COMPARISON: None.

FINDINGS:

The heart is normal in size and there is no pericardial effusion. Trace atherosclerosis is present without thoracic aortic aneurysm or dissection. The origins of the great vessels are unremarkable with the exception of mild atherosclerotic plaquing in the left subclavian artery. Trace gas within the main pulmonary artery is likely related to peripheral IV access. No mediastinal hematoma is present. The visualized aerodigestive tract is unremarkable.

There is a small, less than 10%, right pneumothorax. Prominent pleural fat is present without definite pleural effusion.

Bibasilar opacities and right perihilar opacity may reflect atelectasis, contusion, or the sequela of aspiration. There is no left-sided pneumothorax or pleural effusion. Prominent left pleural fat is also present. There is a 4.9 mm noncalcified left upper lobe subpleural pulmonary nodule.

There are acute anterolateral fractures of the right fourth through seventh ribs with the fourth and sixth ribs fractured in 2 places (nondisplaced posterior fractures also noted). Comminution and displacement of the seventh rib fracture is present. No acute displaced sternal fracture. Please see separate CT thoracic spine

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Date: 8/27/2019 12:34:16

Patient Report
Legally authenticated

User: MQI6948

Page 2

report for further detail.

IMPRESSION:

1. Small right anterior pneumothorax (less than 10%). Surgical consultation and followup recommended.
2. Prominent right pleural fat without definite pleural effusion.
3. Acute fractures of the right fourth through seventh ribs as described above. Please note that the fourth and sixth ribs are fractured in 2 places.
4. Dependent bibasilar opacities and right perihilar opacity may reflect atelectasis, pulmonary contusion, and/or the sequela of aspiration.
5. Mild atherosclerosis without evidence for traumatic aortic injury.
6. Please see CT thoracic spine report for further detail.
7. 4.9 mm left upper lobe pulmonary nodule. Followup per Fleischner Society criteria recommended.

Critical Value Communications

Verify Receipt

***** ADDENDUM

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Critical Value Communications

06/22/16 23:48 Verify Receipt Verified receipt with Dr. Garvey on
06/22 23:47 (-07:00)

Electronically Signed and Reported by: Pollock, Max M.D. 06/22/2016 23:08
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Date: 8/27/2019 12:34:19

Patient Report
Legally authenticated

User: MQI6948

Page 1

Northeastern Nevada Regional Hospital
2001 Errecart Boulevard, Elko, Nevada 89801
Phone: 775-738-5151 Fax: 775-748-2031

Radiology Report

Patient Name: SCHWARTZ, DOUGLAS
Date of Birth: 06/02/1958
Gender: Male
Exam Date: 06/22/2016
Medical Record #: 330967
Account Number: 6139781
Exam Description: CT BRAIN HEAD WO
Ordering Physician: GARVEY, DAVID

StatRad Final Report

EXAM: CT head without contrast.

CLINICAL INDICATION: Auto versus pedestrian with blunt force trauma to the head.

TECHNIQUE: Multiple contiguous axial images were obtained from skull base to vertex without the use of intravenous contrast.

COMPARISON: None.

FINDINGS: The ventricular system is normal in size and configuration without midline shift or ventriculomegaly. Symmetrical hyperdensity along the bilateral tentorium may represent hemoconcentration. Trace subdural blood products would be considered much less likely but not entirely excluded. There is no CT evidence of acute cortical infarction. The bilateral orbital contents are grossly unremarkable. Scattered paranasal sinus mucosal thickening is present with possible trace right maxillary sinus fluid level. Evaluation for facial fracture is limited with the provided technique. There is no significant mastoid or tympanic cavity fluid. There is no depressed calvarial fracture.

IMPRESSION:

1. Symmetrical hyperdensity along the bilateral tentorium likely reflects hemoconcentration/dehydration. Trace subdural blood products would be considered much less likely. If indicated, followup head CT could be performed to assess for stability.
2. No midline shift or depressed calvarial fracture.
3. Mild scattered paranasal sinus mucosal thickening and possible low-density fluid level in the right maxillary sinus most suggestive of inflammatory sinus fluid rather than acute hemorrhage.

Legally authenticated by POLLOCK MAX MD 2016-06-22 23:29:57

Date: 8/27/2019 12:34:19

Patient Report
Legally authenticated

User: MQI6948

Page 2

Critical Value Communications

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Electronically Signed and Reported by: Pollock, Max M.D. 06/22/2016 23:29
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Date: 8/27/2019 12:34:22

Patient Report
Legally authenticated

User: MQI6948

Page 1

Northeastern Nevada Regional Hospital
2001 Errecart Boulevard, Elko, Nevada 89801
Phone: 775-738-5151 Fax: 775-748-2031

Radiology Report

Patient Name: SCHWARTZ, DOUGLAS
Date of Birth: 06/02/1958
Gender: Male
Exam Date: 06/22/2016
Medical Record #: 330967
Account Number: 6139781
Exam Description: CT THORACIC WO
Ordering Physician: GARVEY, DAVID

StatRad Final Report

EXAM: CT thoracic spine

CLINICAL INDICATION: Auto versus pedestrian, blunt force trauma to the chest and back, back pain.

TECHNIQUE: Helical CT was performed through the thoracic spine with two-dimensional coronal and sagittal reformatted images generated for review.

COMPARISON: None.

FINDINGS: Thoracic alignment is anatomic without spondylolisthesis and the thoracic vertebral body heights are generally well preserved with the exception of mild ventral wedging at T12. Irregularity of the right T10 and T11 pedicles may reflect chronic fracture deformities. Acute nondisplaced pedicle fractures not excluded. Consider MRI for further evaluation as indicated. The thoracic facets articulate normally. Multilevel mild loss of intervertebral disc space height with small central disc protrusions are noted without significant bony spinal canal stenosis. Prominent ventral osteophytosis is present at T9/T10 on the right. Heterotopic ossification is seen within the interspinous ligament in the mid/lower thoracic spine. Please see CT chest report for further detail regarding intrathoracic findings.

IMPRESSION:

1. Irregularity of the right T10 and T11 pedicles may reflect chronic fracture deformity. Acute nondisplaced pedicle fractures not entirely excluded. Correlate for tenderness to palpation at this level. MRI could further evaluate as indicated.
2. Mild thoracic spondylosis without significant spinal canal stenosis.

Legally authenticated by POLLOCK MAX MD 2016-06-22 23:16:06

Date: 8/27/2019 12:34:22

Patient Report
Legally authenticated

User: MQI6948

Page 2

3. Mild ventral wedging of T12 is likely chronic/physiologic.

4. Please see CT chest report for further detail.

Critical Value Communications

Verify Receipt

***** ADDENDUM

CR

Critical Value Communications

06/22/16 23:48 Verify Receipt Verified receipt with Dr. Garvey on

06/22 23:47 (-07:00)

Electronically Signed and Reported by: Pollock, Max M.D. 06/22/2016 23:16
StatRad Exam Id: 2154865



EXHIBIT 9

1 IN THE FOURTH JUDICIAL DISTRICT COURT
2 OF THE STATE OF NEVADA
3 IN AND FOR THE COUNTY OF ELKO
4 ---o0o---
5
6 DIANE SCHWARTZ, individual
7 and as Special Administrator
8 of the Estate of DOUGLAS R.
9 SCHWARTZ, deceased,
10 Plaintiff,
11 vs. Case No. CV-C-17-439
12 DAVID GARVEY, M.D., an
13 individual; BARRY BARTLETT, Dept. No. 1
14 et al.,
15 Defendants.
16 _____/

17 VIDEOTAPED DEPOSITION OF BARRY AMOS RAY BARTLETT
18 DECEMBER 20, 2019
19 RENO, NEVADA
20
21
22
23 Reported by: JULIE ANN KERNAN, CCR #427, RPR
24 Job No. 581741
25

Page 2	Page 3
<p>1 APPEARANCES</p> <p>2 For the Plaintiff: CLAGGETT & SYKES LAW FIRM</p> <p>3 By: Jennifer Morales, Esq.</p> <p>4 4101 Meadows Lane</p> <p>5 Suite 100</p> <p>6 Las Vegas, Nevada 89107</p> <p>7 For the Defendants KIRTON McCONKIE</p> <p>8 Reach Air Medical Attorneys at Law</p> <p>9 Services, LLC: By: James T. Burton, Esq.</p> <p>10 36 S. State Street</p> <p>11 Suite 1900</p> <p>12 Salt Lake City, Utah 84111</p> <p>13 For the Defendants ELLEN HARMON, JD, MBA, RN</p> <p>14 Global Medical Associate General Counsel</p> <p>15 Response, Reach Air: 1001 Boardwalk Springs Place</p> <p>16 Suite 250</p> <p>17 O'Fallon, MO 63368</p> <p>18 TODD ROMKEMA, ESQ.</p> <p>19 For the Defendant HALL PRANGLE & SCHOOFELD, LLC</p> <p>20 PHC-Elko, Inc.: By: Jennifer Ries-Buntain, Esq.</p> <p>21 200 South Wacker Drive</p> <p>22 Suite 3300</p> <p>23 Chicago, Illinois 60606</p> <p>24 For the Defendant LEWIS, BRISBOIS, BRISGAARD</p> <p>25 Dr. Garvey: & SMITH, LLP</p> <p>Attorneys at Law</p> <p>By: Keith A. Weaver, Esq.</p> <p>6385 S. Rainbow Blvd.</p> <p>Suite 600</p> <p>Las Vegas, Nevada 89118</p> <p>For the Defendants CARROLL KELLY TROTTER FRANZEN</p> <p>Crum, Stefanko & MCBRIDE & PEABODY</p> <p>Jones, LLC, dba Ruby Attorneys at Law</p> <p>Crest Emergency By: Chelsea R. Hueth, Esq.</p> <p>Medicine: 8329 W. Sunset Road</p> <p>Suite 260</p> <p>Las Vegas, Nevada 89113</p> <p>The Videographer: STEWART CAMPBELL</p> <p>Sunshine Litigation Services</p>	<p>1 I N D E X</p> <p>2 WITNESS: BARRY AMOS RAY BARTLETT</p> <p>3 EXAMINATION PAGE</p> <p>4 By Ms. Morales 5</p> <p>5</p> <p>6</p> <p>7 EXHIBITS: PAGE</p> <p>8 Exhibit 1 - Declaration - SCHWARTZ000184-192 47</p> <p>9 Exhibit 2 - Patient report - SCHWARTZ0030-38 62</p> <p>10 Exhibit 3 - Cardiac Arrest Record</p> <p>SCHWARTZ000060 62</p> <p>11</p> <p>Exhibit 4 - Medical record SCHWARTZ000069-70 81</p> <p>12</p> <p>Exhibit 5 - REACH000331-341..... 115</p> <p>13</p> <p>14</p> <p>15</p> <p>16</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p> <p>25</p>
Page 4	Page 5
<p>1 PURSUANT TO NOTICE AND STIPULATION, and</p> <p>2 on Friday, the 20th day of December, 2019, at the hour of</p> <p>3 9:11 a.m. of said day, at the offices of Sunshine</p> <p>4 Litigation Services, 151 Country Circle Estates, Reno,</p> <p>5 Nevada, before me, Julie Ann Kernan, a notary public,</p> <p>6 personally appeared BARRY AMOS RAY BARTLETT.</p> <p>7 ---o0o---</p> <p>8</p> <p>9 VIDEOGRAPHER: This is the beginning of media one</p> <p>10 in the deposition of Barry Bartlett in the matter of</p> <p>11 Schwartz versus Garvey, held at Sunshine Litigation</p> <p>12 Services on December 20th, 2019. The time is approximately</p> <p>13 9:11 a.m. The court reporter is Julie Kernan. I am</p> <p>14 Stewart Campbell, the videographer, an employee of</p> <p>15 Litigation Services.</p> <p>16 This deposition is being videotaped at all times</p> <p>17 unless specified to go off the video record.</p> <p>18 Would all present please identify themselves</p> <p>19 beginning with the witness.</p> <p>20 THE WITNESS: My name is Barry Bartlett.</p> <p>21 MS. MORALES: Jennifer Morales on behalf of the</p> <p>22 Plaintiff Diane Schwartz and estate.</p> <p>23 MR. BURTON: James Burton on behalf of Defendant</p> <p>24 Reach.</p> <p>25 MS. HARMON: Ellen Harmon on behalf of defendant</p>	<p>1 Reach.</p> <p>2 MR. ROMKEMA: Todd Romkema on behalf of Defendant</p> <p>3 Reach.</p> <p>4 MR. WEAVER: Keith Weaver on behalf of Mr. David</p> <p>5 Garvey.</p> <p>6 MS. RIES-BUNTAIN: Jennifer Ries-Buntain on</p> <p>7 behalf of Northeastern, Northwestern Nevada Hospital.</p> <p>8 MS. HUETH: Chelsea Hueth on behalf of Ruby Crest</p> <p>9 Emergency Medicine.</p> <p>10 VIDEOGRAPHER: Will the court reporter please</p> <p>11 swear in the witness.</p> <p>12 REPORTER: Raise your right hand, please.</p> <p>13</p> <p>14 BARRY AMOS RAY BARTLETT,</p> <p>15 called as a witness herein, being first</p> <p>16 duly sworn, was examined and testified</p> <p>17 as follows:</p> <p>18</p> <p>19 EXAMINATION</p> <p>20 BY MS. MORALES:</p> <p>21 Q Can you please state your full name for the</p> <p>22 record?</p> <p>23 A My full name is Barry Amos Ray Bartlett.</p> <p>24 Q Okay. And Mr. Bartlett, have you ever had your</p> <p>25 deposition taken prior to today?</p>

<p style="text-align: right;">Page 6</p> <p>1 A I have.</p> <p>2 Q On how many occasions?</p> <p>3 A Four.</p> <p>4 Q And when is the last time you had your</p> <p>5 deposition taken?</p> <p>6 A In 2017.</p> <p>7 Q Okay. I'm going to go over admonitions of</p> <p>8 having your deposition taken since it has been a few years.</p> <p>9 If you have any questions, just feel free to ask me as we</p> <p>10 go through them, okay?</p> <p>11 A Uh-hum.</p> <p>12 Q You understand that you just took an oath, and</p> <p>13 the oath carries with it the same penalties of perjury as</p> <p>14 if you were sitting in trial. Do you understand that?</p> <p>15 A I understand that.</p> <p>16 Q Okay. As you can see we have a court reporter</p> <p>17 here taking down everything that you say and that we say in</p> <p>18 a question and answer format so it's important that we get</p> <p>19 verbal responses. And it's also important that you answer</p> <p>20 yes or no instead of uh-huh or huh-uh. Okay? Do you</p> <p>21 understand that?</p> <p>22 A I understand that.</p> <p>23 Q Okay. There is a lot of attorneys in this room</p> <p>24 today, as well as Chelsea remotely. Everyone has -- all</p> <p>25 the attorneys have the right to make objections, however,</p>	<p style="text-align: right;">Page 7</p> <p>1 unless your counsel instructs you not to answer I will ask</p> <p>2 -- that's just to preserve the record, I will ask that you</p> <p>3 answer the question. Okay?</p> <p>4 A Yes.</p> <p>5 Q Do you understand the difference between an</p> <p>6 estimate and a guess?</p> <p>7 A Why don't you explain it to me.</p> <p>8 Q Okay. So the common example is as we sit here</p> <p>9 today, and the reason I'm asking you this is we are</p> <p>10 entitled to your best estimate, however, no one in this</p> <p>11 room wants you to guess at anything. So one of the</p> <p>12 examples everyone uses is as you sit here today you could</p> <p>13 probably estimate for us the length of this conference</p> <p>14 table. However, if I asked you what the size of a</p> <p>15 conference table in my office was, you've never been there</p> <p>16 so that would be a guess. Do you understand?</p> <p>17 A I understand that.</p> <p>18 Q Okay. If for any reason you need to take a</p> <p>19 break, you just let us know, however, if there is a</p> <p>20 question pending I will ask that you answer the question</p> <p>21 before you go out on break. Okay?</p> <p>22 A Yes.</p> <p>23 Q All right. I may have forgotten something and</p> <p>24 if I did, and as we move along I will caution you as such.</p> <p>25 Okay?</p>
<p style="text-align: right;">Page 8</p> <p>1 A Right.</p> <p>2 Q Have you taken any medications that could affect</p> <p>3 your credibility today or your testimony?</p> <p>4 A I have not.</p> <p>5 Q Okay. Have you drank any alcohol within the</p> <p>6 last 24 hours?</p> <p>7 A I have not.</p> <p>8 Q You testified a few minutes ago that you've had</p> <p>9 your deposition taken four times, the last was in 2017.</p> <p>10 What was that deposition pertaining to?</p> <p>11 A It was pertaining to a gentleman that was suing</p> <p>12 Amazon Corporation out of Tracy, over a pipe that had</p> <p>13 fallen from the ceiling and supposedly it struck him, which</p> <p>14 it had not.</p> <p>15 Q And how were you -- how were you a witness in</p> <p>16 that case?</p> <p>17 A I was the transporting paramedic.</p> <p>18 Q Okay. And prior to 2017 when did you have your</p> <p>19 deposition taken?</p> <p>20 A In 2003.</p> <p>21 Q And was that also in the capacity as a</p> <p>22 paramedic?</p> <p>23 A Yes, it was.</p> <p>24 Q And do you recall the facts of that case?</p> <p>25 A That involved a situation with a helicopter that</p>	<p style="text-align: right;">Page 9</p> <p>1 was not air worthy that the company kept putting up, and</p> <p>2 having a team fly in. It also involved the death of a</p> <p>3 patient in that aircraft.</p> <p>4 Q And was the death of a patient a result of</p> <p>5 something that was wrong with the helicopter? Was there a</p> <p>6 crash?</p> <p>7 A That was one of the factors involved in the</p> <p>8 death of the patient.</p> <p>9 Q Was there actually a crash of the --</p> <p>10 A There was not. There --</p> <p>11 Q -- helicopter?</p> <p>12 A There were several near misses.</p> <p>13 Q And what company was that that you worked for at</p> <p>14 the time?</p> <p>15 A That was Air Med Team.</p> <p>16 Q And were you personally named in that lawsuit?</p> <p>17 A I was one. Yes, I was.</p> <p>18 Q And what were the allegations against you?</p> <p>19 A Actually, the allegations were not against me.</p> <p>20 We were the ones pursuing the lawsuit.</p> <p>21 Q Oh, okay.</p> <p>22 A I apologize.</p> <p>23 Q That probably was a poor question. So you were</p> <p>24 a plaintiff in that lawsuit?</p> <p>25 A Yes.</p>

<p style="text-align: right;">Page 10</p> <p>1 Q And what were your allegations against the</p> <p>2 company?</p> <p>3 A The allegations were that we were constructively</p> <p>4 terminated because we were whistleblowers regarding the</p> <p>5 incident.</p> <p>6 Q And did that -- did that case resolve or what</p> <p>7 was the disposition of the case? Did it resolve or</p> <p>8 settlement, or did you go to trial?</p> <p>9 A It was through arbitration.</p> <p>10 Q And was there a finding on your behalf?</p> <p>11 A Not on our behalf. We lost that, that case.</p> <p>12 Q Okay. And what's the third deposition that</p> <p>13 you've had taken?</p> <p>14 A Going back in ancient history here. That was in</p> <p>15 regards to a call at another flight team I was in, I worked</p> <p>16 for.</p> <p>17 Q Okay. And do you recall the facts of that case?</p> <p>18 A Yes, I do.</p> <p>19 Q Okay. Were you personally named in it?</p> <p>20 A I was not.</p> <p>21 Q And what company did you work for at that time?</p> <p>22 A I was Medaflight of Northern California.</p> <p>23 Q And do you recall what the allegations were in</p> <p>24 that case?</p> <p>25 A There really weren't allegations. It was more</p>	<p style="text-align: right;">Page 11</p> <p>1 of a situation where Medaflight -- Air Med team was a new</p> <p>2 program, and Medaflight was trying to serve an injunction</p> <p>3 to stop the program.</p> <p>4 Q Okay.</p> <p>5 A And -- and so it really wasn't -- I guess what</p> <p>6 you would call a case where there was money involved.</p> <p>7 Q Okay. And last but not least, what was the</p> <p>8 other deposition that you had taken?</p> <p>9 A That was a deposi -- that was a call that we</p> <p>10 were involved in in -- it was a patient that we transported</p> <p>11 from a mountain area down to doctor's medical center.</p> <p>12 Q A mountain area from where?</p> <p>13 A Calaveras County.</p> <p>14 Q Where is that?</p> <p>15 A In California.</p> <p>16 Q Oh, okay.</p> <p>17 A Yes.</p> <p>18 Q And how long ago was that?</p> <p>19 A I can't recall that.</p> <p>20 Q Okay. And were you personally named in that</p> <p>21 lawsuit?</p> <p>22 A I was not.</p> <p>23 Q Have you ever been personally named in a lawsuit</p> <p>24 besides this lawsuit?</p> <p>25 A I have not.</p>
<p style="text-align: right;">Page 12</p> <p>1 Q And then the one that we -- where you were a</p> <p>2 plaintiff.</p> <p>3 A I have not.</p> <p>4 Q Okay. Can you tell me your current address?</p> <p>5 A It is 1790 Empire Road, Reno, Nevada.</p> <p>6 Q And how long have you lived there?</p> <p>7 A Since 2013.</p> <p>8 Q And what is a telephone number for you?</p> <p>9 A 775 433-7017.</p> <p>10 Q And who resides with you at that residence?</p> <p>11 A My wife.</p> <p>12 Q Can you give me a brief synopsis of your</p> <p>13 educational history?</p> <p>14 A It is brief. I went to high school and</p> <p>15 graduated. And I got my paramedic certification in 1985 at</p> <p>16 Delta College. And I've had various classes at Community</p> <p>17 colleges for an A.A. degree which I never finished.</p> <p>18 Q Okay. So you graduated high school in 1985.</p> <p>19 Where -- where did you graduate high school?</p> <p>20 A Actually, I graduated in 1978.</p> <p>21 Q Oh, I'm sorry.</p> <p>22 A Yeah.</p> <p>23 Q Well, you should have gone along with the 1985.</p> <p>24 A Yeah.</p> <p>25 Q 1978?</p>	<p style="text-align: right;">Page 13</p> <p>1 A No, I take that back. No, 1982 was when I</p> <p>2 graduated. Now I'm getting mixed up on numbers here. I</p> <p>3 started in '78.</p> <p>4 Q Okay. So 1982 you graduated.</p> <p>5 A Uh-hum.</p> <p>6 Q And where -- what high school did you?</p> <p>7 A It was Edward Reed High School, in Sparks,</p> <p>8 Nevada.</p> <p>9 Q And then where did you get your training to</p> <p>10 become a paramedic?</p> <p>11 A At Delta College in Stockton, California.</p> <p>12 Q And do you recall the year?</p> <p>13 A 1985.</p> <p>14 Q There's --</p> <p>15 A There's '85.</p> <p>16 Q There's '85. Okay. And how -- how long was the</p> <p>17 training at Delta College?</p> <p>18 A Twelve months.</p> <p>19 Q What organization -- well, strike that.</p> <p>20 What licenses do you currently hold?</p> <p>21 A I have a paramedic license.</p> <p>22 Q And what organization regulates your license to</p> <p>23 practice?</p> <p>24 A California.</p> <p>25 Q And is there a governing board?</p>

