

IN THE STATE COURT OF CHATHAM COUNTY
STATE OF GEORGIA

JATINDER BHIMBRA as)
Administrator of the Estate, of)
HARVINDER KAUR, deceased,)
and)
SUDARSHAN SINGH,)
Plaintiffs,)

CIVIL ACTION

FILE NO. STCV 20-00310

— versus —)

JURY TRIAL DEMANDED

MICHAEL A. ERRICO, DO)
SOUTHEAST LUNG &)
CRITICAL CARE)
SPECIALISTS, P.C.)
ST. JOSEPH'S/CANDLER)
HEALTH SYSTEM, INC.)
JOHN/JANE DOE 1-4,)
DEFENDANTS)

PLAINTIFFS' FIRST AMENDED COMPLAINT FOR DAMAGES

1. This amended complaint substitutes St. Joseph's/Candler Health System, Inc. ("CHS") for one of the John/Jane Doe Defendants and adds a claim for professional negligence against CHS.¹

Nature of the Action

2. This medical malpractice action arises out of medical services negligently performed on Harvinder Kaur on April 24, 2018.

3. As Administrator, Plaintiff Jatinder Bhimbra asserts a claim on behalf of the estate of Harvinder Kaur for harm she suffered before she died.

4. Plaintiff Sudarshan Singh asserts a wrongful-death claim pursuant to OCGA Title 51, Chapter 4.

5. Pursuant to OCGA § 9-11-9.1, the Affidavit of Alexander Merkler, MD, is attached hereto as Exhibit 1, and the Affidavit of Judith Climenson, RN is attached hereto as Exhibit 2. This Complaint incorporates the opinions and factual allegations contained in those affidavits.

¹ See *Smith v. Vencare*, 238 Ga App 621 (1999) ("When there is a substitution by amendment of a 'John Doe' or 'Jane Doe' named in the original complaint for the real defendant, OCGA § 9-11-21 does not apply, and OCGA § 9-11-15(c) is applicable; therefore, leave of court is not necessary for the substitution.").

6. As used in this Complaint, the phrase “standard of care” means that degree of care and skill ordinarily employed by the medical profession generally under similar conditions and like circumstances as pertained to the Defendant’s actions under discussion.

Parties, Jurisdiction, and Venue

7. **Plaintiff Jatinder Bhimbra** is a citizen of New York. He is one of the sons of Harvinder Kaur, deceased, and brings this lawsuit in relation to the death of their mother as a result of medical malpractice in Chatham County, Georgia. Jatinder Bhimbra submits to the jurisdiction and venue of this Court.

8. **Plaintiff Sudarshan Singh** is a citizen of Georgia. He is also a son of Harvinder Kaur and brings a wrongful death claim on behalf of himself and his siblings as wrongful-death beneficiaries.

9. **Defendant Michael A. Errico, DO**, is a citizen of Georgia, residing in Chatham County. He may be served with process at his residence: 16 Breezy Palm Way, Savannah, GA 31406.

10. **Defendant Southeast Lung & Critical Care Specialists, P.C.** (“**Southeast Lung**”) is a Georgia corporation. Pursuant to OCGA 14-2-510, Southeast Lung is subject to venue in this Court because (a) it maintains its registered office in Chatham County and (b) the cause of action originated in Chatham County and the corporation has an office and transacts business in that

county. Southeast Lung may be served through their registered agent: James A Daly, MD, at 340 Hodgson Court; STE 2, Savannah, GA, 31406.

11. At all times relevant to this Complaint, Dr. Errico acted as an employee or agent of Southeast Lung.

12. If Dr. Errico did in fact commit professional negligence as alleged in this Complaint, then Southeast Lung holds liability vicariously for that negligence.

13. **Defendant St. Joseph's/Candler Health System, Inc. ("CHS")** is a corporation with its Registered Office in Chatham County. CHS may be served through their Registered Agent, Melissa Alvarez, at 5353 Reynolds Street, Savannah, Georgia 31405.

