

1 **IN THE SUPREME COURT OF THE STATE OF NEVADA**
2 VALLEY HEALTH SYSTEM, LLC d/b/a DESERT
3 SPRINGS HOSPITAL,

4 *Petitioner,*

5 v.

6 THE EIGHTH JUDICIAL DISTRICT COURT OF
7 THE STATE OF NEVADA ex rel. THE COUNTY
8 OF CLARK, AND THE HONORABLE JUDGE
9 GLORIA STURMAN,

10 *Respondents,*

11 and

12 LASHAWANDA WATTS,

13 *Real Party in Interest,*

14 HOLAVANAHALLI KESHAVA- PRASAD, M.D.
15 AND H. KESHAVA PRASAD, MD, PLLC,
16 ABDUL TARIQ, D.O.; NEUROLOGY CLINICS OF
17 NEVADA LLC; AMIR QURESHI, M.D.; ROE
18 AMIR QURESHI, M.D. EMPLOYER; ALI HAQ,
19 M.D.; ROE ALI HAQ, M.D. EMPLOYER;
20 CHARLES KIM DANISH, D.O.; PLATINUM
21 HOSPITALISTS, LLP; DOES 1-35; ROE
22 CORPORATIONS 1-35, inclusive,

23 *Additional Parties in Interest.*

Supreme Court No.

85096

Electronically Filed
Nov 04 2022 02:14 PM
Elizabeth A. Brown
Clerk of Supreme Court

24 **PETITIONER'S REPLY APPENDIX**

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 Desert Springs Hospital Medical Center

ALPHABETHICAL INDEX TO PETITIONER’S REPLY APPENDIX

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Patient: WATTS, LASHAWANDA
 MRN: DSH5774628
 DOB/Sex: / Female
 Attending: Danish, Charles Kim DO

Admit: 7/20/2020
 Disch: 7/27/2020
 FIN: DSH0000032166225

Consultation

Bili T	L 0.1	0.2	0.2	0.2
	(JUL	(JUL	(JUL	(JUL
	27)	26)	25)	24)
Protein	7.1	6.8	7.9	7.6
	(JUL	(JUL	(JUL	(JUL
	27)	26)	25)	24)

Coagulation Profile (Last Within 24hrs)

INR: 1.1 (08:06)
 PT: 11.1 Seconds (08:06)

LFT (Last Within 24hrs)

AST: 68 units/L High (08:06)
 ALT: 75 units/L High (08:06)
 Alk Phos: 58 units/L (08:06)
 T Bili: 0.1 mg/dL Low (08:06)
 D Bili: <0.10 (08:06)
 TP: 7.1 gm/dL (08:06)

Electronically Signed By: Keshavaprasad, Holavanahalli
 On: 07.27.2020 18:40 PDT

DOCUMENT NAME: Consult - Infectious Disease
 SERVICE DATE/TIME: 7/25/2020 21:10 PDT
 RESULT STATUS: Auth (Verified)
 PERFORM INFORMATION: Gaticales, Joserobert K APRN (7/25/2020 21:11 PDT)
 SIGN INFORMATION: Qureshi, Amir Z MD (8/11/2020 15:28 PDT); Gaticales, Joserobert K APRN (7/25/2020 21:20 PDT); Gaticales, Joserobert K APRN (7/25/2020 21:11 PDT)

Chief Complaint/Reason for Consultation

pt masked...left foot tingley, swollen and blue, seen yesterday for same

History of Present Illness

30-year-old female who presented at the emergency room because of discomfort of bilateral feet and worsening pain, left is worse than the right. Also with discoloration of the left second third and fourth toes. She was seen the day prior to admission at the ER for pancolitis and possible left pyelonephritis and she was prescribed Omnicef. At the emergency room duplex ultrasound of the lower extremity showed no peripheral arterial disease on bilateral lower extremities. CT Angio of the chest on 7/20 was normal. CTA bilateral lower extremity on 7/20 showed mild right posterior tibial artery occlusion. Patient stated that she had some numbness on bilateral toes. On this examination patient is

Histories

Allergies

Allergies (Active and Proposed Allergies Only)
 No Known Medication Allergies
 (Severity: Unknown severity, Onset: Unknown)

Past Medical History

No problems documented.