<p style="text-align: right;">Page 14</p> <p>1 A That would be the California EMS agency in 2 Sacramento. 3 Q Have you ever had your license revoked or 4 suspended? 5 A I have not. 6 Q Have you ever had any lapses in your license? 7 A I have not. 8 Q Have you ever been contacted by the board for 9 any letters of concern regarding your care? 10 A I have not. 11 Q What certifications do you hold? 12 A Paramedic certification. 13 Q Do you have a BLS -- do you have a BLS 14 certification? 15 A Yes, I do. 16 Q And do you know when you first got the BLS? 17 A When I was in the Navy in 1982. 18 Q And have you maintained that certification since 19 1982? 20 A Yes, I have. 21 Q Any lapses? 22 A No. 23 Q What about ACLS? 24 A Yes, ACLS. 25 Q And when did you get your ACLS certification?</p>	<p style="text-align: right;">Page 15</p> <p>1 A In 1983. 2 Q Any lapses in that certification? 3 A Never. 4 Q Are there different rankings for paramedics? 5 A There are not. 6 Q Can you tell me five years prior to 2016 where 7 you worked as a paramedic? 8 A American Medical Response. 9 Q Anywhere else? 10 A No. 11 Q So you went from AMR to Reach Air? Or were you 12 working for both? 13 A I was working for both. 14 Q How long did you work for both companies? 15 A For AMR, close to 19 years. And for Reach, 16 close to six months. 17 Q When did you begin working for Reach Air? 18 A In March or April, 2016. 19 Q And how did you come to find Reach Air or did 20 they find you? 21 A I forged around and Reach, since they were a new 22 program in California, I worked with a lot of their crew 23 members because many of them worked on our team. 24 Q And back in June of 2016, what -- can you tell 25 me what your schedule looked like between the two</p>
<p style="text-align: right;">Page 16</p> <p>1 companies? 2 A The -- I was a full timer at Reach so we went 3 out as hardship base. We went out, I believe, ten days at 4 a time, and then I just picked up part-time shifts with AMR 5 in between my rotations in Elko. 6 Q And so what did it look like to be full time at 7 Reach? Was it certain days that you worked? 8 A Well, yeah, we went in for a certain group of 9 days, right, we went -- it was a continuum. We'd work one 10 shift. We were one shift off and then on shift, and you 11 were there the whole time because it was a hardship base. 12 It's not where you can work a shift and go all the way 13 home-- 14 Q Okay. 15 A -- so. 16 Q And how long were the actual shifts? 17 A They were 24 hours. 18 Q And so did you stay -- you would stay in Elko 19 then and then travel back to Reno? 20 A That is correct. They had an apartment for us 21 so when you're off you went to the apartment -- 22 Q Okay. 23 A -- until your next shift. 24 Q Did anyone at Reach Air reach out to you for the 25 position or did you just apply?</p>	<p style="text-align: right;">Page 17</p> <p>1 A I just applied for the position. 2 Q Okay. And at the time that you were hired at 3 Reach Air, do you recall what documentation or information 4 that you had to provide to them for employment? 5 A We had to get all of my certifications and my 6 paramedic license. 7 Q And how long from the time that you applied were 8 you hired? 9 A Approximately four to six weeks. 10 Q Okay. And after you were hired were you 11 required to take any type of training courses? 12 A Within the program. 13 Q And when you say within the program what do you 14 mean by that? 15 A They have a -- they have an internship for a 16 certain amount of months when you go there. 17 Q And do you recall how many months that was? 18 A It lasts approximately six months. 19 Q Did you have -- was there classroom training, 20 any type of classroom training or testing that you had to 21 do before you actually went out with a crew? 22 A There's a two-week training academy in Santa 23 Rosa that's a very intensive academy, I might add, before 24 they let you loose. 25 Q Okay. And when -- do you recall if you started</p>

<p style="text-align: right;">Page 18</p> <p>1 in April when did you attend the training academy in Santa 2 Rosa?</p> <p>3 A It was in April, to the best of my recollection.</p> <p>4 Q And what did that training academy consist of?</p> <p>5 A It consisted of the basic parameters of 6 prehospital care, emergency medicine, very intensive, so we 7 had many different specialists who would come in for 8 neonatal care, cyclical care, heavy emphasis on rapid 9 sequence intubations in surgical airways.</p> <p>10 Q And how much of the time would you estimate was 11 dedicated to the rapid sequence intubations and surgical 12 airways?</p> <p>13 A I would estimate three to four days.</p> <p>14 Q And can you give us just a description of what 15 those three to four days looked like? Was it hands on, 16 like, with a manikin, was it testing, written tests for 17 --for that specific for rapid sequence intubation and 18 surgical airways?</p> <p>19 A It was a combination of didactic work and work 20 on manikins. And also they brought in lungs of, I believe, 21 pigs. We hooked them up -- yeah, I know, it's gross. And 22 we -- for our ventilation, you know, we put ventilators on 23 and we could actually see what the ventilator was doing at 24 the level of the IV line. Very interesting. Very hands 25 on, very intensive.</p>	<p style="text-align: right;">Page 19</p> <p>1 Q And was there also a written portion of that 2 part of the test? I mean, part of the training?</p> <p>3 A There was a final test that had all the 4 different subjects, not just RSI.</p> <p>5 Q Was it pass/fail or was it graded?</p> <p>6 A It was graded.</p> <p>7 Q Okay. And do you recall what grade you got on 8 it?</p> <p>9 A I do not.</p> <p>10 Q Okay. So after -- well, strike that.</p> <p>11 So prior to attending this two-week training 12 academy you hadn't gone out with the crew for Reach Air? 13 You had to do this first?</p> <p>14 A That is correct.</p> <p>15 Q And so during -- you only worked for Reach Air 16 for six months. Correct?</p> <p>17 A Approximately.</p> <p>18 Q And so during that six months that you worked 19 for Reach Air you were still in your internship?</p> <p>20 A That is correct.</p> <p>21 Q And what was your guidelines or understanding as 22 an intern of Reach Air what you were allowed to do versus 23 being a full crew member?</p> <p>24 A You're allowed to do everything within your 25 scope of practice of whatever respective state you're</p>
<p style="text-align: right;">Page 20</p> <p>1 working in.</p> <p>2 Q Were you supposed to be or was there supposed to 3 be oversight by anyone since you were still an intern?</p> <p>4 MR. WEAVER: Object as to form.</p> <p>5 MR. BURTON: Join. You can answer.</p> <p>6 BY MS. MORALES:</p> <p>7 Q On your crew?</p> <p>8 A Yes. They put you with a partner that's already 9 a full-fledged crew member on their own, they're a field 10 training officer, if you will.</p> <p>11 Q And who was your training officer?</p> <p>12 A I had two of them. One was -- her name was 13 Tamara, I can't remember her last name, in Stockton.</p> <p>14 Q I'm sorry, did you say Tamara?</p> <p>15 A Tamara, right. Because I was at the Stockton 16 base for a few weeks before I went to Elko. And Elko is 17 Ron Lyons.</p> <p>18 Q And Mr. Lyons was a registered nurse. Correct?</p> <p>19 A Yes, he was.</p> <p>20 Q And what about Tamara, do you know what -- is --</p> <p>21 A She's a registered nurse.</p> <p>22 Q Can you estimate -- can you estimate for us when 23 -- approximately when you started going out with a crew?</p> <p>24 MR. BURTON: Which crew?</p> <p>25 BY MS. MORALES:</p>	<p style="text-align: right;">Page 21</p> <p>1 Q The Reach Air.</p> <p>2 A As soon as I finished the academy. So I'm 3 estimating May.</p> <p>4 Q And as an intern was there any kind of 5 documentation that you would have to submit to your 6 supervising preceptor, Mr. Lyons?</p> <p>7 A We had daily evaluations.</p> <p>8 Q And can you explain to us what was included in 9 those daily evaluations?</p> <p>10 A Basic overall performance.</p> <p>11 Q And would -- on those evaluations is that 12 something that you would see? Would he share with you how 13 he was evaluating you?</p> <p>14 A Yes. We went through the entire evaluation 15 together.</p> <p>16 Q Can you explain to us how that would work? Was 17 it, like, at the end of each shift or the beginning of the 18 next shift that, you know, he would -- what would he go 19 over with you?</p> <p>20 A No, it was at the end of every shift.</p> <p>21 Q Okay. And do you recall what subjects were on 22 that daily evaluation?</p> <p>23 A I don't recall exact subjects.</p> <p>24 Q Is it something that you had to sign off on?</p> <p>25 A Yes.</p>

<p style="text-align: right;">Page 22</p> <p>1 Q Did you keep a copy of those evaluations?</p> <p>2 A I did not.</p> <p>3 Q Where -- what would happen after you would sign</p> <p>4 off on those evaluations?</p> <p>5 MR. BURTON: Objection as to form.</p> <p>6 MS. MORALES: Yeah.</p> <p>7 THE WITNESS: Could you --</p> <p>8 MS. MORALES: Yeah. To your --</p> <p>9 THE WITNESS: -- rephrase that?</p> <p>10 BY MS. MORALES:</p> <p>11 Q Yeah. To your knowledge, did you have to submit</p> <p>12 those evaluations that you signed off onto Reach Air? What</p> <p>13 would you do once you signed off on them?</p> <p>14 A They were kept in a binder at the base. And</p> <p>15 then at the end of the internship it would be submitted to</p> <p>16 -- to Santa Rosa.</p> <p>17 Q Do you recall ever having any criticisms by Mr.</p> <p>18 Lyons of your -- during your internship?</p> <p>19 A I do not.</p> <p>20 Q Why did you -- why did you leave Reach Air</p> <p>21 before -- I mean right after you -- well, strike that.</p> <p>22 Did you complete your internship?</p> <p>23 A I did not.</p> <p>24 Q And why didn't you complete it?</p> <p>25 A Because I resigned my position.</p>	<p style="text-align: right;">Page 23</p> <p>1 Q And why did you resign?</p> <p>2 A I resigned because I had decided to leave Reach</p> <p>3 within about four months of employment because of the</p> <p>4 insurance. Medical insurance was not what I thought it</p> <p>5 was.</p> <p>6 Q Any other reasons?</p> <p>7 A That's the only reason.</p> <p>8 MS. MORALES: I heard that. It's being videoed.</p> <p>9 BY MS. MORALES:</p> <p>10 Q So after you decided to leave Reach Air where</p> <p>11 did you start working?</p> <p>12 A I went back full time to AMR in Stockton.</p> <p>13 Q Now, when you're licensed in California as a</p> <p>14 --as a paramedic is there, like, reciprocity so you can</p> <p>15 work in other states, is that how it works?</p> <p>16 A There is not.</p> <p>17 Q And so do you have to be licensed in the state</p> <p>18 of Nevada?</p> <p>19 A You do.</p> <p>20 Q And were you licensed in the state of Nevada at</p> <p>21 the time that you provided care to -- in 2000 -- June of</p> <p>22 2016?</p> <p>23 A Yes, I was.</p> <p>24 Q And how long had you had your license in the</p> <p>25 state of Nevada?</p>
<p style="text-align: right;">Page 24</p> <p>1 A Approximately three months.</p> <p>2 Q Three months from when? What -- what was the</p> <p>3 date that you got your license?</p> <p>4 A I -- I can't remember that.</p> <p>5 Q Did you have it before you started at Reach Air?</p> <p>6 A I did not.</p> <p>7 Q Did you have it in June of 2016?</p> <p>8 A I did.</p> <p>9 Q Did you have it at the time that you attended</p> <p>10 the training courses in Santa Rosa?</p> <p>11 A I did not.</p> <p>12 Q Did you do any intern, part of your internship</p> <p>13 with Reach Air prior to -- with the crew prior to getting</p> <p>14 your Nevada license?</p> <p>15 A I did.</p> <p>16 Q For approximately how long?</p> <p>17 A Approximately four weeks.</p> <p>18 Q And what was your scope of practice during that</p> <p>19 four weeks of time that you were on the crew with Reach Air</p> <p>20 without a license in Nevada?</p> <p>21 A I was actually at the time operating at the</p> <p>22 Stockton base in California, so I was operating under the</p> <p>23 California State Paramedic scope of practice.</p> <p>24 Q Did you go with any of the flight crews in</p> <p>25 Nevada during that period of time?</p>	<p style="text-align: right;">Page 25</p> <p>1 A I did not.</p> <p>2 Q And when you say you were operating out of Santa</p> <p>3 Rosa can you explain that for us?</p> <p>4 A Actually, it was out of Stockton.</p> <p>5 Q I'm sorry, Stockton.</p> <p>6 A Yeah, it was the Stockton base that they sent me</p> <p>7 to because I was -- I did not have my license in Nevada</p> <p>8 yet.</p> <p>9 Q And how long did you stay there?</p> <p>10 A Approximately four weeks.</p> <p>11 Q And do you recall what month that was?</p> <p>12 A The month of May.</p> <p>13 Q So then you obtained your Nevada license</p> <p>14 sometime in June of 2016?</p> <p>15 A It was in May.</p> <p>16 Q Do you still hold a Nevada license?</p> <p>17 A I do not.</p> <p>18 Q Is there a reason for that?</p> <p>19 A I don't work in the state.</p> <p>20 Q Did you ever have that license revoked or</p> <p>21 suspended?</p> <p>22 A I did not.</p> <p>23 Q Do you still talk with Mr. Lyons?</p> <p>24 A I do not.</p> <p>25 Q Did you get along with him when you worked with</p>

<p style="text-align: right;">Page 26</p> <p>1 him?</p> <p>2 MR. BURTON: Object as to form. Go ahead.</p> <p>3 THE WITNESS: I did.</p> <p>4 BY MS. MORALES:</p> <p>5 Q Did you socialize with him outside of work?</p> <p>6 A I did not.</p> <p>7 Q Who was your -- who was your -- besides Mr.</p> <p>8 Lyons did you have any other supervisors at Reach Air that</p> <p>9 you had to directly report to?</p> <p>10 A Yes, but I can't remember his name. No,</p> <p>11 actually, it was Chris Giller. Chris Giller.</p> <p>12 Q And do you know what his position was?</p> <p>13 A I don't remember the exact title.</p> <p>14 Q And have you spoke with him since you stopped</p> <p>15 working at Reach Air?</p> <p>16 A I have not.</p> <p>17 Q When you resigned did you -- did you provide any</p> <p>18 type of resignation letter?</p> <p>19 A I did.</p> <p>20 Q And do you recall the reasons, if any, that you</p> <p>21 cited in the resignation letter for leaving?</p> <p>22 A Yes.</p> <p>23 Q And what did you put in the letter?</p> <p>24 A Because of lack of medical insurance, or the</p> <p>25 poor medical insurance.</p>	<p style="text-align: right;">Page 27</p> <p>1 Q When you worked -- when you went back to work</p> <p>2 for AMR did you ever work for AMR in Nevada?</p> <p>3 A I did not.</p> <p>4 Q And how did you go from -- how did you wind up</p> <p>5 in Dubai?</p> <p>6 A I have not.</p> <p>7 Q I mean, not Dubai, I'm sorry. Kuwait, right?</p> <p>8 Or Iraq, somewhere around there.</p> <p>9 A Right. I'm employed by a private military</p> <p>10 contractor.</p> <p>11 Q And what's the name of that contractor?</p> <p>12 A I can't tell you that.</p> <p>13 MR. BURTON: And just so that you know, and I</p> <p>14 don't want to cloud your transcript, a lot of what he's</p> <p>15 doing is classified.</p> <p>16 MS. MORALES: Okay.</p> <p>17 MR. BURTON: And so I don't have a problem,</p> <p>18 obviously, if you ask questions, just a heads up you'll</p> <p>19 probably get a lot of he can't disclose because of</p> <p>20 classified information stuff.</p> <p>21 BY MS. MORALES:</p> <p>22 Q So it's not for the government, it's a private</p> <p>23 contractor?</p> <p>24 A They work with the government.</p> <p>25 Q And how long have you held that position?</p>
<p style="text-align: right;">Page 28</p> <p>1 A Since August of last year.</p> <p>2 Q And when you went to the Middle East is that the</p> <p>3 first time that you had gone for this company?</p> <p>4 MR. BURTON: Objection to form. Go ahead and</p> <p>5 answer it.</p> <p>6 THE WITNESS: That's correct.</p> <p>7 BY MS. MORALES:</p> <p>8 Q And how long were you there?</p> <p>9 A I was there -- actually I never deployed at that</p> <p>10 -- Middle East with this particular company. And I had</p> <p>11 been to the Middle East before.</p> <p>12 Q Were you doing work for this company at any time</p> <p>13 since you worked for them in the Middle East?</p> <p>14 A I have not. I have not.</p> <p>15 Q Was there ever a time that you were residing in</p> <p>16 a state other than Nevada?</p> <p>17 A Yes.</p> <p>18 Q Okay. And when was that?</p> <p>19 A When was that?</p> <p>20 Q During this -- so let me -- let me make it</p> <p>21 easier.</p> <p>22 A Uh-hum.</p> <p>23 Q So from 2016 to the present have you resided in</p> <p>24 any state beside -- or any state or country besides here,</p> <p>25 or in Reno area?</p>	<p style="text-align: right;">Page 29</p> <p>1 A Yes, I have.</p> <p>2 Q Okay. And where did you reside?</p> <p>3 A California.</p> <p>4 Q Okay. Anywhere else?</p> <p>5 A No.</p> <p>6 Q Any idea why counsel was trying to schedule your</p> <p>7 deposition to be taken in Dubai?</p> <p>8 MR. BURTON: And just don't disclose anything</p> <p>9 that we talked about, but you can answer the question.</p> <p>10 THE WITNESS: There were just miscommunications.</p> <p>11 BY MS. MORALES:</p> <p>12 Q I'm sorry?</p> <p>13 A There were miscommunications between us. I had</p> <p>14 multiple false deployment dates. And I did not make that</p> <p>15 clear.</p> <p>16 Q And when you resided in California when was</p> <p>17 that, from 2016 to the present?</p> <p>18 A July of this year. I had dual residence, so.</p> <p>19 Q Does your -- does the regulating board for</p> <p>20 paramedics require that you take a certain number of</p> <p>21 continuing education credits every year?</p> <p>22 A That is correct. Every -- every two years.</p> <p>23 Q And how many do you have to take?</p> <p>24 A Forty-eight.</p> <p>25 Q And have you always taken the required number of</p>