14. **Defendants John/Jane Doe 1-4** are those yet unidentified individuals and/or entities who may be liable, in whole or part, for the damages alleged herein. Once served with process, John/Jane Doe 1-4 are subject to the jurisdiction and venue of this Court.

15. This Court has subject matter jurisdiction, and venue is proper as to all Defendants in this Court.

Facts

16. On 4/24/2018 at approximately 1223 hours, the Effingham County EMS arrived at Mrs. Harvinder Kaur's house, in response to a 911 call.

17. Mrs. Kaur's family told the EMS that she had last been seen normal about 15 minutes before the EMS arrived (or approximately 1208 hrs), after which she began to vomit and became unresponsive.

18. The EMS noted Mrs. Kaur's chief complaint as "Stroke/CVA."

19. At 1230 hours, the EMS noted Mrs. Kaur's GCS (Glasgow Coma Scale) score as 3 — indicating no eye-open response, no verbal response, and no motor response.

20. At 1230 hours, Mrs. Kaur's blood pressure was 145/110, but it rose between then and 1300 hours.

21. At approximately 1310-1316 hours, the Effingham County EMS brought Harvinder Kaur by ambulance to St. Joseph's Candler Hospital and transferred care of Ms. Kaur to the Emergency Department staff.

22. At approximately 1318 hrs, the ED triage staff recorded "Stroke symptoms present? No," "Chief complaint Neurological," and "ESI (Priority) 2."

23. The staff also recorded Mrs. Kaur's blood pressure as 238/101.

24. The standard of care required the CHS nurses to recognize that Mrs. Kaur's blood pressure signified a hypertensive crisis placing the patient in danger if untreated, and thus to notify Dr. Bowers of Mrs. Kaur's severely hypertensive blood pressure, and to request treatment. The CHS staff did not do so.

25. At approximately 1321 hours, the ED physician, Mark S. Bowers, DO, ordered a stat EKG and a stat CT of the brain, without contrast. Dr. Bowers did not order a CTA or MRA.

26. At approximately 1334 hours, a radiologist, John C. Gouse, MD, reported on the result of the brain CT without contrast.

27. Dr. Gouse reported no evidence of acute intracranial process but did note intracranial atherosclerosis.

28. At approximately 1357 hours, Dr. Bowers entered an order for a stat consultation with a neurologist. The immediate response to the order was that the neurologist was with a patient and would call back.

29. Dr. Michael Errico provided a neurological consultation and examined Mrs. Kaur at approximately 1420 hours, in the ER. Dr. Errico signed a History and Physical note at 1452 hours, in which he noted spending 35 minutes of critical care time with Mrs. Kaur.

30. Mrs. Kaur was given medication to reduce her blood pressure — Nicardipine — at approximately 1420 hours, about an hour after she was brought to the ER.

31. Nicardipine is not a fast-acting medication for rapidly reducing a patient's blood pressure.

32. At 1441 hours, an order was entered, formally admitting Mrs. Kaur to the Neuro ICU, with Dr. Errico as the admitting physician. At that point, Mrs. Kaur was still physically in the ER.

33. The “reason for admission” to the Neuro ICU was altered mental status and hypertensive emergency.

34. In his H&P, Dr. Errico wrote, “78-year-old Hindi female presented to St. Joseph Hospital via private vehicle after expressing sudden unresponsiveness, nausea and vomiting. She has a history of essential hypertension with poor medical compliance.” Dr. Errico did not identify any evidence of a history of essential hypertension, nor did he identify any evidence of poor medical compliance.

35. The root cause of Mrs. Kaur's unresponsiveness could not have been a hypertensive emergency, because her blood pressure shortly after the 911 call was 145/110.

36. If Dr. Errico or anyone on staff at CHS had reviewed Mrs. Kaur's blood pressure history from the time of the 911 call, it would have been obvious that Mrs. Kaur's vomiting and lack of responsiveness were not brought on by high blood pressure.