Social History

Alcohol

Risk Assessment: Denies Alcohol

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afebrile. WBC is 14.77 from 9.56. Creatinine 0.765. Urine culture was negative. Blood culture result is still pending. Patient is currently on gentamicin and Rocephin which was started on 7/25/2020.

Review of Systems

Review of Systems

Constitutional: No weight loss, fever, chills, weakness or fatigue.

HEENT: No visual loss, blurred vision, double vision or yellow sclera. No hearing loss, sneezing, congestion, runny nose or sore throat.

Skin: No rash or itching.

Cardiovascular: No chest pain, chest pressure or chest discomfort. No palpitations or pedal edema.

Respiratory: No shortness of breath, cough or sputum production.

Gastrointestinal: No anorexia, nausea, vomiting or diarrhea. No abdominal pain or blood in stool.

Genitourinary: No burning micturition. No urinary frequency or incontinence.

Neurologic: No headache, dizziness, syncope, unilateral weakness, ataxia, numbness or tingling in the extremities. No change in bowel or bladder control.

Musculoskeletal: Bilateral feet pain

Objective

Vital Signs (24 hrs)	Last Charted	Minimum	Maximum
Temp	36.7 07/25/2020 19:52	36.9 07/25/2020 11:48	37 07/24/2020 23:24
Peripheral Pulse Rate	95 07/25/2020 19:52	94 07/25/2020 11:48	H 108 07/25/2020 15:43
Resp Rate	17 07/25/2020 15:43	17 07/24/2020 23:24	18 07/25/2020 01:02
SBP	106 07/25/2020 19:52	106 07/25/2020 19:52	H 139 07/24/2020 23:24
DBP	69 07/25/2020 19:52	69 07/25/2020 19:52	C 97 07/24/2020 23:24
MAP	81 07/25/2020 19:52	81 07/25/2020 19:52	111 07/24/2020 23:24
SpO2	99 07/25/2020 19:52	99 07/25/2020 04:24	100 07/24/2020 23:24
O2 Therapy		Room air	Room air

Use

Substance Abuse

Risk Assessment: Denies Substance Abuse

Tobacco

Risk Assessment: Denies Tobacco Use

Family History

No family history recorded.

Medications

Home Medications

acetaminophen (acetaminophen 325 mg oral tablet)

650 Milligram 2 Tabs By Mouth Every 4 hours as needed Pain (1-3)/Fever **aspirin**

81 Milligram 1 Gum By Mouth Daily

atorvastatin (atorvastatin 20 mg oral tablet)

20 Milligram 1 Tabs By Mouth at Bedtime

calcium carbonate (calcium carbonate 500 mg (200 mg elemental calcium) oral tablet, chewable)

500 Milligram 1 Tabs By Mouth 2 Times a Day

diphenhydramine (diphenhydramine 25 mg oral capsule)

25 Milligram 1 Capsules By Mouth Every 4 hours as needed Itching

docusate 100 Milligram By Mouth 2 Times a Day as needed Constipation

famotidine (famotidine 20 mg oral tablet)

40 Milligram 2 Tabs By Mouth at Bedtime

gabapentin (gabapentin 300 mg oral capsule)

300 Milligram 1 Capsules By Mouth 3 Times a Day

Physical Exam

Physical Exam

General: Alert, in no acute cardiopulmonary distress.

Mental Status: Oriented to person, place and time. Normal affect.

Head: Normocephalic.

Respiratory: Clear to auscultation and percussion. No wheezing, rales or rhonchi.

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Consultation

Cardiovascular: Heart sounds normal. No thrills. Regular rate and rhythm, no murmurs, rubs or gallops.