<p style="text-align: right;">Page 30</p> <p>1 credits?</p> <p>2 A Yes, I have.</p> <p>3 Q Okay. And where or who are those classes</p> <p>4 offered through that you have to take?</p> <p>5 A American Heart Association mostly. And also the</p> <p>6 International Board of Specialty Certifications for my</p> <p>7 flight paramedic certification.</p> <p>8 Q This Chris Geller that you identified earlier,</p> <p>9 did you have any knowledge one way or another if he still</p> <p>10 works for Reach Air?</p> <p>11 A I do not.</p> <p>12 Q Do you know what his position was at Reach Air</p> <p>13 at the time that you worked there?</p> <p>14 A I -- He was an administrator. I don't know the</p> <p>15 exact title.</p> <p>16 Q What was your understanding as far as how he was</p> <p>17 to oversee you or supervise you?</p> <p>18 A He was -- I believe more of a -- like a regional</p> <p>19 manager. He had several bases under his command. He was</p> <p>20 up in the food chain.</p> <p>21 Q If you had any questions, concerns or issues as</p> <p>22 an intern for Reach Air, who would you address those with?</p> <p>23 A It depends on what the situation was.</p> <p>24 Q Okay. Did you ever have any while you were</p> <p>25 interning?</p>	<p style="text-align: right;">Page 31</p> <p>1 A No.</p> <p>2 Q How many times -- how many times prior to the</p> <p>3 date that you provided medical treatment to Mr. Schwartz</p> <p>4 had you been to -- is it Northeastern, North?</p> <p>5 MS. RIES-BUNTAIN: It's so funny. I</p> <p>6 double-checked it, it's Northeastern.</p> <p>7 THE WITNESS: Yeah.</p> <p>8 MS. RIES-BUNTAIN: It's obvious that I'm not from</p> <p>9 here. yeah.</p> <p>10 BY MS. MORALES:</p> <p>11 Q So Northeastern Hospital. Had you been to</p> <p>12 Northeastern Hospital before the day that you provided</p> <p>13 medical care to Mr. Schwartz?</p> <p>14 A Multiple times.</p> <p>15 Q Okay. And was that with Reach Air that you had</p> <p>16 been there?</p> <p>17 A That is correct.</p> <p>18 Q And when you say multiple times this is where</p> <p>19 that estimate comes into play. Can you give us an</p> <p>20 estimate?</p> <p>21 A Probably, like, two times a shift, every shift,</p> <p>22 on the average.</p> <p>23 Q Had you worked with Dr. Garvey prior to the day</p> <p>24 that you provided medical care to Mr. Schwartz?</p> <p>25 A I have.</p>
<p style="text-align: right;">Page 32</p> <p>1 Q Approximately how many occasions?</p> <p>2 A Two to three.</p> <p>3 Q And had you been introduced to him previously</p> <p>4 before that date that you rendered medical care to Mr.</p> <p>5 Schwartz as -- as working for Reach Air as a director?</p> <p>6 A That is correct.</p> <p>7 Q Did Dr. Garvey provide any of the training that</p> <p>8 you received in Santa Rosa?</p> <p>9 A He did not.</p> <p>10 Q How did you first come to meet Dr. Garvey?</p> <p>11 A It was during a -- our CTAK training, I believe</p> <p>12 they called it, it's coordinated training we had to do, and</p> <p>13 he was involved in that.</p> <p>14 Q And where was that training held?</p> <p>15 A It was in Reno, Nevada.</p> <p>16 Q And what's it called, C?</p> <p>17 A It's -- I'm not doing it justice. It's -- it's</p> <p>18 an acronym for the training that they do. It's very</p> <p>19 intensive, actually, and they do it every -- I believe</p> <p>20 every four months.</p> <p>21 Q Okay.</p> <p>22 A The entire Reach program.</p> <p>23 MS. RIES-BUNTAIN: I'm sorry, I must have</p> <p>24 misheard you. Did you say CPAP?</p> <p>25 THE WITNESS: CTAK. It's CTAK, I believe.</p>	<p style="text-align: right;">Page 33</p> <p>1 MS. RIES-BUNTAIN: CTAK. It's an acronym of some</p> <p>2 type.</p> <p>3 THE WITNESS: Right. And that's wrong I'm gonna</p> <p>4 tell you right now.</p> <p>5 MS. RIES-BUNTAIN: All right.</p> <p>6 BY MS. MORALES:</p> <p>7 Q Okay. And what do you recall, Dr. Garvey, did</p> <p>8 he teach the entire course?</p> <p>9 A He did not.</p> <p>10 Q Okay. And what do you recall his participation</p> <p>11 being in that course?</p> <p>12 A He and another representative from Reach, I</p> <p>13 believe she's a registered nurse, were giving us scenarios.</p> <p>14 They're very interactive and.</p> <p>15 Q And do you -- did you have an understanding of</p> <p>16 what his position was at Reach Air?</p> <p>17 A Yes.</p> <p>18 Q And what was your understanding?</p> <p>19 A He was a medical director.</p> <p>20 Q And how long did that CTAK or whatever it's</p> <p>21 called training last in Reno?</p> <p>22 A Approximately eight hours. A full day.</p> <p>23 Q And do you know approximately when that training</p> <p>24 occurred in relation so this incident happened in June of</p> <p>25 2016?</p>

<p style="text-align: right;">Page 34</p> <p>1 A Approximately a month before the incident.</p> <p>2 Q Had you already been going out with the flight</p> <p>3 crew at the time that you took this training or did you</p> <p>4 take the training before you went out?</p> <p>5 A No, I was already with the flight crew.</p> <p>6 Q And prior to rendering medical care to Mr.</p> <p>7 Schwartz you -- how many times had you worked with Dr.</p> <p>8 Garvey in the emergency room?</p> <p>9 A Approximately two to three times.</p> <p>10 Q Two to three times?</p> <p>11 A Oh, right.</p> <p>12 Q And were those for transports?</p> <p>13 A They were.</p> <p>14 Q Flight transports?</p> <p>15 A Yes.</p> <p>16 Q Did you ever have to intubate any of those</p> <p>17 patients?</p> <p>18 A I did not.</p> <p>19 Q Had you ever performed an intubation for Reach</p> <p>20 Air prior to Mr. Schwartz?</p> <p>21 A I did not.</p> <p>22 MS. MORALES: Can we take a quick break?</p> <p>23 MR. BURTON: You bet.</p> <p>24 VIDEOGRAPHER: We are going off the video record.</p> <p>25 The time is approximately 10:05 a.m.</p>	<p style="text-align: right;">Page 35</p> <p>1 (Short break.)</p> <p>2 VIDEOGRAPHER: We are going back on the video</p> <p>3 record. The time is approximately 10:18 a.m.</p> <p>4 BY MS. MORALES:</p> <p>5 Q How many intubations have you performed in your</p> <p>6 career as a paramedic?</p> <p>7 A Approximately 1,500.</p> <p>8 Q And that's a specific number. How'd you come up</p> <p>9 with that?</p> <p>10 A I used to keep a record.</p> <p>11 Q I'm sorry?</p> <p>12 A Used to keep a record.</p> <p>13 Q Do you still have that record?</p> <p>14 A I do not.</p> <p>15 Q And what was the purpose of keeping the record?</p> <p>16 A Just have a record how many intubations I've</p> <p>17 done.</p> <p>18 Q And when did you stop keeping record?</p> <p>19 A Fifteen years ago.</p> <p>20 Q Have you ever performed a cric procedure before?</p> <p>21 A I have.</p> <p>22 Q How many?</p> <p>23 A Five.</p> <p>24 Q How many had you performed before Mr. Schwartz?</p> <p>25 A Four.</p>
<p style="text-align: right;">Page 36</p> <p>1 Q And as a -- does your license as an EMT allow</p> <p>2 you to do cric procedures?</p> <p>3 A In the state of Nevada.</p> <p>4 Q What about in California?</p> <p>5 A No.</p> <p>6 Q When prior to -- strike that. Did you perform</p> <p>7 the cric procedures while a crew member for Reach Air,</p> <p>8 prior to Mr. Schwartz's other four?</p> <p>9 A No.</p> <p>10 Q Where did you perform those?</p> <p>11 A In California.</p> <p>12 Q And how did you perform those if your licensure</p> <p>13 didn't allow you to do it?</p> <p>14 A It was actually assisting of the surgical cric</p> <p>15 with the flight nurse.</p> <p>16 Q So you didn't actually do one yourself.</p> <p>17 A No.</p> <p>18 Q So prior to Mr. Schwartz you'd never yourself</p> <p>19 performed a cric procedure. Correct?</p> <p>20 A Not on a human being.</p> <p>21 Q What's your understanding as an EMT as to when a</p> <p>22 cric procedure should be performed?</p> <p>23 A When you're in a crash airway situation you can</p> <p>24 not orally intubate the patient.</p> <p>25 Q And can you explain to us a little bit more what</p>	<p style="text-align: right;">Page 37</p> <p>1 -- how do you define a crash airway situation?</p> <p>2 A When you have a patient that's not able to</p> <p>3 ventilate, you're not able to ventilate through the BLS</p> <p>4 measures or through direct oral and tracheal intubation.</p> <p>5 Q How many attempts should be made before you --</p> <p>6 before you do the cric procedure, how many failed</p> <p>7 intubations?</p> <p>8 MR. BURTON: Object as to form.</p> <p>9 THE WITNESS: On the average, three.</p> <p>10 BY MS. MORALES:</p> <p>11 Q And in Nevada as an EMT are you allowed to make</p> <p>12 the call whether or not to start a cric procedure or does</p> <p>13 that have to be ordered by a doctor, supervising physician?</p> <p>14 A It depends on the environment that you're in.</p> <p>15 Q Can you explain that to us?</p> <p>16 A If we're in the field, me and the flight nurse,</p> <p>17 we can make that decision on our own.</p> <p>18 Q And in a situation such as Mr. Schwartz's, who</p> <p>19 makes that decision?</p> <p>20 A A medical doctor.</p> <p>21 Q As an EMT you can certainly make that</p> <p>22 recommendation. Correct?</p> <p>23 A That is correct.</p> <p>24 MR. BURTON: Object to form. Sorry.</p> <p>25 BY MS. MORALES:</p>

<p style="text-align: right;">Page 38</p> <p>1 Q Sorry?</p> <p>2 A That is correct.</p> <p>3 Q Do you consider a patient who has just had a</p> <p>4 steak dinner just prior to presenting to a hospital a</p> <p>5 high-risk intubation?</p> <p>6 MR. GARVEY: Object to form.</p> <p>7 MR. BURTON: Join.</p> <p>8 MR. WEAVER: Jen, so are you okay with one</p> <p>9 objection?</p> <p>10 MS. MORALES: Yeah, yeah, that's fine.</p> <p>11 THE WITNESS: Any patient requires intubation is</p> <p>12 a risk.</p> <p>13 BY MS. MORALES:</p> <p>14 Q Okay. Do you consider a patient who has just</p> <p>15 eaten a dinner a higher risk?</p> <p>16 MR. WEAVER: Object as to form.</p> <p>17 MR. BURTON: Join.</p> <p>18 THE WITNESS: Yes.</p> <p>19 BY MS. MORALES:</p> <p>20 Q Were you made aware at the time that you</p> <p>21 presented to the hospital that Mr. Schwartz had just had a</p> <p>22 meal prior to presentation to the hospital?</p> <p>23 MR. WEAVER: Form.</p> <p>24 MR. BURTON: Join.</p> <p>25 THE WITNESS: Yes.</p>	<p style="text-align: right;">Page 39</p> <p>1 BY MS. MORALES:</p> <p>2 Q And you agree that it's important to know</p> <p>3 whether the patient is a higher risk before intubating.</p> <p>4 Correct?</p> <p>5 MR. BURTON: Object as to form.</p> <p>6 THE WITNESS: That is correct.</p> <p>7 BY MS. MORALES:</p> <p>8 Q And you agree that -- strike that. You agree</p> <p>9 that Dr. Garvey as a medical director of Reach Air and an</p> <p>10 emergency room physician has more experience and -- or is</p> <p>11 more qualified than you to perform intubations. Correct?</p> <p>12 MR. WEAVER: Object as to form.</p> <p>13 MR. BURTON: Join.</p> <p>14 MS. HUETH: Join.</p> <p>15 THE WITNESS: I don't know about his experience.</p> <p>16 BY MS. MORALES:</p> <p>17 Q Generally you would agree that a director in a</p> <p>18 position for Reach Air as well as AN emergency room doctor</p> <p>19 with 30-plus years' experience is gonna have more</p> <p>20 experience than you in performing intubation. Correct?</p> <p>21 MR. WEAVER: Object as to form.</p> <p>22 MR. BURTON: Join.</p> <p>23 THE WITNESS: No.</p> <p>24 BY MS. MORALES:</p> <p>25 Q Why not?</p>
<p style="text-align: right;">Page 40</p> <p>1 MR. BURTON: Make sure your give us a chance to</p> <p>2 -- to chime in.</p> <p>3 THE WITNESS: Because I don't know how many</p> <p>4 intubations they have. We usually have a lot more</p> <p>5 intubations in the field.</p> <p>6 BY MS. MORALES:</p> <p>7 Q And you had an understanding that Dr. Garvey</p> <p>8 actually taught for Reach Air, correct, intubations?</p> <p>9 MR. BURTON: Objection. It mischaracterizes the</p> <p>10 testimony. Go ahead and answer.</p> <p>11 THE WITNESS: Yes.</p> <p>12 BY MS. MORALES:</p> <p>13 Q Have you ever witnessed Dr. Garvey perform an</p> <p>14 intubation prior to his assistance with Mr. Schwartz?</p> <p>15 A I have not.</p> <p>16 Q To your knowledge have you ever performed an</p> <p>17 intubation on a patient who had a full meal prior to</p> <p>18 intubating?</p> <p>19 A Yes.</p> <p>20 Q Have you ever had a patient die during your</p> <p>21 attempt to intubate?</p> <p>22 MR. BURTON: Object as to form.</p> <p>23 THE WITNESS: Never.</p> <p>24 BY MS. MORALES:</p> <p>25 Q Have you ever witnessed anyone else -- well,</p>	<p style="text-align: right;">Page 41</p> <p>1 strike that.</p> <p>2 Have you ever witnessed any -- the other EMT that</p> <p>3 you worked with have a patient die trying to intubate?</p> <p>4 MR. BURTON: Object as to form.</p> <p>5 THE WITNESS: No.</p> <p>6 BY MS. MORALES:</p> <p>7 Q How many intubations had you performed for Reach</p> <p>8 Air while a patient was in the hospital versus in route to</p> <p>9 a hospital?</p> <p>10 A None.</p> <p>11 Q Had you ever in any of your positions as an EMT</p> <p>12 intubated a patient in a hospital setting versus being in</p> <p>13 route to a hospital?</p> <p>14 A Yes.</p> <p>15 Q On how many occasions?</p> <p>16 A I can't even approximate.</p> <p>17 Q You can't give an estimate for that?</p> <p>18 A No.</p> <p>19 Q When is prior to Mr. Schwartz do you recall the</p> <p>20 last time that you had intubated a patient in a hospital</p> <p>21 setting?</p> <p>22 A In 2009, 2010.</p> <p>23 Q And was that in California?</p> <p>24 A Yes, it was.</p> <p>25 Q And was that in an emergency room?</p>

<p style="text-align: right;">Page 42</p> <p>1 A Yes, it was.</p> <p>2 Q Would you estimate that you've intubated a</p> <p>3 patient in an emergency room setting more or less than 50</p> <p>4 times?</p> <p>5 A I would say more.</p> <p>6 Q Is there a reason the last time that you had</p> <p>7 done it in California was approximately six years before</p> <p>8 Mr. Schwartz's intubation, attempted intubation?</p> <p>9 A In 2009, 2010, yes.</p> <p>10 Q Is there a reason that you hadn't done it for</p> <p>11 that six-year period of time?</p> <p>12 A Are you talking about in-house intubation or</p> <p>13 intubation?</p> <p>14 Q In-house. I'm talking about in an emergency</p> <p>15 room setting.</p> <p>16 A Yeah, it was approximately -- was there a reason</p> <p>17 for it?</p> <p>18 Q Yeah.</p> <p>19 A Yes, because most of the intubations we do are</p> <p>20 in the field.</p> <p>21 Q Can you estimate for me appro -- by percentages,</p> <p>22 like 95 intubations that you do in the field, more or less?</p> <p>23 Is it more or less than 95 percent?</p> <p>24 MR. BURTON: Object to form.</p> <p>25 THE WITNESS: I'd say more.</p>	<p style="text-align: right;">Page 43</p> <p>1 MR. BURTON: Sorry.</p> <p>2 BY MS. MORALES:</p> <p>3 Q How about 99 percent?</p> <p>4 MR. BURTON: Object to form.</p> <p>5 THE WITNESS: I can't guess on a percentage to</p> <p>6 that exact degree.</p> <p>7 BY MS. MORALES:</p> <p>8 Q And what company did you work for when you're</p> <p>9 performing intubations in the emergency room setting?</p> <p>10 A American Medical Response.</p> <p>11 Q And to your knowledge, do they have any policies</p> <p>12 or procedures one way or the other whether or not that's</p> <p>13 allowed?</p> <p>14 A That I'm not aware of.</p> <p>15 Q So you're not aware if they have policies or</p> <p>16 procedures whether you should be doing that but you</p> <p>17 actually had; is that correct?</p> <p>18 MR. BURTON: Object to form.</p> <p>19 THE WITNESS: That is correct.</p> <p>20 BY MS. MORALES:</p> <p>21 Q Would you estimate that you've intubated a</p> <p>22 patient in an ER setting for ARM more or less than ten</p> <p>23 times?</p> <p>24 A Less.</p> <p>25 Q How about five times?</p>
<p style="text-align: right;">Page 44</p> <p>1 A Less.</p> <p>2 Q How about three times?</p> <p>3 A Less.</p> <p>4 Q One?</p> <p>5 A One.</p> <p>6 Q And when was that prior? Was that back in 2006</p> <p>7 or 2 -- I'm sorry, 2000 -- 2009 time period?</p> <p>8 A Correct.</p> <p>9 Q And what were the circumstances of that case and</p> <p>10 the reason why you intubated a patient in the ER?</p> <p>11 A I was there to transport another patient and I</p> <p>12 came in and the crew had a pediatric patient that was a</p> <p>13 drowning, and the ER doc and the respiratory therapist</p> <p>14 could not intubate the patient, and the ER doctor asked me</p> <p>15 if I would do the intubation.</p> <p>16 Q So in that situation there was already failed</p> <p>17 attempts by the ER doc and the nurse, correct?</p> <p>18 A They were a respiratory therapist, correct.</p> <p>19 Q A respiratory therapist, yeah. And were you</p> <p>20 able to successfully intubate that patient?</p> <p>21 A Yes, I was.</p> <p>22 Q During your training at Reach Air did they train</p> <p>23 you that you're only to intubate patients in route?</p> <p>24 A No, they did not.</p> <p>25 Q Did they have any specifics of whether or not</p>	<p style="text-align: right;">Page 45</p> <p>1 you should be intubating a patient in an emergency room</p> <p>2 setting?</p> <p>3 MR. BURTON: Objection to form.</p> <p>4 THE WITNESS: The criteria for intubation is the</p> <p>5 whether a patient -- regardless of where they are is</p> <p>6 whether the patient needs that at that time.</p> <p>7 BY MS. MORALES:</p> <p>8 Q I'm sorry?</p> <p>9 A Whether they need the intubation at the time, or</p> <p>10 to secure an airway before transport.</p> <p>11 Q Have you ever had any discussions regarding your</p> <p>12 experience, training, or education with Dr. Garvey prior to</p> <p>13 attempting to intubate Mr. Schwartz?</p> <p>14 A I did not.</p> <p>15 Q So to your knowledge he had no idea what your</p> <p>16 training or experience was, correct?</p> <p>17 MR. WEAVER: Object as to form.</p> <p>18 MR. BURTON: Join.</p> <p>19 THE WITNESS: I -- no.</p> <p>20 BY MS. MORALES:</p> <p>21 Q Did anyone from Reach Air ask you why you were</p> <p>22 the one to attempt to intubate Mr. Schwartz instead of Dr.</p> <p>23 Garvey?</p> <p>24 MR. BURTON: So I'm going to object to the extent</p> <p>25 any of that was with in-house counsel or any lawyers on</p>

<p style="text-align: right;">Page 46</p> <p>1 behalf of Reach, don't answer that, but if it's anyone 2 who's not a lawyer, you can go ahead answer. 3 THE WITNESS: Answer the question? 4 MR. BURTON: Just as long as it doesn't disclose 5 any discussions that you may have -- 6 THE WITNESS: Oh, okay. 7 MR. BURTON: -- had with lawyers. Sorry. 8 THE WITNESS: And I'm sorry, could you just 9 retell me the question again? 10 MS. MORALES: Can you repeat that? 11 REPORTER: Yes. 12 (Question read.) 13 MR. BURTON: And so my objection is if anyone -- 14 if you had that discussion with anyone who's an attorney, 15 including anybody in this room, don't disclose that, but if 16 it was anybody else, you're free to answer. 17 THE WITNESS: No. 18 BY MS. MORALES: 19 Q Let me show you the records here from Reach Air. 20 Does everyone have a copy? 21 MR. BURTON: I think I'd like an exhibit just to 22 make sure we're talking about the same thing, if you have 23 enough. 24 MS. MORALES: Yeah, I had some made, but I'll go 25 ahead we'll mark this as the first exhibit. I have a</p>	<p style="text-align: right;">Page 47</p> <p>1 couple copies. 2 MS. RIES-BUNTAIN: I'll take one if you have 3 extra. 4 MS. MORALES: Keith, do you have one? 5 MR. WEAVER: I'm good, thanks. 6 REPORTER: Exhibit 1. 7 (Exhibit 1 is marked.) 8 MS. MORALES: I have a couple of copies. 9 BY MS. MORALES: 10 Q Okay. So if you can go to, if you look, it's 11 kind of small, but in the right-hand corner Schwartz 12 000187. 13 MR. WEAVER: So Jen, in that case do you have an 14 extra copy? Just because mine are different Bates-stamped 15 numbers. If not, it's okay, I'll find it. 16 MS. MORALES: We can -- 17 MR. WEAVER: It's okay, go ahead. I'll find it. 18 MS. MORALES: Are you sure? 19 MR. WEAVER: Yeah. 20 MS. RIES-BUNTAIN: I'll show you. 21 MR. BURTON: It's that. Oh, yeah, I bet you have 22 it in front of you. 23 MR. WEAVER: Got it. Thank you. 24 BY MS. MORALES: 25 Q Okay. Thank you. Okay. According to -- so if</p>
<p style="text-align: right;">Page 48</p> <p>1 -- are you with me on page 187? 2 A Yes, I am. 3 Q And if you look in the left-hand side here it 4 identifies -- sorry, my eyes are starting to go now for 5 reading close-up. So the response mode, no lights and 6 sirens; is that correct? 7 A Yes. 8 Q Okay. And just so the jury is clear, does that 9 mean as you were heading over to the hospital to provide 10 transport to Mr. Schwartz that the lights and sirens were 11 not on the ambulance. Correct? 12 A We did not go over in an ambulance. 13 Q Okay. How are you -- how do you transport over 14 to the hospital? 15 A We have a van, and the pilot drives us over. 16 Q Okay. And does the van have lights or sirens? 17 A It does not. 18 Q Okay. So I guess that's always filled out no 19 lights and sirens; is that correct? 20 A That is correct, yeah. 21 Q Okay. All right. It says here that if you look 22 on the response times, you were notified at 23:36; is that 23 correct? 24 A No, we were not notified at 23:36. 25 Q Okay. Can you tell me what that means then?</p>	<p style="text-align: right;">Page 49</p> <p>1 A That's when dispatch was notified. 2 Q Okay. Dispatch was notified. 3 A Yeah. 4 Q Okay. So the unit, are -- is your team the 5 unit? 6 A That is correct. 7 Q Okay. So the unit was dispatched at 23:41. 8 Correct? 9 A That is correct. 10 Q And you arrive at -- on scene -- and I assume on 11 scene means at the hospital; is that right? 12 A That is correct. 13 Q So you arrive on scene at 23:55. True? 14 A True. 15 Q Okay. And at the patient's bedside at 23:57. 16 Correct? 17 A Correct. 18 Q Okay. Now, if you turn to the next page. And 19 before we get here can you tell me what you do before 20 presenting to the patient's bedside? Do you get any 21 information before you actually go to the patient's 22 bedside? 23 A We get that information via dispatch. 24 Q Okay. And do you recall in this case what 25 information you were provided?</p>