37. In his History and Physical, Dr. Errico wrote that Mrs. Kaur's "husband [actually, her son] is present at bedside and is a physician. He is requesting thrombolytic therapy. She has no evidence of facial droop, she does have skew deviation. We will obtain CTA head and neck stat. She will be started on a Cardene drip.”

38. The presence of skew deviation strongly indicated that Mrs. Kaur was suffering a stroke.

39. Mrs. Kaur's blood pressure was noted to be 220/110, also a sign of potential stroke.

40. Dr. Errico did not evaluate Mrs. Kaur using the NIH Stroke Scale score.
41. Had Dr. Errico performed this evaluation, the NIHSS score would have been 17.
42. Harvinder Kaur was a candidate for intravenous Tissue Plasminogen Activator (“tPA”), a medication injected intravenously to dissolve blood clots and restore perfusion.
43. Mrs. Kaur had suffered a stroke, but was well within the window of opportunity to receive life-saving tPA.
44. Mrs. Kaur’s blood pressure could have easily been lowered to below 185 systolic to meet the guidelines for the infusion of tPA.
45. Dr. Errico did order a stat CTA of the carotids and Circle of Willis.
46. According to a late nurse's note at 1643 hours, Mrs. Kaur was taken from the ER to the ICU before being taken to the radiology suite for the CTA.
47. Because the CTA was ordered stat, Mrs. Kaur should have been taken directly from the ER to radiology.
48. The CTA did not get done until 1600 hours — approximately 1 hour and 20 minutes after the stat order.
49. The CHS staff grossly violated the standard of care by failing to transport Mrs. Kaur to radiology in a timely manner.
50. According to the 1643 hours note, Dr. Errico saw Mrs. Kaur between the time the CTA was performed and 1643, and looked at the CTA at that time.

51. The radiologist did not dictate the CTA report until 1934 hours (nearly 5 hours after the stat order), and the dictation did not get transcribed until 2132 hours (nearly seven hours after the stat order).

52. When the CTA was reported, it confirmed that Mrs. Kaur had suffered a stroke. The CTA report noted "Small cervical right vertebral artery with multifocal moderate-to-severe narrowing and severe narrowing at the origin with occlusion of the right vertebral artery from level of C1 up to the right VBJ."

53. By the time the radiology report confirmed a stroke, it was too late for TPA to do any good. Mrs. Kaur was essentially past the treatment window for her stroke.

54. The standard of care required Dr. Errico to place stroke on his differential diagnosis, to take the necessary steps to attempt to rule stroke off his differential, and to treat Mrs. Kaur for stroke after confirming a stroke diagnosis.

55. Dr. Errico failed to place stroke on his differential diagnosis, failed to diagnose her stroke, failed to take appropriate steps to treat her stroke, including the administration of tPA, and otherwise failed to provide proper care.

56. Dr. Errico violated the applicable standard of care.

57. Mrs. Kaur languished in the hospital for about three weeks. She died on May 14, 2018, shortly before noon.

Count 1 – Injuries & Wrongful Death from Professional Negligence — Dr. Errico and Southeast Lung

58. Plaintiff incorporates by reference, as if fully set forth herein, all preceding paragraphs of this Complaint.

59. The standard of care required Dr. Errico to diagnose and treat Harvinder Kaur’s stroke.

60. The standard of care required Dr. Errico to treat Mrs. Kaur’s blood pressure to lower it quickly and to administer tPA therapy.

61. Dr. Errico violated the standard of care in these respects.

62. These violations of the standard of care caused serious physical injury, including death, to Harvinder Kaur.

63. Dr. Errico is directly liable for his own negligence.

64. Southeast Lung is vicariously liable for the negligence of Dr. Errico, because he was acting within the scope of his employment with, or agency for, Southeast Lung.

Count 2 – Injuries & Wrongful Death from Professional Negligence — CHS

65. Plaintiff incorporates by reference, as if fully set forth herein, all preceding paragraphs of this Complaint.

66. The standard of care required CHS nursing staff to inform Dr. Bowers of Mrs. Kaur’s extremely high blood pressure and to request treatment. The CHS staff did not do so.