Gastrointestinal: Abdomen soft, non-tender, non-distended. Normal bowel sounds. No pulsatile mass. No hepatosplenomegaly.

Genitourinary: No costovertebral angle tenderness.

Skin: Swelling of the left third of bilateral legs and bilateral feet more on the dorsum. Noted multiple petechial rash on the medial aspect of both feet. Discoloration which is well demarcated on the forefoot with marked discoloration of bilateral toes. Bilateral dorsalis pedis palpable.

Assessment/Plan Diagnoses

Assessment: Blood cultures 7/25/2020: Pending
 Urine culture 7/25/2020: Pending
 Sputum cultures 7/25/2020: Pending

Assessment:

- Bilateral lower extremities skin changes most likely represent vasculitis.
- Right lower extremity arterial occlusion on CTA. Low suspicion for left-sided endocarditis.
- Leukocytosis, etiology unclear.
- Peripheral neuropathy.
- Pancolitis.

Recommendations:

- Continue Rocephin now, started 7/25/2020.
 - Stop gentamicin.
 - Follow echocardiogram, ordered.
 - Further recommendations to follow.
 - Case was discussed with Dr. Amir Qureshi.
- Thank you for the referral.

Discharge Planning:

» **Anticipated Discharge Disposition:** Other: ENCOMPASS

heparin (heparin 5000 units/mL injectable solution)

5,000 Units 1 Milliliter Subcutaneous Every 8 hours
methylPREDNISolone (Medrol Dosepak 4 mg oral tablet) See Instructions Take 6 Tabs on Day 1, 5 on Day 2, 4 on Day 3, 3 on Day 4, 2 on Day 5 and 1 on Day 6, # 21 Tabs

metoprolol (metoprolol succinate 50 mg oral capsule, extended release)

50 Milligram 1 Capsules By Mouth Daily for 30 Days
traZODone (traZODone 50 mg oral tablet)
 50 Milligram 1 Tabs By Mouth at Bedtime as needed Insomnia

Inpatient Medications

Active (20)
 Scheduled: (11)
aspirin 81 mg Oral EC Tab 81 mg 1 Tabs, Oral, Daily
atorvastatin 20 mg Tab 20 mg 1 Tabs, Oral, qHS
calcium carbonate 500 mg Chew Tab 500 mg 1 Tabs, Oral, BID
cefTRIAXone isosmotic 2 gm 50 mL, IV Piggyback, q24H Interval
famotidine 20 mg Tab 40 mg 2 Tabs, Oral, qHS
gabapentin 300 mg Cap 300 mg 1 Caps, Oral, TID
gentamicin/NS 60 mg 50 mL, IV Piggyback, q8H Interval
heparin 5000 units/mL 1 mL Inj 5,000 units 1 mL, SubCutaneous, q8H
metoprolol tartrate 25 mg Tab 25 mg 1 Tabs, Oral, BID
Nitroglycerin 0.4 mg/hr Transdermal Patch 1 Patches, TransDermal, Daily
Protocols Protocols, IV, Daily Continuous: (0)
 PRN: (9)
acetaminophen 325 mg Tab 650 mg 2 Tabs, Oral, q4H
diphenhydrAMINE 25 mg Cap 25 mg

Patient: WATTS, LASHAWANDA
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Admit: 7/20/2020
 Disch: 7/27/2020

FIN: DSH0000032166225

Consultation

DOCUMENT NAME: Consult - Vascular Surgery
 SERVICE DATE/TIME: 7/21/2020 09:08 PDT
 RESULT STATUS: Auth (Verified)
 PERFORM INFORMATION: Chua, Johnny M APRN (7/21/2020 09:13 PDT)
 SIGN INFORMATION: Martin JR MD, Juan E (7/21/2020 14:50 PDT); Chua, Johnny M APRN (7/21/2020 09:37 PDT)

SOAP Note: General**

Patient: WATTS, LASHAWANDA MRN: DSH5774628 FIN: DSH0000032166225
 Age: 30 years Sex: Female DOB: 4/9/1990
 Associated Diagnoses: None
 Author: Chua, Johnny M APRN

Subjective

Doing well. Complaining of left foot pain.