<p style="text-align: right;">Page 50</p> <p>1 A That we're going to be transporting a gentleman</p> <p>2 that had been -- it was an auto/ped and had a small flail</p> <p>3 segment and a small pneumothorax.</p> <p>4 Q And so when it says "The Reach team arrives at</p> <p>5 23:57 to find Dr. Garvey speaking with the receiving</p> <p>6 physician on the phone", were you part of that team that</p> <p>7 arrived when he was on the phone?</p> <p>8 A I was part of that team.</p> <p>9 Q Okay. And do you recall and do you have a</p> <p>10 recollection of Dr. Garvey being on the phone?</p> <p>11 A Yes, from a distance.</p> <p>12 Q Were you able to overhear anything that he was</p> <p>13 saying on the phone?</p> <p>14 A Not me.</p> <p>15 Q The next line there says that "Dr. Garvey</p> <p>16 reports Mr. Schwartz has an approximately ten percent</p> <p>17 pneumothorax on the right side of his chest with a flail</p> <p>18 segment but is tolerating it well at this time."</p> <p>19 Did Dr. Garvey report that to you and your crew</p> <p>20 at the time of presentation?</p> <p>21 A Not to me.</p> <p>22 Q Okay. Did you overhear him talking to Mr.</p> <p>23 Lyons?</p> <p>24 A I did not.</p> <p>25 Q And at the time that you presented to Mr.</p>	<p style="text-align: right;">Page 51</p> <p>1 Schwartz' room was his family still in the room?</p> <p>2 A Yes, they were.</p> <p>3 Q And did you have any discussions with any of the</p> <p>4 family in the room?</p> <p>5 A I did not.</p> <p>6 Q And were you present when Dr. Garvey had any</p> <p>7 discussions with Diane for -- Diane is Ms. Schwartz, for</p> <p>8 the need to insert a chest tube?</p> <p>9 A Yes, I was.</p> <p>10 Q And what do you recall of that discussion?</p> <p>11 A That he was gonna be putting in a chest tube</p> <p>12 because of a collapsed lung, and also be putting in an</p> <p>13 airway.</p> <p>14 Q And who -- where did this discussion take place?</p> <p>15 A In the emerg -- in the room where he was, the</p> <p>16 trauma room.</p> <p>17 Q And who was in the room at the time that this</p> <p>18 discussion took place?</p> <p>19 A Myself, Dr. Garvey, Ron Lyons, Mrs. Schwartz,</p> <p>20 obviously Mr. Schwartz, and another gentleman there that I</p> <p>21 assume was a family friend.</p> <p>22 Q And when Mr. -- what Dr. Garvey actually said is</p> <p>23 that he might need to intubate the patient; isn't that</p> <p>24 correct?</p> <p>25 MS. MORALES: Form.</p>
<p style="text-align: right;">Page 52</p> <p>1 MR. BURTON: Join.</p> <p>2 THE WITNESS: No, he did not.</p> <p>3 BY MS. MORALES:</p> <p>4 Q What did you hear him tell Ms. Schwartz?</p> <p>5 A That he needed to be intubated because he needed</p> <p>6 to protect the airway for the flight.</p> <p>7 Q And did he discuss with Ms. Schwartz any</p> <p>8 potential risks or complications associated with intubating</p> <p>9 Mr. Schwartz?</p> <p>10 A Yes.</p> <p>11 Q What did he explain?</p> <p>12 A Explained that it was very common procedure, and</p> <p>13 for all intents and purposes a safe one but that there were</p> <p>14 possibilities of issues with the intubation and anesthesia.</p> <p>15 Q And did he give her any alternative treatment</p> <p>16 options besides intubation?</p> <p>17 A I don't recall that.</p> <p>18 Q Did he explain that there was a higher risk to</p> <p>19 intubate this patient because he had just eaten prior to</p> <p>20 presentation to the hospital?</p> <p>21 A No.</p> <p>22 Q Do you recall Diane, anything that Diane said to</p> <p>23 Dr. Garvey after this discussion?</p> <p>24 A No.</p> <p>25 Q And I'm sorry, I'm gonna skip around a little</p>	<p style="text-align: right;">Page 53</p> <p>1 bit. In preparation for your deposition today did you --</p> <p>2 what did you review?</p> <p>3 A I reviewed this chart and Dr. Garvey's</p> <p>4 deposition.</p> <p>5 Q And when you say "this chart", just a Reach Air</p> <p>6 chart?</p> <p>7 A That is correct, this chart that's in front of</p> <p>8 us.</p> <p>9 Q Did you review any medical records from</p> <p>10 Northeastern hospital?</p> <p>11 MS. RIES-BUNTAIN: You know, do you refer to it</p> <p>12 as NNRH? I feel like some people do.</p> <p>13 THE WITNESS: Yes, NNRH.</p> <p>14 MS. RIES-BUNTAIN: That might be easier for</p> <p>15 everybody, right?</p> <p>16 THE WITNESS: I did not.</p> <p>17 BY MS. MORALES:</p> <p>18 Q At Reach Air, do you. Does Reach Air have any</p> <p>19 type of consent forms that are normally signed for</p> <p>20 intubation?</p> <p>21 MR. BURTON: Object as to form.</p> <p>22 THE WITNESS: Not that I can recall.</p> <p>23 BY MS. MORALES:</p> <p>24 Q Did you personally try to get informed consent</p> <p>25 from Ms. Schwartz to perform the intubation on her husband?</p>

<p style="text-align: right;">Page 54</p> <p>1 MR. BURTON: Object as to form.</p> <p>2 THE WITNESS: I did not.</p> <p>3 BY MS. MORALES:</p> <p>4 Q The Reach Air medical record describes that the</p> <p>5 team included a respiratory therapist, six ER nurses, a</p> <p>6 paramedic, and attendants. Do you recall who was in the</p> <p>7 room that day with you?</p> <p>8 A B name?</p> <p>9 Q Yeah. Who can you recall by name?</p> <p>10 A The transporting team, Silvia, EMT, I believe,</p> <p>11 and Paul is the transporting paramedic.</p> <p>12 Q And did they both work for Reach Air?</p> <p>13 A They do not. Or did not at the time.</p> <p>14 Q Do you associate or socialize with either of</p> <p>15 these individuals outside of the work area?</p> <p>16 A I do not.</p> <p>17 Q Do you have any knowledge one way or the other</p> <p>18 if these two individuals are still working as an EMT and</p> <p>19 paramedic?</p> <p>20 A I do not.</p> <p>21 Q So Silvia and Paula and Mr. Lyons; is that</p> <p>22 correct?</p> <p>23 A That's correct. It is Paul, not Paula.</p> <p>24 Q Oh, okay. And was Mr. Lyons in the room as</p> <p>25 well?</p>	<p style="text-align: right;">Page 55</p> <p>1 A Yes, he was.</p> <p>2 Q Did you have any discussions with Mr. Schwartz</p> <p>3 before you attempted to intubate him?</p> <p>4 A Yes.</p> <p>5 Q And what do you recall discussing with Mr.</p> <p>6 Schwartz?</p> <p>7 A I talked to him briefly, I introduced myself.</p> <p>8 He told me his name. And I told him I was gonna do a quick</p> <p>9 assessment and put him on our monitor, which I did.</p> <p>10 Q And when you introduce yourself what do you say?</p> <p>11 A I said "Hello my name's Barry, I'm a fleet</p> <p>12 paramedic with Reach Air."</p> <p>13 Q And what kind of assessment do you do?</p> <p>14 A I do a -- in his particular case listen to his</p> <p>15 breath sounds, was observing his level of consciousness</p> <p>16 just by talking to him.</p> <p>17 Q And what do you recall -- well, strike that.</p> <p>18 Do you document your assessment any way, anywhere</p> <p>19 in the record?</p> <p>20 A It's in the flow chart with the vital signs.</p> <p>21 Q What do you recall about his assessment that you</p> <p>22 did?</p> <p>23 A He was on a nonrebreather, I remember his</p> <p>24 saturations were in the 96, 97th percentage, his blood</p> <p>25 pressure and his pulse were stable, as was his level of</p>
<p style="text-align: right;">Page 56</p> <p>1 consciousness. It's normal.</p> <p>2 Q So his blood pressure was -- his blood pressure,</p> <p>3 pulse, and what about respiratory rate, that was normal</p> <p>4 too, correct?</p> <p>5 A It was slightly elevated.</p> <p>6 Q What's a normal respiratory rate?</p> <p>7 A Sixteen to twenty for an adult.</p> <p>8 Q And what do you recall his being?</p> <p>9 A I don't recall.</p> <p>10 Q And he was able to talk to you. Correct?</p> <p>11 A He was.</p> <p>12 Q Anything else about the discussion that -- with</p> <p>13 Mr. Schwartz that we haven't discussed already?</p> <p>14 A Not that I can recall.</p> <p>15 Q And so at the time that you got to the room he</p> <p>16 had what type of mask on?</p> <p>17 A I believe it was a nonrebreather. It has a full</p> <p>18 bag.</p> <p>19 Q And is that the mask that you put on to</p> <p>20 preoxygenate the patient?</p> <p>21 A That is correct.</p> <p>22 Q And was a mask, to your knowledge, was a mask</p> <p>23 put on in preparation to preoxygenate the patient?</p> <p>24 A Yes, it was.</p> <p>25 Q And can you explain to us and -- and the jury</p>	<p style="text-align: right;">Page 57</p> <p>1 what it means to preoxygenate a patient?</p> <p>2 A It's to supersaturate a patient before rapid</p> <p>3 sequence induction intubation.</p> <p>4 Q And to your knowledge, and education and</p> <p>5 experience as an EMT, what's the purpose of preoxygenation</p> <p>6 of a patient prior to rapid induction?</p> <p>7 A There's gonna be a time when the patient is not</p> <p>8 breathing, and the cells need to be supersaturated.</p> <p>9 Q And what's your understanding of how long the</p> <p>10 patient should be preoxygenated before performing an</p> <p>11 intubation?</p> <p>12 MR. BURTON: Object to form.</p> <p>13 THE WITNESS: Approximately five, eight minutes.</p> <p>14 BY MS. MORALES:</p> <p>15 Q Now, is there a setting that -- of the amount of</p> <p>16 oxygen that should be given?</p> <p>17 A Yes.</p> <p>18 Q And what is that?</p> <p>19 A On a nonrebreather, anything above eight liters,</p> <p>20 permanent.</p> <p>21 Q And so here in this record that I'm going back</p> <p>22 to this 1888, at the time that you arrived to the hospital</p> <p>23 it's fair to say that Mr. Schwartz was tolerating the</p> <p>24 pneumothorax and flail segment. Correct?</p> <p>25 MR. WEAVER: Object as to form.</p>

<p style="text-align: right;">Page 58</p> <p>1 MR. BURTON: Join.</p> <p>2 THE WITNESS: Tolerating. Why don't you rephrase</p> <p>3 that. What do you mean by tolerating?</p> <p>4 BY MS. MORALES:</p> <p>5 Q I'm getting it straight from the record from</p> <p>6 Reach Air. So he was stable at the time that he got to the</p> <p>7 hospital. Correct?</p> <p>8 MR. WEAVER: Object as to form.</p> <p>9 MR. BURTON: Join.</p> <p>10 MS. RIES-BUNTAIN: Join.</p> <p>11 THE WITNESS: I wouldn't say he was stable.</p> <p>12 BY MS. MORALES.</p> <p>13 Q Okay. And why wouldn't you say he was stable?</p> <p>14 A Because he is at 97 percent oxygen saturation</p> <p>15 and he's on a 15-liter nonrebreather.</p> <p>16 Q Okay.</p> <p>17 A And your average person would be at 99 percent</p> <p>18 at room air.</p> <p>19 Q And do you know what it meant when it said that</p> <p>20 he was tolerating these conditions well?</p> <p>21 A No.</p> <p>22 Q And his vital signs were normal. Correct?</p> <p>23 A His blood pressure and his pulse.</p> <p>24 Q And can you look at the record and tell me what</p> <p>25 his respirations were?</p>	<p style="text-align: right;">Page 59</p> <p>1 A I can not.</p> <p>2 Q Okay. We'll go ahead and give you more records,</p> <p>3 then maybe you can tell us.</p> <p>4 So this is -- okay. So we'll mark this as the</p> <p>5 next exhibit.</p> <p>6 So these are records -- got pen all over me.</p> <p>7 MR. BURTON: Do you have a copy that we can --</p> <p>8 MS. MORALES: Yeah. I think these are the</p> <p>9 records from the hospital.</p> <p>10 MS. HARMON: NNRH?</p> <p>11 MS. MORALES: Yeah. I'm, like, I put it on the</p> <p>12 other sheet so I wouldn't get that wrong so much. Okay.</p> <p>13 So I have one more.</p> <p>14 Keith, I'm not trying to leave you out.</p> <p>15 MR. WEAVER: No, I don't need any. Thank you.</p> <p>16 MS. RIES-BUNTAIN: Yeah, we can share --</p> <p>17 MS. MORALES: Okay.</p> <p>18 MS. RIES-BUNTAIN: -- too. I appreciate the</p> <p>19 paper. Thank you.</p> <p>20 BY MS. MORALES:</p> <p>21 Q Okay. And so you said the normal respir --</p> <p>22 respirations for an adult is between 16 and 20. Correct?</p> <p>23 A That is correct.</p> <p>24 Q And if you turn to page 34, it looks like that's</p> <p>25 an automatic reporting there of his vitals. And the timing</p>
<p style="text-align: right;">Page 60</p> <p>1 that we're looking at, you arrived at 23:57. So at 23:45</p> <p>2 his respirations were 18, correct?</p> <p>3 A That's what the chart says.</p> <p>4 Q Okay. Do you have any reason to dispute that?</p> <p>5 A No, I don't.</p> <p>6 Q Okay. And then at ten minutes after midnight</p> <p>7 his respirations are 17, correct?</p> <p>8 A That is correct.</p> <p>9 Q And then 15 minutes after midnight his</p> <p>10 respirations are 19, correct?</p> <p>11 A Yes, that is correct.</p> <p>12 Q And then 20 minutes after midnight is when his</p> <p>13 respirations go to 22, correct?</p> <p>14 A That is correct.</p> <p>15 Q Okay. And do you know if that's a time that you</p> <p>16 attempted to intubate?</p> <p>17 A I don't recall when the time was, intubation.</p> <p>18 Q And, in fact, the pulse oxy at that point had</p> <p>19 dropped to 83 percent. Right?</p> <p>20 A That's what the chart indicates, yes.</p> <p>21 Q Okay. So we'll go back and look at what time</p> <p>22 you intubated.</p> <p>23 So it's fair to say before 20 minutes after</p> <p>24 midnight his respirations were normal, correct?</p> <p>25 MR. WEAVER: Object as --</p>	<p style="text-align: right;">Page 61</p> <p>1 BY MS. MORALES:</p> <p>2 Q Within normal limits.</p> <p>3 A Per what the monitor says, that's correct.</p> <p>4 MR. BURTON: Join the objection.</p> <p>5 BY MS. MORALES:</p> <p>6 Q And do you have evidence that they were anything</p> <p>7 other than what's documented here by the monitor?</p> <p>8 A I do not.</p> <p>9 Q And those are all within normal limits, right?</p> <p>10 A That is correct.</p> <p>11 Q Okay. And so just so we're clear, then, his</p> <p>12 blood pressure was within normal limits, the respirations</p> <p>13 were within normal limits, and what was the other one that</p> <p>14 we talked about earlier? Didn't you name three? The</p> <p>15 pulse, pulse oxy.</p> <p>16 Do you recall from your, and I'm going to look</p> <p>17 for it here, but from your review of the records in</p> <p>18 preparation for your deposition what time you attempted the</p> <p>19 intubation?</p> <p>20 A I do not.</p> <p>21 MS. MORALES: Okay. And then I apologize, I need</p> <p>22 more of these, then I need to make copies because --</p> <p>23 MS. RIES-BUNTAIN: I have it.</p> <p>24 MR. WEAVER: May I have it, too?</p> <p>25 MS. MORALES: Okay. So this is Schwartz 0000060,</p>

<p style="text-align: right;">Page 62</p> <p>1 and we can mark this as the next exhibit. 2 (Exhibit 3 is marked.) 3 BY MS. MORALES: 4 Q Can you look at that record and tell me at what 5 time you attempted the intubation? 6 MS. HARMON: What did you just provide him? 7 MR. BURTON: Yeah. 8 MS. MORALES: It was -- it's a medical record, I 9 believe, from -- oh, it's from the hospital. 10 MR. BURTON: Yeah. You're not asking him to rely 11 upon what's stated in this record? 12 MS. MORALES: Well, I'm asking him to look at 13 that. He's the one that performed the intubation, or 14 attempted it. 15 THE WITNESS: Did you guys want a copy of this 16 before we -- I go forward? Want to make a copy of this? 17 MS. MORALES: Yeah, sure. Can we go off the 18 record for a moment? Sorry. 19 VIDEOGRAPHER: We are going off the video record. 20 The time is approximately 11:05 a.m. 21 (Short break.) 22 (Exhibit 2 is marked.) 23 VIDEOGRAPHER: We are going back on the video 24 record. The time is approximately 11:08 a.m. 25 BY MS. MORALES:</p>	<p style="text-align: right;">Page 63</p> <p>1 Q Okay. So now you're looking at what we marked 2 as the next exhibit, which is -- are we going numbers or 3 Letters here? Letters? 4 REPORTER: Numbers. Number 3. 5 MS. MORALES: Okay. That's fine. Number 3. 6 BY MS. MORALES: 7 Q Number 3. Have you had an opportunity to review 8 this record? 9 A Just right now. 10 Q Yeah. 11 A Yes. 12 Q Okay. And so this isn't one of the records that 13 you reviewed in preparation for your deposition? 14 A No, it was not. 15 Q Okay. And according to this record, what time 16 did you attempt to intubate the patient? 17 MR. BURTON: Object to form. 18 THE WITNESS: Zero -- 19 MR. BURTON: Go ahead. 20 THE WITNESS: 0020. 21 BY MS. MORALES: 22 Q Okay. And then going back to the 00034, Mr. 23 Schwartz' respiratory rate, that's the first time that it 24 increased was actually at the time that you tried to 25 intubate the patient. Correct?</p>
<p style="text-align: right;">Page 64</p> <p>1 A Was 0034? 2 Q I'm sorry, I'm looking at -- 3 A Yeah. Okay. 4 MR. WEAVER: I'm sorry, Jen. I missed the 5 question. 6 MS. MORALES: I can ask it again, I suppose. 7 BY MS. MORALES: 8 Q So we're looking here at 0034. The first time, 9 according to the automate -- automated recording here which 10 is identified on 00034 of Mr. Schwartz's vitals, the first 11 time the respiratory rate was increased was at 0020 which 12 is consistent with the other record that we're looking at 13 which is Exhibit 3, at the time the intubation started, 14 which is -- was attempted at 0020. Correct? 15 A That is correct. 16 Q Okay. And so when you testified earlier that 17 his respirations were -- were a little bit elevated, they 18 actually weren't elevated until you attempted to intubate. 19 Correct? 20 MR. BURTON: Object to form. 21 THE WITNESS: Per the record. 22 BY MS. MORALES: 23 Q And you don't -- you don't have any 24 documentation or anything to suggest otherwise. True? 25 A I do not.</p>	<p style="text-align: right;">Page 65</p> <p>1 Q So it's fair to say, then, before you attempted 2 intubation that his -- Mr. Schwartz's respiratory rate was 3 stable, as well as his blood pressure. Correct? 4 MR. BURTON: Object to form. 5 MS. RIES-BUNTAIN: Join. 6 THE WITNESS: Per the record. 7 BY MS. MORALES: 8 Q And the pulse. Correct? 9 MR. BURTON: Same objection. 10 THE WITNESS: That is correct, per the record. 11 BY MS. MORALES: 12 Q Okay. So in other words, he had stable vital 13 signs. 14 MR. BURTON: Object to form. 15 THE WITNESS: Per the record. 16 MS. MORALES: Yeah. 17 BY MS. MORALES: 18 Q And again, you don't have any evidence or any 19 documentation of other, other than what's in this record. 20 True? 21 A That is true. 22 Q Okay. Can you tell me what -- well, strike 23 that. 24 What equipment did you -- did you get -- did you 25 have in preparation to do this intubation?</p>

<p style="text-align: right;">Page 66</p> <p>1 A A complete airway bag with an assortment of</p> <p>2 endotracheal tubes, a C-MAC intubation system.</p> <p>3 Q Okay. And can you explain to the jury what a</p> <p>4 C-MAC is?</p> <p>5 A It is a computerized fiberoptic computer</p> <p>6 laryngoscope blade, with a screen.</p> <p>7 Q And does that -- does that machine allow for</p> <p>8 recordings?</p> <p>9 A It does.</p> <p>10 Q What about photographs?</p> <p>11 A I don't know about photographs. Still shots</p> <p>12 recordings, it does.</p> <p>13 Q And had you used a C-MAC machine prior to Mr.</p> <p>14 Schwartz' intubation?</p> <p>15 A I had.</p> <p>16 Q Okay. And is it your custom and practice to</p> <p>17 video, to press a video recording button while you're doing</p> <p>18 this, intubating?</p> <p>19 A It is -- I'm sorry, say that one more time?</p> <p>20 Q I'm sorry. Is it your custom and practice to</p> <p>21 video record while you're attempting to intubate?</p> <p>22 A It is policy.</p> <p>23 Q Okay. And when you say it's policy, is that</p> <p>24 policy of Reach Air or are you saying that's standard of</p> <p>25 care? I'm confused.</p>	<p style="text-align: right;">Page 67</p> <p>1 A It's of Reach Air.</p> <p>2 Q Of Reach Air. And do you have an understanding</p> <p>3 of what happens to that recording?</p> <p>4 A It is reviewed.</p> <p>5 Q And who is it reviewed by?</p> <p>6 A CQI staff at the Santa Rosa level.</p> <p>7 Q And what information or knowledge were you</p> <p>8 provided as far as why such recordings are reviewed?</p> <p>9 MR. BURTON: Object as to form.</p> <p>10 THE WITNESS: For training purposes.</p> <p>11 BY MS. MORALES:</p> <p>12 Q Do you also take -- is it also policy to take</p> <p>13 still photos?</p> <p>14 A Not that I recall.</p> <p>15 Q And in Mr. Schwartz's case do you recall</p> <p>16 following that policy in videoing your -- with this machine</p> <p>17 your attempt to intubate?</p> <p>18 A I do not recall that.</p> <p>19 Q Do you know if you did one way or the other?</p> <p>20 A I don't know that.</p> <p>21 Q Is there a reason that you wouldn't have</p> <p>22 followed the policy on this day to record the intubation?</p> <p>23 A No.</p> <p>24 Q And it was your custom and practice to do so,</p> <p>25 correct?</p>
<p style="text-align: right;">Page 68</p> <p>1 A It is our policy.</p> <p>2 Q Okay. I'm not asking policy. The question is</p> <p>3 what's your custom and practice, you, individually, as an</p> <p>4 EMT or paramedic?</p> <p>5 MR. BURTON: Object to form.</p> <p>6 THE WITNESS: It would be my custom and practice.</p> <p>7 BY MS. MORALES:</p> <p>8 Q Did you ever go back and review the video of Mr.</p> <p>9 Schwartz?</p> <p>10 A I don't recall doing that, no.</p> <p>11 Q Is it your custom and practice to take still</p> <p>12 photos?</p> <p>13 A It is not.</p> <p>14 Q And how -- do you have an understanding is there</p> <p>15 something that you have to do as a paramedic to download</p> <p>16 the -- the recording from the machine?</p> <p>17 A There is a process involved with that.</p> <p>18 Q Okay. Can you explain to us what that process</p> <p>19 is?</p> <p>20 A I can't.</p> <p>21 Q And why is that?</p> <p>22 A Because I never had to do it.</p> <p>23 Q Okay.</p> <p>24 A Yeah.</p> <p>25 Q What was your understanding when you worked at</p>	<p style="text-align: right;">Page 69</p> <p>1 Reach Air as far as what the process was to get the</p> <p>2 recordings off of that machine?</p> <p>3 A I don't remember.</p> <p>4 Q Was there anything that you were required to do</p> <p>5 to make sure that you preserved it?</p> <p>6 A It -- you -- it was in the middle of the tanks,</p> <p>7 so it was there just like a computer.</p> <p>8 Q Okay. And so besides the C-MAC machine you</p> <p>9 listed some other things that you would have in preparation</p> <p>10 for the intubation. What are those other -- what other</p> <p>11 equipment would you have?</p> <p>12 A We'd have multiple blades, back-up blades for</p> <p>13 intubation, multiple tubes, tube sizes, and, of course,</p> <p>14 suction standing by.</p> <p>15 Q Now, knowing that Mr. Schwartz had a meal prior</p> <p>16 to presenting to the hospital, is there any additional</p> <p>17 equipment that is needed for a higher risk intubation?</p> <p>18 A Just what we -- what we set out, suction.</p> <p>19 Q Anything else?</p> <p>20 A That is it.</p> <p>21 Q What other precautions in your education,</p> <p>22 training and experience can be made when intubating a</p> <p>23 patient who has recently had a full meal?</p> <p>24 A Tilt the head up a certain de -- a certain angle</p> <p>25 in the attempt, airway attempt.</p>

<p style="text-align: right;">Page 70</p> <p>1 Q Anything else?</p> <p>2 A That is it.</p> <p>3 Q Okay. Can you tell me from your recollection</p> <p>4 what you recall happening when you -- at 20 minutes after</p> <p>5 when you attempted to intubate Mr. Schwartz?</p> <p>6 A I'm sorry, could you kind of rephrase that?</p> <p>7 Q Yeah, let me strike that. Let me back up a</p> <p>8 little bit anyway.</p> <p>9 How did it come -- what discussions took place</p> <p>10 between you and Dr. Garvey pertaining to who was gonna</p> <p>11 intubate Mr. Schwartz?</p> <p>12 A There were no discussions.</p> <p>13 Q Okay. How were you assigned that duty?</p> <p>14 A The paramedics usually do the intubations, and</p> <p>15 flight crews. So it was a given that I was gonna do the</p> <p>16 intubation.</p> <p>17 Q Okay. Earlier you testified that that normally</p> <p>18 doesn't occur in an ER setting. So in this situation how</p> <p>19 did it come about that you were gonna be the one to</p> <p>20 intubate Mr. Schwartz?</p> <p>21 A It does in an ER setting when there's a flight</p> <p>22 crew involved, not with the ground paramedic.</p> <p>23 Q And so was there any discussion between you and</p> <p>24 Mr. Schwartz -- I mean you and Dr. Garvey regarding who was</p> <p>25 gonna do the intubation?</p>	<p style="text-align: right;">Page 71</p> <p>1 A No.</p> <p>2 Q Was there any discussion between you and your</p> <p>3 supervising preceptor, Mr. Lyons, as far as who was gonna</p> <p>4 do the intubation?</p> <p>5 A No.</p> <p>6 Q And so you don't recall any discussions. Do</p> <p>7 nurses do intubations?</p> <p>8 A They do.</p> <p>9 Q Flight crew nurses?</p> <p>10 A They do.</p> <p>11 Q And so I guess I'm trying to see how this all</p> <p>12 kind of went down. If you're in the room, there's no</p> <p>13 communications as far as who's gonna intubate?</p> <p>14 MR. BURTON: Object to form.</p> <p>15 THE WITNESS: It's -- it's a given that the</p> <p>16 paramedics are going to do the intubation.</p> <p>17 BY MS. MORALES:</p> <p>18 Q How is it a given within your own team who's</p> <p>19 gonna do it?</p> <p>20 A Because most flight nurses are not comfortable</p> <p>21 with intubations.</p> <p>22 Q Okay. And did you have -- you didn't have any</p> <p>23 discussions even prior to arrival for this patient who was</p> <p>24 gonna intubate?</p> <p>25 A I don't recall that.</p>
<p style="text-align: right;">Page 72</p> <p>1 Q Can you tell me what occurred or what you recall</p> <p>2 happening at this 20-minute-after mark when you attempted</p> <p>3 to intubate?</p> <p>4 A What happened at the 20 minutes during the</p> <p>5 intubation?</p> <p>6 Q Right.</p> <p>7 A He was paralyzed. And I attempted the</p> <p>8 intubation with a C-MAC, and it was a difficult</p> <p>9 visualization. It was very anterior.</p> <p>10 Q And when you say it was very anterior, to a lay</p> <p>11 person what does mean?</p> <p>12 A That means his airway list was farther up than</p> <p>13 the normal airway in more of an anterior upward position</p> <p>14 made it difficult to actually visualize the cords.</p> <p>15 Q And did you communicate his anatomy to Dr.</p> <p>16 Garvey?</p> <p>17 A I communicated I was having a difficult time</p> <p>18 visualizing the glottic opening.</p> <p>19 Q Okay. And did you -- who did you say that to?</p> <p>20 Was it just --</p> <p>21 A I just --</p> <p>22 Q -- out loud?</p> <p>23 A I spoke it out loud.</p> <p>24 Q Okay. And did you -- what exactly do you recall</p> <p>25 saying?</p>	<p style="text-align: right;">Page 73</p> <p>1 A I don't recall exactly what I said.</p> <p>2 Q Do you recall -- generally what would you say in</p> <p>3 a situation like that? What would be your custom and</p> <p>4 practice if you've seen that?</p> <p>5 A He's interior.</p> <p>6 Q Okay.</p> <p>7 A He's interior.</p> <p>8 Q And had you intubated a patient who are interior</p> <p>9 before?</p> <p>10 A Many.</p> <p>11 Q And have you had difficulty doing so?</p> <p>12 A There is difficulty in some.</p> <p>13 Q And it's fair to say that that makes it a higher</p> <p>14 risk intubation, correct?</p> <p>15 MR. BURTON: Object to form.</p> <p>16 THE WITNESS: It makes it more difficult.</p> <p>17 BY MS. MORALES:</p> <p>18 Q And at that point did you ask Dr. Garvey to</p> <p>19 assist you?</p> <p>20 MR. WEAVER: Object as to form.</p> <p>21 MR. BURTON: Join.</p> <p>22 THE WITNESS: I did not.</p> <p>23 BY MS. MORALES:</p> <p>24 Q Okay. And then what do you recall happening</p> <p>25 next?</p>

<p style="text-align: right;">Page 74</p> <p>1 A His saturation started to drop very quickly.</p> <p>2 And we pulled out the -- the blade.</p> <p>3 Q And approximately how long did you keep the</p> <p>4 blade in while you attempted to intubate before you pulled</p> <p>5 it out?</p> <p>6 A Ten to 20 seconds.</p> <p>7 Q Okay. And what do you recall happening after</p> <p>8 that?</p> <p>9 A We attempted to ventilate the patient.</p> <p>10 Q And how did you attempt to ventilate?</p> <p>11 A With a bag valve mask device.</p> <p>12 Q And was that ventilation successful?</p> <p>13 A It was not.</p> <p>14 Q Okay. And then what happened?</p> <p>15 A We repositioned the airway.</p> <p>16 Q What does that mean?</p> <p>17 A It means we repositioned back into a</p> <p>18 sniffing-type position, or into a good sniffing position</p> <p>19 and modified the jaw, lifting up with the fingers for a</p> <p>20 modified jaw thrust.</p> <p>21 Q And what does that help do?</p> <p>22 A It displaces the tongue out of the hypopharynx.</p> <p>23 Q And again, we're -- we're gonna try to explain</p> <p>24 this to a jury. So displacing the tongue, what is that?</p> <p>25 How does that help?</p>	<p style="text-align: right;">Page 75</p> <p>1 A It -- what happens in a heavily sedated state</p> <p>2 your tongue will fall back and will actually block the</p> <p>3 glottic opening so by pushing up on the mandible, the</p> <p>4 modified jaw thrust actually pulls it up and opens that</p> <p>5 airway.</p> <p>6 Q Okay. And did that help with the ventilation?</p> <p>7 A It did not.</p> <p>8 Q Okay. And so then did you try to intubate, try</p> <p>9 another attempt?</p> <p>10 A I did.</p> <p>11 Q Okay. And was that at -- in looking at the 60,</p> <p>12 what time did you -- at what point did you try to re -- try</p> <p>13 another attempt?</p> <p>14 A Very quickly.</p> <p>15 Q Okay. And so at what time do you believe that</p> <p>16 was at?</p> <p>17 A I couldn't speculate on that.</p> <p>18 Q And when you reviewed the medical records</p> <p>19 because I know there was some handwritten notes as -- other</p> <p>20 handwritten notes as well, did you see timing from</p> <p>21 documented by Reach Air?</p> <p>22 A On my chart?</p> <p>23 Q Yes. Correct. I thought there was handwritten.</p> <p>24 Okay. According to this document, we can compare</p> <p>25 it later to the Reach Air, I believe there was another</p>
<p style="text-align: right;">Page 76</p> <p>1 handwritten on a plain piece of paper.</p> <p>2 A ET tube placement was attempted again at 0023.</p> <p>3 Q Okay. And what happened during that attempt?</p> <p>4 So that was, like, three minutes after the first attempt</p> <p>5 and after you pushed the jaw up. Right?</p> <p>6 A That is correct.</p> <p>7 Q Okay. So three minutes later what happened?</p> <p>8 What do you recall of that attempt?</p> <p>9 A I got visualization and considered about a 25</p> <p>10 percent glottic opening visualization, and emesis started</p> <p>11 to pool into the hypopharynx.</p> <p>12 Q Okay. And what do you recall happening after</p> <p>13 that?</p> <p>14 A Um, I attempted to pass a tube, in the glottic</p> <p>15 opening.</p> <p>16 Q And what tube were you attempted to pass, what</p> <p>17 size?</p> <p>18 A The 7.5, if I recall.</p> <p>19 Q Okay. And what happened next?</p> <p>20 A I was not able to get it into the -- into the</p> <p>21 glottic opening. It slipped into the esophagus.</p> <p>22 Q Okay.</p> <p>23 A And we pulled the tube out and had to start</p> <p>24 doing very aggressive suctioning of the airway.</p> <p>25 Q And was he -- was there emesis already coming up</p>	<p style="text-align: right;">Page 77</p> <p>1 at that point?</p> <p>2 A Yes, there was.</p> <p>3 MR. WEAVER: I'm sorry, Jen, what was the</p> <p>4 beginning of the question? Was there emesis coming out of</p> <p>5 there?</p> <p>6 MS. MORALES: Coming up at that point.</p> <p>7 THE WITNESS: Yes, there was.</p> <p>8 BY MS. MORALES:</p> <p>9 Q Okay. And so who started to suction?</p> <p>10 A I don't recall whether it was a respiratory</p> <p>11 therapist or it was Ronnie.</p> <p>12 Q Okay. And what were you doing at the time that</p> <p>13 they were suctioning?</p> <p>14 A I was getting another ET tube.</p> <p>15 Q What size ET tube are you trying to get?</p> <p>16 A 7.5.</p> <p>17 Q Is that because that one was -- had been clogged</p> <p>18 with emesis?</p> <p>19 A That is correct.</p> <p>20 Q Okay. And what happened after that?</p> <p>21 A Um, once we cleared the airway of that initial</p> <p>22 wave of emesis I attempted a second time.</p> <p>23 Q And at what time -- well, this is actually the</p> <p>24 third time, right? So what time did you attempt again?</p> <p>25 A Well, it's the second ET attempt.</p>

<p style="text-align: right;">Page 78</p> <p>1 Q Okay. What time did you do that?</p> <p>2 A Well, the record says 0033, but it was -- it was</p> <p>3 very soon after the -- the first attempt.</p> <p>4 Q Okay. And what happened during that attempt?</p> <p>5 A Same, had about a 25 percent glottic opening</p> <p>6 plus the airway, and again, another wave of emesis.</p> <p>7 Q Okay. Then what happened?</p> <p>8 A I attempted to intubate the trachea.</p> <p>9 Q What -- to a lay person what does that mean?</p> <p>10 A We tried to get the tube into the glottic</p> <p>11 opening to secure the airway.</p> <p>12 Q And what happened when you tried to do that?</p> <p>13 A The tube went into the esophagus.</p> <p>14 Q Did it fill up again?</p> <p>15 A It did.</p> <p>16 Q Okay. And what happened next?</p> <p>17 A We pulled the tube and started aggressive</p> <p>18 suctioning, and I told Dr. Garvey that we were having a</p> <p>19 major problem here he needs to get involved in this airway</p> <p>20 now.</p> <p>21 Q And what was -- where was Dr. Garvey when you</p> <p>22 were trying these attempts?</p> <p>23 A He was on the right side of the patient prepping</p> <p>24 for a chest tube insertion.</p> <p>25 Q And to your knowledge had he actually inserted</p>	<p style="text-align: right;">Page 79</p> <p>1 the chest tube while you were trying to intubate?</p> <p>2 A He did not.</p> <p>3 Q So after the 033 attempt, on this sheet it says</p> <p>4 "0035 CPR in progress". Is that what you recall happening</p> <p>5 next?</p> <p>6 A No.</p> <p>7 Q Okay. And what do you recall happening?</p> <p>8 A Dr. Garvey came over and prepped for intubation.</p> <p>9 Q Okay. And then what happened after that? When</p> <p>10 did he attempt to intubate?</p> <p>11 A I don't know the exact time.</p> <p>12 Q What do you recall happening when he came over?</p> <p>13 MR. BURTON: Form. Go ahead.</p> <p>14 THE WITNESS: Oh. He got his equipment together</p> <p>15 and got the patient in position. This is after we had</p> <p>16 logrolled him over to attempt to clear the airway.</p> <p>17 BY MS. MORALES:</p> <p>18 Q What does logroll mean?</p> <p>19 A It means to completely turn the patient face</p> <p>20 down to allow for passive relief of emesis out of the</p> <p>21 airway.</p> <p>22 Q And when do you believe that you logrolled him?</p> <p>23 Was of it right before -- right around that 35 time period?</p> <p>24 A It was right before Dr. Garvey attempted his</p> <p>25 intubation.</p>
<p style="text-align: right;">Page 80</p> <p>1 Q And in any of the medical records that you</p> <p>2 reviewed in preparation for your deposition did you see the</p> <p>3 timing of when that occurred?</p> <p>4 A Of the logroll? Or the intubation attempt by</p> <p>5 Dr. Garvey?</p> <p>6 Q Well, we can start with the logroll since that</p> <p>7 happened first.</p> <p>8 A No. I see nothing in the record.</p> <p>9 MS. MORALES: Does everyone have Schwartz 0069</p> <p>10 and 70?</p> <p>11 MR. WEAVER: I just -- I know I have it, I just</p> <p>12 -- yes. Thanks.</p> <p>13 MR. BURTON: I've got it, too.</p> <p>14 MS. MORALES: We may have to get more copies of</p> <p>15 this. Sorry.</p> <p>16 MR. BURTON: We can share it.</p> <p>17 MR. WEAVER: We can share it, too, if you want</p> <p>18 to.</p> <p>19 MS. HARMON: What is it we're looking at? Who's</p> <p>20 handwritten?</p> <p>21 THE WITNESS: Do you have a copy for me?</p> <p>22 MS. MORALES: Yeah. I'll -- we'll have to go off</p> <p>23 the record again. Sorry.</p> <p>24 VIDEOGRAPHER: We are going off the video record.</p> <p>25 The time is approximately 11:39 a.m.</p>	<p style="text-align: right;">Page 81</p> <p>1 (Short break.)</p> <p>2 (Exhibit 4 is marked.)</p> <p>3 VIDEOGRAPHER: We are going back on the video</p> <p>4 record. The time is approximately 12:19 p.m.</p> <p>5 BY MS. MORALES:</p> <p>6 Q Okay. So we're back on the record. During the</p> <p>7 break we got copies of the MNHR -- RH records that Schwartz</p> <p>8 00069 and 70. And this appears to be another recording of</p> <p>9 the attempted intubation of Mr. Schwartz.</p> <p>10 Did you have an opportunity before we took a</p> <p>11 quick break for lunch to review this?</p> <p>12 A I did not.</p> <p>13 Q Okay. If you want to take a minute to review.</p> <p>14 And just let me know when you're ready.</p> <p>15 A I'm ready.</p> <p>16 Q Are you ready? Okay. After your review of this</p> <p>17 document, the 69, page 69 and 70, Exhibit 4, is there</p> <p>18 anything in this documentation that is not consistent with</p> <p>19 your recollection?</p> <p>20 A The only thing that red flags for me is this</p> <p>21 0033 unsuccessful nine point.</p> <p>22 Q Okay.</p> <p>23 A I don't know if that's referencing an ET tube?</p> <p>24 I don't know.</p> <p>25 Q Okay. So you don't know what that means?</p>