Review of Systems

Constitutional: Negative except as documented in history of present illness.
Respiratory: Negative except as documented in history of present illness.
Cardiovascular: Negative except as documented in history of present illness.
Gastrointestinal: Negative except as documented in history of present illness.
Genitourinary: Negative except as documented in history of present illness.
Gynecologic: Negative except as documented in history of present illness.

Objective

VS/Measurements

Inpt. Vital Signs (ST)

<u>Vital Signs (24 hrs)</u>	<u>Last Charted</u>	<u>Minimum</u>	<u>Maximum</u>
Temp	L 36.3 (JUL 21 08:25)	36.7 (JUL 21 00:05)	37.3 (JUL 20 18:20)
Peripheral Pulse Rate	70 (JUL 21 08:25)	68 (JUL 20 23:41)	H 102 (JUL 20 18:20)
Resp Rate	16 (JUL 21 08:25)	L 10 (JUL 20 23:41)	18 (JUL 20 19:32)
SBP	125 (JUL 21 08:25)	113 (JUL 21 00:05)	125 (JUL 21 08:25)
DBP	78 (JUL 21 08:25)	60 (JUL 20 23:41)	H 86 (JUL 20 18:20)
SpO2	99 (JUL 21 08:25)	99 (JUL 20 23:41)	100 (JUL 20 18:20)
	Room air	Room air	Room air

General: Alert and oriented, No acute distress.
Respiratory: Lungs are clear to auscultation, Respirations are non-labored.
Cardiovascular: Normal rate, Regular rhythm.
Gastrointestinal: Soft, Non-tender.
Musculoskeletal: Normal range of motion, Normal strength.
Integumentary: Warm, Dry, Pink.
Neurologic: Alert, Oriented, Normal sensory, Normal motor function, No focal deficits.
Psychiatric: Cooperative, Appropriate mood & affect, Normal judgment, Non-suicidal.

Assessment

Interpretation of Results

Laboratory: Fishbone Labs ST
 JUL 21 04:16

DSH- Desert Springs Hospital Medical Center

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Consultation

139 | H 109 | L 4 / 95

4.4 | 25 | 0.675 \

JUL 21 04:16

\ L 9.7 /
 9.18 285

/ L 30.1 \.

Plan

PAD Consultation

Patient is a pleasant 30 year old African American female patient. She has a past medical history of colitis. COVID rule out. She states she did have a diagnostic colonoscopy for anemia in the past. She presents to Desert Springs Hospital with complaints of increasing discomfort in her bilateral lower extremities L > R. The pain has been getting worse with discoloration of the 2nd, 3rd, and 4th toes on the left foot with some on the right foot. CTA of her bilateral lower extremities reveal occlusion of the mid right posterior tibial artery. On physical examination she has palpable bilateral femoral, popliteal, DP/PT pulses. Brisk capillary refill. +Sensory/Motor. Feet are warm. She does complain of rest pain L > R on the tips of her toes. There is no tissue loss. This case will be discussed with IR and Dr. Martin for possible intervention. Continue medical management for now. No indication for emergent surgical revascularization at this time.

Electronically Signed By: Chua, Johnny
On: 07.21.2020 09:37 PDT

Electronically Signed On: 07.21.2020 14:50 PDT
Martin, Juan MD

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that I am an employee of HALL PRANGLE & SCHOONVELD, LLC; that on the 4th day of November 2022, I served a true and correct copy of the foregoing **PETITIONER'S REPLY APPENDIX** via the E-Service Master List for the above referenced matter in the Eighth Judicial District Court e-filing System in accordance with the electronic service requirements of Administrative Order 14-2 and the Nevada Electronic Filing and Conversion Rules, to the following:

The Honorable Gloria Sturman The
Eighth Judicial District Court
Regional Justice Center
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