<p style="text-align: right;">Page 82</p> <p>1 A I do not know what that means.</p> <p>2 Q Okay. On this page as well as the other</p> <p>3 document that we were looking at, it identifies that CPR</p> <p>4 was begun at 0035. Is that consistent with your</p> <p>5 recollection?</p> <p>6 A I can't recall the exact time.</p> <p>7 Q Okay. Do you recall CPR being started shortly</p> <p>8 after three attempts at -- two attempts at intubating?</p> <p>9 A No.</p> <p>10 Q Was it three attempts? How many attempts at</p> <p>11 intubating before CPR was begun?</p> <p>12 A To my recollection, five.</p> <p>13 Q And how many of those attempts were by you and</p> <p>14 how many by Dr. Garvey?</p> <p>15 A Two were by me and three by Dr. Garvey.</p> <p>16 Q Okay. And which -- in looking at this record,</p> <p>17 which -- and you can look at either one that helps refresh</p> <p>18 your recollection. Which -- which timing of the attempted</p> <p>19 intubations did you do versus Dr. Garvey?</p> <p>20 MR. BURTON: Which record do you want him to look</p> <p>21 at?</p> <p>22 MS. MORALES: Whichever one helps refresh his</p> <p>23 recollection --</p> <p>24 MR. BURTON: Okay.</p> <p>25 MS. MORALES: -- of this timing.</p>	<p style="text-align: right;">Page 83</p> <p>1 THE WITNESS: It would be 0020 and 0023.</p> <p>2 BY MS. MORALES:</p> <p>3 Q Okay. Those 0020 and 0023 were your attempts.</p> <p>4 Correct?</p> <p>5 A I believe so.</p> <p>6 Q And then Dr. Garvey's was -- first attempt was</p> <p>7 at 0033?</p> <p>8 A I don't know what time his first attempt was.</p> <p>9 Q You believe that Dr. Garvey had two attempts</p> <p>10 before CPR was started; is that correct?</p> <p>11 A That would be three attempts.</p> <p>12 Q No, by Dr. Garvey.</p> <p>13 A By Dr. Garvey.</p> <p>14 Q Okay. So you think that there was three</p> <p>15 attempts by Garvey before CPR began?</p> <p>16 A That is correct.</p> <p>17 Q And are you able at all to estimate what times</p> <p>18 that those occurred?</p> <p>19 A I can not.</p> <p>20 Q Okay. What were you doing when Dr. -- what do</p> <p>21 you recall -- before we got this hospital record you were</p> <p>22 talking about how Dr. Garvey stopped the chest tube,</p> <p>23 getting ready for the chest tube placement, preparation of</p> <p>24 the chest tube placement, and started to assist in the</p> <p>25 intubation, what do you -- what do you recall happening</p>
<p style="text-align: right;">Page 84</p> <p>1 during his assist? Or his attempt?</p> <p>2 A Just his attempts to do the intubation and just</p> <p>3 the multiple times that we had to continuously suction the</p> <p>4 airway.</p> <p>5 Q Okay. So let's start with the first time that</p> <p>6 he attempted. What do you recall of his first attempt?</p> <p>7 Where were you?</p> <p>8 A I was on the right side of him up at the -- up</p> <p>9 at the head of the patient.</p> <p>10 Q And what were you doing during his first</p> <p>11 attempt?</p> <p>12 A I was suctioning.</p> <p>13 Q Was there anyone else suctioning or was it just</p> <p>14 you?</p> <p>15 A There were more than just one -- more than me</p> <p>16 suctioning.</p> <p>17 Q Was there one -- more than one machine being</p> <p>18 used to suction?</p> <p>19 A There was.</p> <p>20 Q How many machines were being used to suction?</p> <p>21 A I remember at one time three.</p> <p>22 Q Did you start off using one machine or did you</p> <p>23 start off using two machines?</p> <p>24 A I remember starting off with one.</p> <p>25 Q Okay. And at what point looking at this time</p>	<p style="text-align: right;">Page 85</p> <p>1 line do you believe that a second machine was necessary?</p> <p>2 A I -- I -- I wouldn't know that.</p> <p>3 Q Okay.</p> <p>4 A Just by like at the time line.</p> <p>5 Q Do you recall if it was during the time that you</p> <p>6 were attempting to intubate or was it during the time that</p> <p>7 Garvey was attempting to intubate?</p> <p>8 A I -- That I can't recall.</p> <p>9 Q What else do you recall during Garvey's first</p> <p>10 attempt to intubate?</p> <p>11 A He was having a difficult time lining up the</p> <p>12 airway.</p> <p>13 Q Was he using that same C-MAC machine that you</p> <p>14 were using to visualize?</p> <p>15 A He was not. He was using what appeared to be a</p> <p>16 personal blade.</p> <p>17 Q Now, is the C-MAC machine, is that Reach Air's?</p> <p>18 A That is Reach Air's.</p> <p>19 Q And do you know what blade he was using when he</p> <p>20 first attempted?</p> <p>21 A I don't know the name of the blade.</p> <p>22 Q Do you know the size of the blade?</p> <p>23 A I do not.</p> <p>24 Q Okay. So it was his -- it was his blade or the</p> <p>25 hospital's blade that he was using; is that correct?</p>

<p style="text-align: right;">Page 86</p> <p>1 A That's -- that's correct.</p> <p>2 Q It wasn't Reach Air's?</p> <p>3 A It was not Reach Air's.</p> <p>4 Q What else, if anything, do you recall of his</p> <p>5 first attempt to intubate?</p> <p>6 A He was just having a very difficult time lining</p> <p>7 up the airway to visualize.</p> <p>8 Q Is there anything else that you guys tried to do</p> <p>9 to make the field easier to visualize?</p> <p>10 A We applied Cricoid pressure. It's called a</p> <p>11 Sellick maneuver and you push down on the trachea to</p> <p>12 occlude the esophagus.</p> <p>13 Q And for a layperson's understanding how does</p> <p>14 that help?</p> <p>15 A What it does is that you -- you're pushing on</p> <p>16 the trachea so not only -- in -- which, in turn, goes down</p> <p>17 the esophagus, so it blocks the esophagus and brings the</p> <p>18 trachea down more in a posterior position for</p> <p>19 visualization.</p> <p>20 Q Okay. And did that seem to help at all?</p> <p>21 A It did not.</p> <p>22 Q Is that because the emesis was blocking?</p> <p>23 A I couldn't --</p> <p>24 MR. BURTON: Objection. Form.</p> <p>25 THE WITNESS: I couldn't tell. I wasn't doing</p>	<p style="text-align: right;">Page 87</p> <p>1 the intubation.</p> <p>2 BY MS. MORALES:</p> <p>3 Q Was Dr. Garvey saying anything? Was he</p> <p>4 explaining what was happening?</p> <p>5 A He was not.</p> <p>6 Q Now, do you recall anything happening between</p> <p>7 Garvey's first attempt and second attempt?</p> <p>8 A There was tremendous amount of vomiting between</p> <p>9 the attempts.</p> <p>10 Q And at what point did you do the logroll?</p> <p>11 A There were so many logrolls I can't tell you</p> <p>12 exact time sequence in between these attempts.</p> <p>13 Q Did the logroll start during your attempt to</p> <p>14 intubate or during Garvey's attempt to intubate?</p> <p>15 A The logroll started during my attempt and I</p> <p>16 can't remember which one.</p> <p>17 Q Okay. And do you see that document anywhere in</p> <p>18 any of the medical records that you reviewed?</p> <p>19 A I do not.</p> <p>20 Q Okay. And you wouldn't have done a logroll</p> <p>21 until he started having emesis. Correct?</p> <p>22 A I'm sorry, say that one more time?</p> <p>23 Q You wouldn't do the logroll on him until he</p> <p>24 actually started regurgitating. Correct?</p> <p>25 A When I saw the amount of vomitus that is</p>
<p style="text-align: right;">Page 88</p> <p>1 correct.</p> <p>2 Q So is it more likely than not that that logroll</p> <p>3 if it actually occurred during your attempt to intubate</p> <p>4 happened after your second attempt?</p> <p>5 A I believe it was after my second attempt.</p> <p>6 Q And explain to me how the logroll works.</p> <p>7 A The logroll is a procedure you do when you</p> <p>8 actually roll the patient over as one unit, and it requires</p> <p>9 a lot of people to do it, especially a man of his size.</p> <p>10 And you do it in unison. Everybody gets a point, one on</p> <p>11 the hips, one on the legs, and one at the shoulder, one at</p> <p>12 the head, and you do it on the count of three, one, two,</p> <p>13 three, and up and over.</p> <p>14 Q And do you -- is it, like, on their side that</p> <p>15 you're laying them, or is it on their belly?</p> <p>16 A You know, on him it's traditionally on the side,</p> <p>17 but with him the amount of body we brought him over to the</p> <p>18 posterior position --</p> <p>19 Q I'm sorry, I was coughing. Sorry.</p> <p>20 A We did it in the posterior position, face down.</p> <p>21 Q And how long do you leave him like that?</p> <p>22 A Until the airway is cleared.</p> <p>23 Q And in this case can you estimate when that</p> <p>24 first logroll was done how long it took for his airway to</p> <p>25 clear, how long you had to keep him on his belly?</p>	<p style="text-align: right;">Page 89</p> <p>1 A I can't -- I couldn't speculate on that.</p> <p>2 Q What is -- what's, I guess, the normal amount of</p> <p>3 time that you would see, a reasonable amount of time that</p> <p>4 you would see for someone to be able to clear an airway on</p> <p>5 their belly like that?</p> <p>6 A It's just --</p> <p>7 MR. BURTON: Objection, form.</p> <p>8 THE WITNESS: Sorry. It's just case-by-case.</p> <p>9 BY MS. MORALES:</p> <p>10 Q If you're explaining to a jury, though, would it</p> <p>11 be a couple minutes, would it be a few seconds?</p> <p>12 MR. BURTON: Objection, form.</p> <p>13 THE WITNESS: It wouldn't be a couple of minutes,</p> <p>14 it would be -- it would be a matter of seconds.</p> <p>15 BY MS. MORALES:</p> <p>16 Q Like five to ten seconds?</p> <p>17 A Again, it's case-by-case.</p> <p>18 Q How long would be too long to leave him in that</p> <p>19 position?</p> <p>20 MR. BURTON: Objection, form.</p> <p>21 MS. RIES-BUNTAIN: Objection, form.</p> <p>22 THE WITNESS: Really is no time limit on that</p> <p>23 because the airway has to be clear.</p> <p>24 BY MS. MORALES:</p> <p>25 Q So when that's occurring is someone holding a</p>

<p style="text-align: right;">Page 90</p> <p>1 bucket or something so that the vomit goes in the bucket?</p> <p>2 A No. No, it goes all over the floor.</p> <p>3 Q Okay. After you rolled him over the first time</p> <p>4 what do you recall happening next?</p> <p>5 A Once the airway was clear we rolled him back</p> <p>6 into -- onto his back into a sniffing position, the</p> <p>7 modified jaw thrust.</p> <p>8 Q Okay. And what happened after that?</p> <p>9 A We attempted bag valve mask ventilation.</p> <p>10 Q And did the bag ventilation help at all?</p> <p>11 A I can't recall how effective it was at that</p> <p>12 time.</p> <p>13 Q And was the bag ventilation before or after the</p> <p>14 CPR?</p> <p>15 A Well, it was ongoing, before and after CPR.</p> <p>16 Q Who was doing the bagging?</p> <p>17 A At what time?</p> <p>18 Q Did you -- did they change people who were doing</p> <p>19 it?</p> <p>20 A We had -- we had a constant influx of people</p> <p>21 going back and forth on bag valve mask ventilation.</p> <p>22 Q And was that --</p> <p>23 A I apologize. I need to go to the bathroom one</p> <p>24 more time.</p> <p>25 Q Yeah.</p>	<p style="text-align: right;">Page 91</p> <p>1 A I drank too much.</p> <p>2 VIDEOGRAPHER: We are going off the video record.</p> <p>3 The time is approximately 12:35 p.m.</p> <p>4 (Short break.)</p> <p>5 VIDEOGRAPHER: We are going back on the video</p> <p>6 record. The time is approximately 12:37 p.m.</p> <p>7 BY MS. MORALES:</p> <p>8 Q You understand you're still under oath.</p> <p>9 Correct?</p> <p>10 A Yes.</p> <p>11 Q Okay. So we were talking about the different</p> <p>12 medical providers take turns bagging. Is that how it</p> <p>13 works?</p> <p>14 A That's how it worked on that particular call.</p> <p>15 Q Okay. And do you have any specific recollection</p> <p>16 of who those providers were that were bagging?</p> <p>17 A I do not.</p> <p>18 Q And in review of the medical records in this</p> <p>19 case did you see any documentation of -- strike that.</p> <p>20 Okay. And so the second intubation, what do you</p> <p>21 recall -- by Dr. Garvey, the second attempt at intubating,</p> <p>22 what do you recall occurring then?</p> <p>23 A He was having a hard time visualizing the</p> <p>24 airway.</p> <p>25 Q And was he saying anything aloud during the</p>
<p style="text-align: right;">Page 92</p> <p>1 second attempt?</p> <p>2 A Not that I recall.</p> <p>3 Q And was he still -- was he using the same blade</p> <p>4 that he had tried on the first attempt or did he switch out</p> <p>5 to something else?</p> <p>6 A He had the same blade.</p> <p>7 Q Okay. Anything else that you remember?</p> <p>8 A No.</p> <p>9 Q And are you able to identify a timing of his</p> <p>10 second attempt?</p> <p>11 A On the form or my personal?</p> <p>12 Q On any of the medical records.</p> <p>13 A It looks like it's 0033.</p> <p>14 Q You believe that's the second attempt --</p> <p>15 A Right.</p> <p>16 Q -- or first attempt?</p> <p>17 A It appears to be the second attempt.</p> <p>18 Q Okay. So if you had two attempts, and the first</p> <p>19 one being when the -- the first attempt being at 20 minutes</p> <p>20 after, when was your second attempt then?</p> <p>21 MR. BURTON: Objection, form.</p> <p>22 BY MS. MORALES:</p> <p>23 Q 23?</p> <p>24 MR. BURTON: Sorry.</p> <p>25 THE WITNESS: I would say it's at 0023.</p>	<p style="text-align: right;">Page 93</p> <p>1 BY MS. MORALES:</p> <p>2 Q Okay. And then after the second attempt do you</p> <p>3 recall doing the logroll again?</p> <p>4 A Whose second attempt, mine?</p> <p>5 Q Garvey's. Sorry.</p> <p>6 A We did multiple logrolls.</p> <p>7 Q Okay. I'm just trying to get, like, an idea of</p> <p>8 your recollection as far as a timing. So was this the next</p> <p>9 logroll after the second attempt by Garvey? Or was there</p> <p>10 another one?</p> <p>11 A I can't recall.</p> <p>12 Q Okay. Do you recall one way or the other if it</p> <p>13 was necessary after that second attempt to roll him by</p> <p>14 Garvey?</p> <p>15 A I can't recall that exactly.</p> <p>16 Q Okay. Do you recall anything happening between</p> <p>17 Dr. Garvey's second attempt and what's documented at 0035</p> <p>18 for CPR? And "0035 CPR in progress" is on both of these</p> <p>19 medical records.</p> <p>20 A Could you just ask that question one more time?</p> <p>21 Q Uh-hum. Do you recall any -- anything else, do</p> <p>22 you have a recollection of anything else occurring between</p> <p>23 the 0033 and 0035 time period where CPR is documented on</p> <p>24 both medical records?</p> <p>25 A I do.</p>

<p style="text-align: right;">Page 94</p> <p>1 Q Okay. What do you recall?</p> <p>2 A A third intubation attempt by Dr. Garvey.</p> <p>3 Q And on that third attempt was he using the same</p> <p>4 blade?</p> <p>5 A He was.</p> <p>6 Q Okay. And that blade didn't have any visual</p> <p>7 field for it? It didn't have a C-MAC machine on it?</p> <p>8 A It did not.</p> <p>9 Q Is there anything else that you remember of the</p> <p>10 third attempt?</p> <p>11 A He was having a very, very difficult time</p> <p>12 visualizing.</p> <p>13 Q And how did you know that? Was he saying -- was</p> <p>14 he informing the staff what was going on?</p> <p>15 A He was -- you could tell by the intensity of the</p> <p>16 attempt.</p> <p>17 Q And you don't remember him saying anything</p> <p>18 during that attempt?</p> <p>19 A No.</p> <p>20 Q Okay. Do you recall one way or another if there</p> <p>21 was a logroll between the -- that third attempt and the</p> <p>22 time CPR started at 0035?</p> <p>23 A I can't remember that.</p> <p>24 Q Okay. What do you recall -- did you actually</p> <p>25 perform CPR?</p>	<p style="text-align: right;">Page 95</p> <p>1 A I assisted ventilations.</p> <p>2 Q And so you were -- when you say ventilations,</p> <p>3 the bagging?</p> <p>4 A That is correct.</p> <p>5 Q Who was performing the CPR?</p> <p>6 A I can't remember that.</p> <p>7 Q And do you recall how long CPR was initiated?</p> <p>8 A I do not.</p> <p>9 Q Okay. At 0036 it says "King airway." What's a</p> <p>10 King airway?</p> <p>11 A A King airway is a super glottic airway that</p> <p>12 goes into the esophagus. It has two balloons at each end,</p> <p>13 distal and proximal, and in between those two balloons you</p> <p>14 have several port holes that allow oxygenation to go out</p> <p>15 into the -- into the hypopharynx into the trachea.</p> <p>16 Q Okay. Is that something that Reach Air has</p> <p>17 within its equipment?</p> <p>18 A They do not.</p> <p>19 Q Is that something that you would expect as an</p> <p>20 EMT to need for a higher risk intubation?</p> <p>21 MR. BURTON: Objection, form.</p> <p>22 THE WITNESS: No.</p> <p>23 BY MS. MORALES:</p> <p>24 Q Why not?</p> <p>25 A Because it's not a very effective airway.</p>
<p style="text-align: right;">Page 96</p> <p>1 Q And why do you have that opinion?</p> <p>2 A Because they fill up with vomit quickly.</p> <p>3 Q And so do you recall where -- strike that.</p> <p>4 Do you recall Dr. Garvey asking for a King</p> <p>5 airway?</p> <p>6 A I do not.</p> <p>7 Q Okay. Do you know where -- where they got the</p> <p>8 King airway?</p> <p>9 A I do.</p> <p>10 Q Where?</p> <p>11 A From Paul, the transporting paramedic.</p> <p>12 Q And what do you remember -- what do you remember</p> <p>13 about that?</p> <p>14 A He offered to put in the King airway.</p> <p>15 Q Okay. So it was Paul who actually inserted the</p> <p>16 King airway, not Dr. Garvey, or are you saying he just went</p> <p>17 and got the equipment?</p> <p>18 A He inserted the airway.</p> <p>19 Q So then he was attempting to actually intubate</p> <p>20 the patient?</p> <p>21 A That's not intubation.</p> <p>22 Q What is this King airway help do?</p> <p>23 A It's sorry, say again.</p> <p>24 Q What does it help? How did it help in the</p> <p>25 intubation process?</p>	<p style="text-align: right;">Page 97</p> <p>1 A It just helps to ventilate the patient when you</p> <p>2 can't ventilate by other means. It occludes -- in theory</p> <p>3 it occludes the esophagus, but it does not occlude the</p> <p>4 esophagus.</p> <p>5 Q And did he have to go get this out of his truck</p> <p>6 or van or did he have it with him?</p> <p>7 A I don't recall.</p> <p>8 Q Okay. And so he tries to -- Paul tries to</p> <p>9 insert the King airway. What happens when he does that?</p> <p>10 A He does successfully insert the King airway.</p> <p>11 Q And did that help in the intubation process at</p> <p>12 all?</p> <p>13 A Not in the intubation process.</p> <p>14 Q Did it help in any regard?</p> <p>15 A It did.</p> <p>16 Q How?</p> <p>17 A We restored pulses.</p> <p>18 Q How long did Mr. Schwartz lose a pulse before</p> <p>19 the King airway was placed?</p> <p>20 A I -- I can't recall.</p> <p>21 Q Okay. And what do you recall happening next?</p> <p>22 A Within a very short period of time the King</p> <p>23 airway became inoperable.</p> <p>24 Q Is that because the emesis blocked it?</p> <p>25 A That's correct.</p>

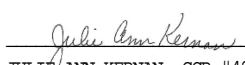
<p style="text-align: right;">Page 98</p> <p>1 Q And when you said say a short period of time, 2 how much time would you estimate that was? 3 A One to two minutes. 4 Q And during that period of time with a King 5 airway, are -- is intubation continued -- does it continue 6 attempts at intubation or is it just to get some -- the 7 pulse going again? 8 A It was to restore pulses. 9 Q Okay. What do you recall happening after that? 10 A The airway was pulled out. 11 Q Okay. And was there another attempt to 12 intubate? 13 A There was, but I don't know what the time line 14 is on that. 15 Q I'm sorry? 16 A I don't know what the time line. 17 Q And who did the attempt after the King airway 18 was removed to intubate? 19 A Dr. Garvey. 20 Q Okay. And if you look at -- well, I guess 21 either of the pages. If you look at page 60, which is 22 Exhibit 3. 23 A Oh, okay. 24 Q Sorry. It says --- so the King airway is at 25 0036. And then 0040, heart rate, 120, O2 sat, 82, blood</p>	<p style="text-align: right;">Page 99</p> <p>1 pressure 249 over 140. So is that consistent with your 2 recollection of -- of him regaining pulses and vitals? 3 A That is correct. Blood pressure was very high. 4 Q Okay. And then it has 0044. On both of these, 5 Exhibit 3 and Exhibit 4, "ET tube attempted by Dr. Garvey, 6 unsuccessful. Started bagging." 7 So after he was able to get his vitals back there 8 was another attempt by Dr. Garvey; is that correct? 9 A That is correct. 10 Q Okay. Anything specific during that period of 11 time that you recall? 12 A Just that we had ongoing vomitus and suctioning. 13 Q Okay. And throughout this is there just ongoing 14 suctioning? 15 A There is, continual suctioning at many points. 16 Q Okay. And then the next one -- I couldn't read 17 this time. Oh, 47. So on Exhibit 4, which is the other 18 sheet there. Yeah, Exhibit 4 it has 0047, "Unsuccessful". 19 And I guess on both of them because there -- yeah. That 20 was also by Dr. Garvey; is that correct? 21 A That I do not recall. 22 Q Okay. What do you see on the other page on 23 Exhibit 3? It's giving the marks there that it's the same 24 as above from 44. Do you have a recollection of anyone 25 else trying to attempt intubation during that time besides</p>
<p style="text-align: right;">Page 100</p> <p>1 Dr. Garvey? 2 A At 0044? 3 Q Yeah. 4 A No. 5 Q And 0047 you see the little marks there? 6 A Right. 7 Q Sorry, I'm right in front of the camera. 8 A Yeah. 9 Q So during that period of time those few minutes 10 did anyone else attempt to intubate besides Dr. Garvey? 11 A No. I attempted a few minutes later. 12 Q Okay. And then 0050, O2 sat is that 65 percent; 13 is that correct? 14 A That's per the record. 15 Q And it says here "Asystole". Correct? 16 A Per the record, yes. 17 Q Do you have a recollection that's different than 18 that? 19 A I don't have a recollection of what the rhythm 20 was. 21 Q Do you have any evidence that is anything other 22 than what it's documented here? 23 A I do not. 24 Q Okay. And do you have a recollection that's 25 inconsistent with this?</p>	<p style="text-align: right;">Page 101</p> <p>1 A I do not. 2 Q In 0052 "ET insertion attempted" so now you go 3 back in, try again; is that correct? 4 A That is correct. 5 Q And how did that switchoff happen? Was there 6 communication there? 7 A Dr. Garvey wanted me to attempt. 8 Q Okay. And did you go back to using the C-MAC 9 machine? 10 A I did. 11 Q Okay. And was that able to help you at all? 12 A No, it was not. 13 Q And were you able to visualize at all during 14 that period of time? 15 A Probably ten to 20 percent posterior glottic 16 opening had a lot of swelling in the airway at the time. 17 Q Okay. And do you have an understanding from 18 your education, training, experience why there would be 19 swelling in that area? 20 A From mostly from airway attempts. 21 Q 0053, "O2 sat of 50 percent, unsuccessful." Was 22 that you trying to intubate again? 23 A No, because I never tried to pass a tube. 24 Q Okay. So did Dr. Garvey take back over? 25 A I don't recall that.</p>

<p style="text-align: right;">Page 102</p> <p>1 Q Was there anything -- anyone else besides you</p> <p>2 two who tried to intubate the patient?</p> <p>3 A The transporting paramedic, Paul.</p> <p>4 Q And at what period of time did he attempt?</p> <p>5 A I don't recall.</p> <p>6 Q And to your recollection how many times did he</p> <p>7 attempt?</p> <p>8 A I don't -- I don't recall how many.</p> <p>9 Q Okay. 0054, heart rate's 147, 42 percent O2</p> <p>10 while bagging, blood pressure's 221 over 148. Is that</p> <p>11 consistent with your recollection?</p> <p>12 A Yes, it is.</p> <p>13 Q 0057, "NPA placed by Dr. Garvey." What's that</p> <p>14 mean?</p> <p>15 A That means a pharyngeal airway. It's a basic</p> <p>16 airway that goes into the airways, and opens up the</p> <p>17 airways.</p> <p>18 Q And what -- as a paramedic what's your</p> <p>19 understanding of how that helps?</p> <p>20 A It helps by facilitating oxygen transference</p> <p>21 from the -- the mask of the bag valve mask down into the</p> <p>22 hypopharynx, and eventually into the trachea, glottic</p> <p>23 opening.</p> <p>24 Q And did this procedure replacement help Mr.</p> <p>25 Schwartz?</p>	<p style="text-align: right;">Page 103</p> <p>1 A I don't recall whether it did or not.</p> <p>2 Q 0058, "O2 sat 69 percent at NPA, CPR continues</p> <p>3 Asystole." So do you recall who was performing CPR during</p> <p>4 that period of time?</p> <p>5 A I do not.</p> <p>6 Q Do you recall if you were actually giving CPR?</p> <p>7 A I did not give compressions.</p> <p>8 Q Okay. 0102, 75 percent O2 sat, heart rate 122.</p> <p>9 I guess that's -- okay, yeah. Is that consistent with your</p> <p>10 recollection?</p> <p>11 A I don't recall.</p> <p>12 Q Okay.</p> <p>13 A The saturation coming up.</p> <p>14 Q 104, 65 percent O2 sat, 207 over 143, 121" heart</p> <p>15 rate, I guess. Do you recall anything that you guys were</p> <p>16 doing during that period of time that isn't documented</p> <p>17 here?</p> <p>18 A Attempting BVM assists and continuing to suction</p> <p>19 the airway as needed.</p> <p>20 Q Okay. Okay. And then the 104, we talked about</p> <p>21 that. 108, the "Crik attempted by Dr. Garvey". Did Dr.</p> <p>22 Garvey say anything prior to attempting the cric procedure?</p> <p>23 A Yes, he was going to set, do central crack</p> <p>24 thoracotomy, that's correct.</p> <p>25 Q Okay. And did you help in any way in performing</p>
<p style="text-align: right;">Page 104</p> <p>1 that procedure?</p> <p>2 A I did.</p> <p>3 Q And how did you assist?</p> <p>4 A I assisted with the set up of the equipment, and</p> <p>5 also I did a final landmarks for the cut that's needed for</p> <p>6 the eventual tube insertion.</p> <p>7 Q Did you -- I'm sorry, did you actually do the</p> <p>8 incision? I mean the cut?</p> <p>9 A I did not.</p> <p>10 Q Okay. And what do you recall occurring when you</p> <p>11 tried the cric?</p> <p>12 A It was somewhat precarious with the fact that it</p> <p>13 requires such highway -- high airways pressures from the</p> <p>14 BVM assist the trachea was actually -- was actually moving,</p> <p>15 so we had to stop BVM assist to stabilize the trachea</p> <p>16 before the BVM. Before the cut.</p> <p>17 Q And how long did you have to stop the BVM?</p> <p>18 A I can't recall.</p> <p>19 Q Can you estimate? Was it a matter of seconds,</p> <p>20 minutes?</p> <p>21 MR. BURTON: Object to form.</p> <p>22 THE WITNESS: Possibly 30 seconds.</p> <p>23 BY MS. MORALES:</p> <p>24 Q And what happened actual -- after you made that</p> <p>25 incision?</p>	<p style="text-align: right;">Page 105</p> <p>1 A He inserted the -- the -- we have an instrument</p> <p>2 that opens up the trachea, tracheal reigns, and you can</p> <p>3 open it up and continue to place the tube in.</p> <p>4 Q Okay. And was that successful?</p> <p>5 A Tube went into the trachea.</p> <p>6 Q Do you use that C-MAC machine when you're doing</p> <p>7 that type of procedure?</p> <p>8 A No.</p> <p>9 Q And what happened after the tube went into the</p> <p>10 trachea?</p> <p>11 A It became compacted with vomit.</p> <p>12 Q And then following that you -- the CPR was</p> <p>13 continued. Correct?</p> <p>14 A That's correct.</p> <p>15 Q In looking at the last page, page 70, was there</p> <p>16 any other attempts after the attempt of the cric?</p> <p>17 A Attempts at what?</p> <p>18 Q Was there any other attempt to do anything as</p> <p>19 far as intubating or clear out the airway?</p> <p>20 A He inserted a second tube, the tracheostomy.</p> <p>21 Q And same thing happened?</p> <p>22 A That is correct.</p> <p>23 Q So there was two attempts at putting in a tube</p> <p>24 in the cric. Correct?</p> <p>25 A That's correct.</p>

<p style="text-align: right;">Page 106</p> <p>1 Q And both of which were unsuccessful. Right?</p> <p>2 A The tube was successfully inserted in the</p> <p>3 trachea, but it was full of vomit.</p> <p>4 Q Okay. Anything after going through each line of</p> <p>5 the medical record that you recall occurring that isn't</p> <p>6 documented there?</p> <p>7 MR. BURTON: Object to the form of the question.</p> <p>8 THE WITNESS: No. Not that I can recall.</p> <p>9 BY MS. MORALES:</p> <p>10 Q Okay. After Mr. Schwartz passed, did you have</p> <p>11 any discussions with the fam -- any of his family or</p> <p>12 friends?</p> <p>13 A I did not.</p> <p>14 Q Did you have any discussions with any of the</p> <p>15 nurses at the hospital?</p> <p>16 A I did not.</p> <p>17 Q Did you talk to Dr. Garvey about what happened?</p> <p>18 A I did.</p> <p>19 Q And when did you talk to Dr. Garvey?</p> <p>20 A About 6:00 that morning, I called him.</p> <p>21 Q And where were you at when you called him?</p> <p>22 A I was at the Reach base, in Elko.</p> <p>23 Q And what did you say to him?</p> <p>24 A I told him I thought he did an outstanding job,</p> <p>25 and the entire team did.</p>	<p style="text-align: right;">Page 107</p> <p>1 Q And how did he respond to that?</p> <p>2 A He was very thankful that I called him.</p> <p>3 Q Anything else discussed during that?</p> <p>4 A No.</p> <p>5 Q Did you have any discussions with your preceptor</p> <p>6 at the time, Mr. Lyons?</p> <p>7 A Yes, we discussed the call.</p> <p>8 Q I'm sorry?</p> <p>9 A Yes, we discussed the call.</p> <p>10 Q Well, not the call but did you discuss with Dr.</p> <p>11 Lyons -- I mean -- Dr. Lyons. Did you discuss with Mr.</p> <p>12 Lyons the whole attempt at intubating and securing an</p> <p>13 airway for Mr. Schwartz?</p> <p>14 A Yes.</p> <p>15 Q And what discussions did you have with him?</p> <p>16 A We just discussed the overall call, the</p> <p>17 performance of everybody involved, including our own.</p> <p>18 Q And how did he think that -- what did he</p> <p>19 communicate to you about his -- his perception of what</p> <p>20 happened?</p> <p>21 A He felt that -- that we all did a very -- a very</p> <p>22 good job under a horrific situation.</p> <p>23 Q Did anyone bring up the question of whether or</p> <p>24 not Mr. Schwartz should have been intubated to begin with?</p> <p>25 A No, not that I can recall.</p>
<p style="text-align: right;">Page 108</p> <p>1 Q Did you have to go back and report this to</p> <p>2 anyone at Reach Air?</p> <p>3 MR. BURTON: And again, you can answer that with</p> <p>4 a yes or no, but if any questions are asked about</p> <p>5 discussions you would have had with counsel, don't disclose</p> <p>6 those informations or any discussions in a peer review</p> <p>7 setting.</p> <p>8 THE WITNESS: Okay. Could you just ask that one</p> <p>9 more time? I apologize.</p> <p>10 BY MS. MORALES:</p> <p>11 Q Yeah. Did you have to -- besides Mr. Lyons, did</p> <p>12 you have to disclose or discuss what occurred in that room</p> <p>13 with anyone at Reach Air besides your attorneys?</p> <p>14 A Yes.</p> <p>15 Q And who did you discuss that with?</p> <p>16 A Actually, I didn't. I wasn't engaged in the</p> <p>17 discussion. Mr. Lyon contacted the administrator on call</p> <p>18 and made him aware of what had transpired.</p> <p>19 Q And do you recall who that administrator was</p> <p>20 that was on call?</p> <p>21 A I do not.</p> <p>22 Q Did you ever talk to any -- any of the other</p> <p>23 EMTs that weren't with Reach Air but were in the room at</p> <p>24 the time, or the medics?</p> <p>25 A I don't recall that.</p>	<p style="text-align: right;">Page 109</p> <p>1 Q Besides that one phone call with Dr. Garvey did</p> <p>2 you ever have any other discussions with him about what</p> <p>3 occurred in the room that day?</p> <p>4 A I did not.</p> <p>5 Q Did you ever work with him again after that</p> <p>6 night?</p> <p>7 A I did not.</p> <p>8 Q At one point there was an attempt to place an NG</p> <p>9 tube. Why was that performed?</p> <p>10 A He was getting a lot of gastric distention.</p> <p>11 Q And can you explain to the jury what that means?</p> <p>12 A It's air in the stomach you'll get, you know,</p> <p>13 BVM assist, bag valve mask assist.</p> <p>14 Q And how does NG tube help?</p> <p>15 A Decompresses the stomach.</p> <p>16 Q And did that help in this case?</p> <p>17 A I don't recall.</p> <p>18 Q And did Dr. -- who placed the NG tube?</p> <p>19 A I don't recall that either.</p> <p>20 Q After your two attempts and Garvey's three</p> <p>21 attempts did you ever make a recommendation that a cric</p> <p>22 should have been started sooner?</p> <p>23 A Did I make the recommendation?</p> <p>24 Q Yes.</p> <p>25 A Ronnie Lyons did.</p>

<p style="text-align: right;">Page 110</p> <p>1 Q Okay. And who did Lyons say that to?</p> <p>2 A To Dr. Garvey and myself.</p> <p>3 Q So -- so we're clear because it may have been a</p> <p>4 poor question, but -- so did -- was Lyons the one that</p> <p>5 suggested that a cric be done?</p> <p>6 A That's correct.</p> <p>7 Q Okay. And did he call for that earlier than it</p> <p>8 was actually performed?</p> <p>9 A That is correct.</p> <p>10 Q And was there any response like a reason why it</p> <p>11 wasn't performed sooner?</p> <p>12 A No.</p> <p>13 Q Did Mr. Lyons ever talk to you and indicate that</p> <p>14 he believed that the cric should have been started sooner?</p> <p>15 A No.</p> <p>16 Q Did you have an evaluation that day as an intern</p> <p>17 for Reach Air?</p> <p>18 A Yes.</p> <p>19 Q And was there anything negative in that</p> <p>20 evaluation?</p> <p>21 A No.</p> <p>22 Q Did you keep a copy of that evaluation for that</p> <p>23 night?</p> <p>24 A I did not.</p> <p>25 Q To your knowledge did Dr. -- I'm sorry, Mr.</p>	<p style="text-align: right;">Page 111</p> <p>1 Lyons have any discussions with Dr. Garvey about the need</p> <p>2 to start the cric procedure sooner?</p> <p>3 A No.</p> <p>4 Q Did you ever talk to the physician at the</p> <p>5 receiving hospital?</p> <p>6 A I did not.</p> <p>7 Q I realize that you were still an intern when</p> <p>8 this incident occurred in June of 2016. Prior to going out</p> <p>9 with the flight crew for Reach Air were you provided any</p> <p>10 policies and procedures pertaining to intubations?</p> <p>11 A Yes.</p> <p>12 Q Okay. And when you got those policies and</p> <p>13 procedures did you have to sign off on them that you had</p> <p>14 read and understood them?</p> <p>15 A That is correct.</p> <p>16 Q Okay. And do you believe that you followed the</p> <p>17 policies and procedures of Reach Air during Mr. -- Mr.</p> <p>18 Schwartz' medical treatment?</p> <p>19 A We weren't necessarily operating under Reach's</p> <p>20 protocols. We were operating under the direction of Dr.</p> <p>21 Garvey.</p> <p>22 Q Okay. And Dr. Garvey, as a director of Reach</p> <p>23 Air or as -- and/or as an emergency room physician?</p> <p>24 MR. BURTON: Object to the form.</p> <p>25 THE WITNESS: Dr. Garvey is a sitting physician.</p>
<p style="text-align: right;">Page 112</p> <p>1 BY MS. MORALES:</p> <p>2 Q Did anyone ever tell you that you had violated</p> <p>3 any of the policies and procedures of Reach Air that day?</p> <p>4 A No.</p> <p>5 Q Did anyone ever tell you that as an intern that</p> <p>6 you should not have been the one to attempt the intubation</p> <p>7 of Mr. Schwartz?</p> <p>8 A No.</p> <p>9 Q Was there any equipment that you believe would</p> <p>10 have helped in this situation of attempting to intubate Mr.</p> <p>11 Schwartz?</p> <p>12 A No.</p> <p>13 Q In this particular case have you reviewed the</p> <p>14 medical records to determine how long Mr. Schwartz was</p> <p>15 preoxygenated prior to your attempt at intubation?</p> <p>16 A And I'm sorry, I know that was a mouthful, but</p> <p>17 just one more time.</p> <p>18 Q Do you have --</p> <p>19 MR. BURTON: Objection to form.</p> <p>20 THE WITNESS: I'm sorry.</p> <p>21 BY MS. MORALES:</p> <p>22 Q Do you know -- do you know how long Mr. Schwartz</p> <p>23 was preoxygenated prior to your attempt at intubating him?</p> <p>24 A I do not know the exact time.</p> <p>25 Q Is there any discussions that you've had with</p>	<p style="text-align: right;">Page 113</p> <p>1 anyone besides your attorneys in this case pertaining to</p> <p>2 the medical care and treatment of Mr. Schwartz that we have</p> <p>3 not discussed, that you recall?</p> <p>4 A None.</p> <p>5 Q Do you think that there is anything that you</p> <p>6 could be shown to help refresh your recollection of any</p> <p>7 discussions or anything that happened in that room?</p> <p>8 MR. BURTON: Object to form.</p> <p>9 THE WITNESS: I have it right here (indicating).</p> <p>10 BY MS. MORALES:</p> <p>11 Q Okay. And do you think that you've told us</p> <p>12 everything that you recall -- well, strike that.</p> <p>13 Is there anything that you recall that we haven't</p> <p>14 gone over already?</p> <p>15 MR. BURTON: Object to form.</p> <p>16 THE WITNESS: Not -- not that I can recall.</p> <p>17 BY MS. MORALES:</p> <p>18 Q Okay. And do you think that there's anything</p> <p>19 that you could review that would help -- help you recall</p> <p>20 something that you may not have already?</p> <p>21 MR. BURTON: Same objection.</p> <p>22 THE WITNESS: No.</p> <p>23 BY MS. MORALES:</p> <p>24 Q Do you have any plans to move from Reno?</p> <p>25 A There is a possibility.</p>

<p style="text-align: right;">Page 114</p> <p>1 Q And where would you be going?</p> <p>2 A Possibly overseas.</p> <p>3 Q And do you know when that could occur?</p> <p>4 A I'm on a 24-hour deployment notice so it could</p> <p>5 be any time, or eight months down the road.</p> <p>6 Q Have you ever reviewed documents from Reach Air</p> <p>7 pertaining to the training that's provided of the -- to the</p> <p>8 EMTs, including yourself?</p> <p>9 A Yes.</p> <p>10 Q And when did you review that?</p> <p>11 A During -- during my entire time there. It was a</p> <p>12 constant review. They have a lot of policies.</p> <p>13 Q Okay. And because a lot of these documents I</p> <p>14 got were hard to understand to read, so if I showed you the</p> <p>15 format of this -- let's see. Let me show you what we were</p> <p>16 given, it would be better asked at the 30 (b)(6), but,</p> <p>17 here's where I see your name listed.</p> <p>18 MR. BURTON: Do we have some copies of that one?</p> <p>19 Or can print off?</p> <p>20 MS. MORALES: I can make copies of it, hold on.</p> <p>21 BY MS. MORALES:</p> <p>22 Q As you sit here today -- maybe this makes it a</p> <p>23 little easier. As you sit here today were there -- was</p> <p>24 there additional training that you needed to finish as an</p> <p>25 intern before you moved to just being an EMT or a medic and</p>	<p style="text-align: right;">Page 115</p> <p>1 not an intern?</p> <p>2 MR. BURTON: Before you answer it that's not</p> <p>3 related to these papers, that's just a general question.</p> <p>4 MS. MORALES: Yeah, that's general question is</p> <p>5 all.</p> <p>6 THE WITNESS: No, I just need to serve the amount</p> <p>7 of time, the amount of shifts.</p> <p>8 BY MS. MORALES:</p> <p>9 Q And so here -- does everyone one want a copy of</p> <p>10 this?</p> <p>11 MR. BURTON: Yeah, if you're --</p> <p>12 MS. MORALES: So let's go off the record again.</p> <p>13 But I'm almost done so that's good news.</p> <p>14 VIDEOGRAPHER: We are going off the video record.</p> <p>15 The time is approximately 1:17 p.m.</p> <p>16 (Short break.)</p> <p>17 (Exhibit 5 is marked.)</p> <p>18 VIDEOGRAPHER: We are going back on the video</p> <p>19 record. The time is approximately 1:26 p.m.</p> <p>20 BY MS. MORALES:</p> <p>21 Q Okay. So I just want you to take a few minutes</p> <p>22 and look at this. I think your name is found on the last</p> <p>23 couple pages, which is 339, 340 of Exhibit 5. And I was</p> <p>24 having a little bit of a hard time trying to match it up</p> <p>25 here.</p>
<p style="text-align: right;">Page 116</p> <p>1 A Oh, okay. Here we go.</p> <p>2 Q So take a minute and then I'll ask you what you</p> <p>3 know, if anything, about this.</p> <p>4 MS. HARMON: What exhibit is this? Is this</p> <p>5 Exhibit 5?</p> <p>6 MS. MORALES: Correct.</p> <p>7 MS. HARMON: Thank you.</p> <p>8 BY MS. MORALES:</p> <p>9 Q Just let me know when you're ready.</p> <p>10 A I'm ready.</p> <p>11 Q Oh, okay.</p> <p>12 A Yeah. Sorry.</p> <p>13 Q So you've had an opportunity to review Exhibit</p> <p>14 5. Your name's on pages 339 and 340. Are you able to help</p> <p>15 me decipher what this means?</p> <p>16 A I really can't. And I apologize for that. I</p> <p>17 don't know what this is, yeah.</p> <p>18 Q Okay. As you sit here today do you know if you</p> <p>19 had any outstanding classes that you still had to take</p> <p>20 before, I guess, advancing to an EMT from an intern for</p> <p>21 Reach Air?</p> <p>22 A I don't recall if I had any more objectives to</p> <p>23 meet, except taking the final test.</p> <p>24 Q And were you told what that final test would</p> <p>25 consist of?</p>	<p style="text-align: right;">Page 117</p> <p>1 A It's just a basic overview of everything that we</p> <p>2 do and our policy and our protocols.</p> <p>3 Q Okay. Do you still have any relationships with</p> <p>4 anyone at Reach Air?</p> <p>5 MR. BURTON: Object to form.</p> <p>6 THE WITNESS: I do -- sorry. I do not.</p> <p>7 BY MS. MORALES:</p> <p>8 Q What about anyone at NNH or RH hospital?</p> <p>9 A I do not.</p> <p>10 Q I tried. No?</p> <p>11 A I do not.</p> <p>12 Q Okay. How about any of the people that were in</p> <p>13 the room, maybe the other paramedics or EMTs that didn't</p> <p>14 work for Reach Air?</p> <p>15 A I do not.</p> <p>16 Q Do you know anything about the need or -- well,</p> <p>17 strike that.</p> <p>18 Do you know anything more about Dr. Garvey's</p> <p>19 decision to intubate Mr. Schwartz other than what we've</p> <p>20 discussed today?</p> <p>21 A No.</p> <p>22 MS. MORALES: All right. I have no further</p> <p>23 questions.</p> <p>24 MR. WEAVER: No questions. Thank you.</p> <p>25 MS. RIES-BUNTAIN: No questions.</p>

<p style="text-align: right;">Page 118</p> <p>1 MR. BURTON: No questions.</p> <p>2 MR. WEAVER: Thank you. Have a happy holidays.</p> <p>3 Chelsea has no questions.</p> <p>4 MS. MORALES: Chelsea's -- Chelsea's having a lot</p> <p>5 more fun than we are right now.</p> <p>6 MR. BURTON: Okay. Thank you.</p> <p>7 VIDEOGRAPHER: This concludes the deposition of</p> <p>8 Barry Bartlett on December 20th, 2019. Off the video</p> <p>9 record at approximately 1:30 p.m.</p> <p>10 (Deposition concludes at 1:30 p.m.)</p> <p>11 ---o0o---</p> <p>12</p> <p>13</p> <p>14</p> <p>15</p> <p>16</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p> <p>25</p>	<p style="text-align: right;">Page 119</p> <p>1 STATE OF NEVADA)</p> <p>2 COUNTY OF WASHOE)</p> <p>3 I, JULIE ANN KERNAN, a notary public in and</p> <p>4 for the County of Washoe, State of Nevada, do hereby</p> <p>5 certify:</p> <p>6 That on Friday, the 20th day of December,</p> <p>7 2019, at the hour of 9:11 a.m. of said day, at the Offices</p> <p>8 of Sunshine Litigation Services, 151 Country Circle</p> <p>9 Estates, Reno, Nevada, personally appeared BARRY AMOS RAY</p> <p>10 BARTLETT, who was duly sworn by me to testify the truth,</p> <p>11 the whole truth, and nothing but the truth, and thereupon</p> <p>12 was deposed in the matter entitled herein;</p> <p>13 That said deposition was taken in verbatim</p> <p>14 stenotype notes by me, a Certified Court Reporter, and</p> <p>15 thereafter transcribed into typewriting as herein appears;</p> <p>16 That the foregoing transcript, consisting of</p> <p>17 pages numbered 1 through 118, is a full, true and correct</p> <p>18 transcript of my said stenotype notes of said deposition to</p> <p>19 the best of my knowledge, skill and ability.</p> <p>20</p> <p>21 DATED: At Reno, Nevada, this 16th day of January, 2020.</p> <p>22</p> <p>23</p> <p>24 </p> <p>25 JULIE ANN KERNAN, CCR #427</p>																																																																																																																																																												
<p style="text-align: right;">Page 120</p> <p>1 ERRATA SHEET</p> <p>2</p> <p>3</p> <p>4 I declare under penalty of perjury that I have read the</p> <p>5 foregoing _____ pages of my testimony, taken</p> <p>6 on _____ (date) at</p> <p>7 _____(city), _____(state),</p> <p>8</p> <p>9 and that the same is a true record of the testimony given</p> <p>10 by me at the time and place herein</p> <p>11 above set forth, with the following exceptions:</p> <p>12</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Page</th> <th style="width: 10%;">Line</th> <th style="width: 40%;">Should read:</th> <th style="width: 40%;">Reason for Change:</th> </tr> </thead> <tbody> <tr><td>13</td><td>---</td><td>_____</td><td>_____</td></tr> <tr><td>14</td><td>---</td><td>_____</td><td>_____</td></tr> <tr><td>15</td><td>---</td><td>_____</td><td>_____</td></tr> <tr><td>16</td><td>---</td><td>_____</td><td>_____</td></tr> <tr><td>17</td><td>---</td><td>_____</td><td>_____</td></tr> <tr><td>18</td><td>---</td><td>_____</td><td>_____</td></tr> <tr><td>19</td><td>---</td><td>_____</td><td>_____</td></tr> <tr><td>20</td><td>---</td><td>_____</td><td>_____</td></tr> <tr><td>21</td><td>---</td><td>_____</td><td>_____</td></tr> <tr><td>22</td><td>---</td><td>_____</td><td>_____</td></tr> <tr><td>23</td><td>---</td><td>_____</td><td>_____</td></tr> <tr><td>24</td><td>---</td><td>_____</td><td>_____</td></tr> <tr><td>25</td><td>---</td><td>_____</td><td>_____</td></tr> </tbody> </table>	Page	Line	Should read:	Reason for Change:	13	---	_____	_____	14	---	_____	_____	15	---	_____	_____	16	---	_____	_____	17	---	_____	_____	18	---	_____	_____	19	---	_____	_____	20	---	_____	_____	21	---	_____	_____	22	---	_____	_____	23	---	_____	_____	24	---	_____	_____	25	---	_____	_____	<p style="text-align: right;">Page 121</p> <p>1 ERRATA SHEET</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Page</th> <th style="width: 10%;">Line</th> <th style="width: 40%;">Should read:</th> <th style="width: 40%;">Reason for Change:</th> </tr> </thead> <tbody> <tr><td>2</td><td>---</td><td>_____</td><td>_____</td></tr> <tr><td>3</td><td>---</td><td>_____</td><td>_____</td></tr> <tr><td>4</td><td>---</td><td>_____</td><td>_____</td></tr> <tr><td>5</td><td>---</td><td>_____</td><td>_____</td></tr> <tr><td>6</td><td>---</td><td>_____</td><td>_____</td></tr> <tr><td>7</td><td>---</td><td>_____</td><td>_____</td></tr> <tr><td>8</td><td>---</td><td>_____</td><td>_____</td></tr> <tr><td>9</td><td>---</td><td>_____</td><td>_____</td></tr> <tr><td>10</td><td>---</td><td>_____</td><td>_____</td></tr> <tr><td>11</td><td>---</td><td>_____</td><td>_____</td></tr> <tr><td>12</td><td>---</td><td>_____</td><td>_____</td></tr> <tr><td>13</td><td>---</td><td>_____</td><td>_____</td></tr> <tr><td>14</td><td>---</td><td>_____</td><td>_____</td></tr> <tr><td>15</td><td>---</td><td>_____</td><td>_____</td></tr> <tr><td>16</td><td>---</td><td>_____</td><td>_____</td></tr> <tr><td>17</td><td>---</td><td>_____</td><td>_____</td></tr> <tr><td>18</td><td>---</td><td>_____</td><td>_____</td></tr> <tr><td>19</td><td>Date: _____</td><td>_____</td><td>_____</td></tr> <tr><td>20</td><td></td><td>Signature of Witness</td><td>_____</td></tr> <tr><td>21</td><td></td><td>Name Typed or Printed</td><td>_____</td></tr> <tr><td>22</td><td></td><td></td><td>_____</td></tr> <tr><td>23</td><td></td><td></td><td>_____</td></tr> <tr><td>24</td><td></td><td></td><td>_____</td></tr> <tr><td>25</td><td></td><td></td><td>_____</td></tr> </tbody> </table>	Page	Line	Should read:	Reason for Change:	2	---	_____	_____	3	---	_____	_____	4	---	_____	_____	5	---	_____	_____	6	---	_____	_____	7	---	_____	_____	8	---	_____	_____	9	---	_____	_____	10	---	_____	_____	11	---	_____	_____	12	---	_____	_____	13	---	_____	_____	14	---	_____	_____	15	---	_____	_____	16	---	_____	_____	17	---	_____	_____	18	---	_____	_____	19	Date: _____	_____	_____	20		Signature of Witness	_____	21		Name Typed or Printed	_____	22			_____	23			_____	24			_____	25			_____
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<p>Page 122</p> <p>1 HEALTH INFORMATION PRIVACY & SECURITY: CAUTIONARY NOTICE</p> <p>2 Litigation Services is committed to compliance with applicable federal</p> <p>3 and state laws and regulations ("Privacy Laws") governing the</p> <p>4 protection and security of patient health information. Notice is</p> <p>5 hereby given to all parties that transcripts of depositions and legal</p> <p>6 proceedings, and transcript exhibits, may contain patient health</p> <p>7 information that is protected from unauthorized access, use and</p> <p>8 disclosure by Privacy Laws. Litigation Services requires that access,</p> <p>9 maintenance, use, and disclosure (including but not limited to</p> <p>10 electronic database maintenance and access, storage, distribution/</p> <p>11 dissemination and communication) of transcripts/exhibits containing</p> <p>12 patient information be performed in compliance with Privacy Laws.</p> <p>13 No transcript or exhibit containing protected patient health</p> <p>14 information may be further disclosed except as permitted by Privacy</p> <p>15 Laws. Litigation Services expects that all parties, parties'</p> <p>16 attorneys, and their HIPAA Business Associates and Subcontractors will</p> <p>17 make every reasonable effort to protect and secure patient health</p> <p>18 information, and to comply with applicable Privacy Law mandates,</p> <p>19 including but not limited to restrictions on access, storage, use, and</p> <p>20 disclosure (sharing) of transcripts and transcript exhibits, and</p> <p>21 applying "minimum necessary" standards where appropriate. It is</p> <p>22 recommended that your office review its policies regarding sharing of</p> <p>23 transcripts and exhibits - including access, storage, use, and</p> <p>24 disclosure - for compliance with Privacy Laws.</p> <p>25 © All Rights Reserved. Litigation Services (rev. 6/1/2019)</p>	

EXHIBIT 10

Samaritan" provisions. The next addition to S.B. 2 was subsection 5 on page 5 of the bill that would give total immunity to medical doctors, osteopathic physicians, and dentists who, in good faith, provided medical care to a patient free of charge at a nonprofit or governmental health care facility.

Assemblyman Marvel asked if that language was the "Good Samaritan" statute. Ms. Lang confirmed it was contained in the Good Samaritan statute.

Ms. Lang called the committee's attention to Section 2 of S.B. 2, when Chairman Anderson announced that the Ways and Means Committee would be meeting at 2:30 p.m., and that required a recess of his committee at 2:15 p.m. Chairman Anderson called new witnesses to the table and summarized the current discussion centered on S.B. 2. He explained there were committee concerns regarding the language on page 2 and the expansion of emergency room coverage to additional hospitals. Chairman Anderson asked the witnesses to clarify the intent of the language.

Gus Flangas, an attorney representing the Physicians Task Force, introduced his colleagues, Dr. Robert McBeath (to his left) and Dr. Michael Daubs (to his right).

Assemblywoman Parnell voiced concern about the addition of a new population of doctors and the clear standard to be met for the \$50,000 liability coverage. If a clear standard was established, her second concern was that the determination would not be made until the matter reached a court of law. She asked for clarification on that process.

Before addressing Assemblywoman Parnell's concerns, Mr. Flangas offered to review the background information that led to insertion of the language. The University Medical Center (UMC) Trauma Center in Las Vegas was extremely vital to Clark County and areas of Arizona and California. The UMC Trauma Center closed its doors in July for 10 days. The impact was devastating to the community and was foretelling of events to come in northern Nevada. Mr. Flangas explained that UMC was a state facility, and it fell under the \$50,000 limitation. The employees of UMC also fell under that limitation. The reason for the bill was to help the independent doctors who worked at UMC, but, in fact, were not employees of the UMC Trauma Center. Those doctors were paid \$40 per hour to work on a voluntary basis. When they listed the UMC Trauma Center on their malpractice insurance applications, their premiums increased significantly. In Mr. Flangas' judgment, those doctors needed protection.

Mr. Flangas illustrated his point with an example of an independent doctor treating a patient at the UMC Trauma Center. That patient became his patient (i.e., professionally bound to continue with the care and treatment of that patient). The language that was inserted was somewhat designed to add more protection because of that obligation to perform follow-up work on that patient, regardless of location or time. Mr. Flangas explained the previous draft of the bill had no provision for follow-up work, and that caused great concern. It exposed the physician to the loss of the \$50,000 coverage as originally drafted. The new language remedied that situation

with the "rebuttable presumption" language. If there was an injury to the patient, it would be presumed to have occurred during the course of treatment for that trauma.

Chairman Anderson interrupted and reminded the witnesses that time was running out for questions from the committee. Mr. Flangas acknowledged the concern and summarized the issue of "rebuttable presumption."

Assemblywoman Parnell interrupted to clarify for the witness that her concern was not that section of the bill. She stated emphatically that there was not one person who would argue the need to protect the trauma doctors in Nevada. Assemblywoman Parnell voiced her concern over language in S.B. 2 that added a new population of doctors who, with special circumstances, would have that same \$50,000 liability protection. She voiced additional concern over a clear definition of when the coverage would be applicable and who would make that determination.

Dr. Michael Daubs, an orthopedic surgeon, offered to respond. There existed clear definitions in the *Nevada Administrative Code* that defined a "trauma patient." If a patient qualified under that definition and was treated at a facility that was not a designated trauma center, the doctor would be protected by the proposed legislation.

Assemblywoman Cegavske reiterated an earlier question regarding the terminology "a physician" and asked if that included anesthesiologists in the treatment of trauma patients. Mr. Flangas replied in the affirmative.

Assemblyman Dini asked if coverage included nurse anesthesiologists. Mr. Flangas replied a nurse anesthetist would not be covered under that language. Chairman Anderson requested clarification from the Committee Legal Counsel. Ms. Lang called the committee's attention to subsection 1, page 2, line 17, where it read "an employee of a hospital who renders care." Ms. Lang explained it referred back to the nonprofit hospitals and centers. In regard to a for-profit facility, the same language was provided in subsection 2.

Following Chairman Anderson's clarification, Ms. Lang continued with her testimony and stated it applied to employees of a hospital. It was provided under both subsection 1 and subsection 2. In governmental hospitals, employees were already covered under the sovereign immunity statute. As such, they were not included in that part of the bill, but they did have coverage nonetheless.

Assemblyman Brown, addressing Assemblyman Dini's concern of nurse anesthetists, stated he believed that group had to carry their own professional insurance and were not necessarily classified as employees of hospitals.

In way of clarification, Dr. Michael Daubs stated it was his understanding nurse anesthetists were employed by hospitals.

Assemblyman Dini reiterated his comparison between lines 32-39 on page 2 (i.e.,

"serious medical condition requiring immediate medical attention") versus the language on line 2 of page 3 where it stated "acute life-threatening medical conditions." He observed there was a difference in standards between the two cited areas of S.B. 2.

Gus Flangas offered to respond and stated there was no clear answer to that concern. He suspected it happened in the drafting of the bill, and he was unsure if there was any actual distinction in the language. Chairman Anderson predicted that upcoming testimony from the hospital administrators and their attorney would resolve that issue.

Assemblyman Marvel asked when the \$50,000 protective cap expired for a patient judged to be stabilized and who made that determination. Dr. Daubs offered to respond, and he acknowledged the issue of stabilization was a difficult one in the medical community. The language was added because the doctor's initial contact with a patient was usually the first of several appointments. From his standpoint, a patient was stabilized if he was discharged from the clinic; the condition had been treated and he did not have to return to the clinic.

Assemblyman Marvel summarized by saying the \$50,000 cap might be in place for a period of time. Dr. Daubs replied in the affirmative and, for many injuries, stated it could be 6-12 weeks.

Dr. Robert McBeath clarified that attempting to place a definite time limit on the \$50,000 was not recommended. The intent was tied to the actual relationship between the doctor and patient as well as the nature of the injury. That relationship commenced when the doctor first treated the patient at the trauma center. The doctor's judgment that the patient could be discharged from his care was the essential point.

Assemblyman Marvel asked if, as a matter of formality, the physician waived his liability at the point the patient was stabilized. Was the doctor required to sign-off; Mr. Flangas replied that would not be feasible under the law to have the doctor waive his rights for personal injury, especially in a trauma situation. As far as the issue of time limit expiration, Mr. Flangas stated that if a charge of malpractice was raised during treatment, it would be essential to prove that the malpractice actually occurred during that treatment. That was the essence of the bill. If it could be demonstrated that the malpractice occurred in the follow-up treatment, the presumption no longer was in place. It would become a malpractice action based on events during follow-up actions.

Chairman Anderson illustrated the issue with an example of a patient who showed signs of cardiac arrest and went to the emergency room of a rural hospital. After the patient was stabilized, he was sent home with the expectation that his treatment would continue with his personal physician. Chairman Anderson asked if there was a point in time when the \$50,000 coverage no longer applied in that case. He added that previous testimony indicated the question would become an arguable point in court proceedings.

Mr. Flangas replied that theoretically the \$50,000 cap would continue as a presumption. In the hypothetical case posed by Chairman Anderson, Mr. Flangas took the example a step further. Several months passed uneventfully and then the patient had symptoms that caused him to see his doctor. The patient was erroneously told he had indigestion and not a heart attack. That case would be considered malpractice due to subsequent events outside of the trauma center, and the \$50,000 cap no longer applied.

Chairman Anderson modified his hypothetical case and stated the patient showed up at the emergency room convinced he was having a heart attack. The attending physician diagnosed the condition as indigestion and sent the patient home. The patient died of a massive coronary attack in the hospital parking lot. Chairman Anderson asked if the \$50,000 cap covered the physician and could be recovered by the patient's family.

Mr. Flangas requested clarification if the hypothetical patient had presented to the emergency room at the UMC Trauma Center. Chairman Anderson replied the patient was in Carson City. Dr. Daubs stated a heart attack was not considered a trauma and therefore would not be covered.

Dr. McBeath acknowledged there was some confusion in the language. The testimony in the Senate had centered on the example of the trauma victim being seen at another facility, not necessarily at UMC. During the Senate hearing, Dr. McBride illustrated the point with a case of a gunshot wound being handled at a community hospital.

Chairman Anderson voiced confusion and was still attempting to fully understand his hypothetical case. Because Nevada only had three designated trauma centers (i.e., Las Vegas, Reno, and Fallon), the likelihood of being seen in an emergency room of a hospital was very high for many Nevada citizens.

Dr. Daubs requested clarification if the hypothetical scenario was the example of a patient who was judged to be a trauma patient, but was not seen at a designated trauma center. Chairman Anderson read from lines 35-37 on page 2 of the bill "enters a hospital through its emergency room or trauma center may not be held liable for more than \$50,000 in civil damages exclusive of interest computed from the date of judgment." Dr. Daubs responded the heart attack would not fall under the trauma criteria.

Risa Lang, Committee Legal Counsel, asked if the witness was referring to the way they defined the situation, for example, going into a designated trauma center. She voiced confusion over why a heart attack would not be judged as a serious medical situation for a person in an emergency room or a trauma center. She called attention to subsection 2 that did not refer to designated trauma centers, but specifically addressed hospitals. In the example given, it would be an acute life-threatening medical condition, and she was unsure why a heart attack did not fall into that category.

Dr. Dan McBride, a member of the Physicians Task Force and President of the American College of Surgeons, approached the witness table and offered to clarify the issue. In testimony before the Senate, the discussion centered on limiting the coverage to patients with traumatic injuries. It was never the intent to extend blanket coverage to all emergency room patients, such as heart attacks. It was designed to extend the same liability coverage of physicians in the trauma center to physicians treating trauma cases in other facilities and hospitals.

Chairman Anderson emphasized the need for language that was sufficiently narrow for interpretation purposes.

Gus Flangas asked Dr. Daubs to address the issue. Dr. Daubs echoed the testimony of Dr. McBride and stated it was never the intent to include all medical cases, such as heart attacks. Dr. McBeath declared the core of the issue was in the definition of a trauma patient, and there were statutory definitions in place. He advised the statutory definitions would provide guidance for the bill language.

Chairman Anderson thanked the witnesses for their testimony and called representatives of the hospital association to the witness table. Robert Barengo, representing Sunrise Hospital, commenced testimony and explained the bill had been sponsored by the physicians. The heart of the issue was the treatment of trauma cases in all medical facilities. All hospitals received trauma patients. Physicians had a major concern that by treating a trauma patient in an emergency room, their liability might differ from what they would have had at a designated trauma center. Mr. Barengo described the bill as an attempt to have the designation of "trauma" follow the patient to whatever facility he entered for treatment.

Mr. Barengo described Section 1 as addressing the trauma centers, whereas Section 2 attempted to bring in all hospitals that treated trauma. Line 2 of page 3 included the language "acute life-threatening," and he viewed that as an attempt to define "trauma." A more refined definition of trauma was located in NRS 450B.105. Mr. Barengo suggested the addition of that definition to solve the problem. A physician treating any patient in any facility who met the definition of traumatic condition would be under the cap.

Assemblyman Ocegüera voiced his opinion that because the language was so overly broad, it would invite unintended interpretations. He agreed there were established definitions of "trauma" in the NRS 450B.105 that would solve the issue.

In response to Assemblyman Ocegüera, Mr. Barengo reminded the committee the use of that definition of trauma would bring into play the *Nevada Administrative Codes* (i.e., NAC 450B.798 and 450B.770) that dealt with the trauma issue.

Chairman Anderson called a committee recess with a request to reconvene at 4:30 p.m.