67. After Dr. Errico ordered a stat CTA while Mrs. Kaur was in the ER, the standard of care required the CHS nursing staff to transport Mrs. Kaur immediately to radiology for the CTA. The CHS staff did not do so.

68. These violations of the standard of care caused serious physical injury, including death, to Harvinder Kaur.

69. CHS is vicariously liable for the negligence of the CHS nursing staff, because the nurses were acting within the scope of their employment with, or agency for, CHS.

Damages

70. Plaintiff incorporates by reference, as if fully set forth herein, all preceding paragraphs of this Complaint.

71. Mrs. Kaur's estate is entitled to recover from the Defendants for the physical, emotional, and economic injuries Mrs. Kaur suffered before she died, as a proximate result of the standard-of-care violations identified here.

72. Pursuant to OCGA Title 51, Chapter 4, Harvinder Kaur's wrongful death beneficiaries are entitled to recover from the Defendants for the value of Mrs. Kaur's life and for special damages including funeral costs and other direct financial costs suffered as a proximate result of the standard-of-care violations identified here.

73. As a direct and proximate result of the Defendants' conduct, Plaintiff is entitled to recover from Defendants reasonable compensatory damages in an

amount exceeding \$10,000.00 to be determined by a fair and impartial jury for all damages Plaintiff suffered, including physical, emotional, and economic injuries.

74. WHEREFORE, Plaintiff demands a trial by jury and judgment against the Defendants as follows:

- a. Compensatory damages in an amount exceeding \$10,000.00 to be determined by a fair and impartial jury;
- b. All costs of this action; and
- c. Such other and further relief as the Court deems just and proper.

April 15, 2020

Respectfully submitted,

/s/ Lloyd N. Bell
 Georgia Bar No. 048800
 Daniel E. Holloway
 Georgia Bar No. 658026

BELL LAW FIRM
 1201 Peachtree St. N.E., Suite 2000
 Atlanta, GA 30361
 (404) 249-6767 (tel)
 bell@BellLawFirm.com
 dan@BellLawFirm.com

/s/ Lawrence B. Schlachter
 Georgia Bar No. 001353

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 larry@schlachterlaw.com

/s/ Stephen G. Lowry
 Georgia Bar No. 460289

Harris Lowry Manton, LLP
 410 E. Broughton Street
 Savannah, GA 31401

Brian H. Hart - Clerk of Court

(912) 651-9967 (tel)
steve@hlmlawfirm.com

Attorneys for Plaintiffs

IN THE STATE COURT OF CHATHAM COUNTY
STATE OF GEORGIA

JATINDER BHIMBRA as)	
Administrator of the Estate, of)	CIVIL ACTION
HARVINDER KAUR, deceased,)	
and)	
SUDARSHAN SINGH,)	FILE NO. STCV 20-00310
)	
Plaintiffs,)	
— <i>versus</i> —)	JURY TRIAL DEMANDED
MICHAEL A. ERRICO, DO)	
SOUTHEAST LUNG &)	
CRITICAL CARE)	
SPECIALISTS, P.C.)	
ST. JOSEPH’S/CANDLER)	
HEALTH SYSTEM, INC.)	
JOHN/JANE DOE 1-4,)	
DEFENDANTS)	

CERTIFICATE OF SERVICE

Plaintiffs will serve this amended complaint by process server on St. Joseph’s/Candler Health System, Inc. Plaintiffs have served it on the other, previously named Defendants — Michael A. Errico, DO and Southeast Lung & Critical Care Specialists, P.C. — through their counsel, by efileing the document through Oddessey eFile GA.

Brian H. Hart - Clerk of Court

April 15, 2020

/s/ Lloyd N. Bell
Georgia Bar No. 048800

AFFIDAVIT OF ALEXANDER ELIOT MERKLER

PERSONALLY APPEARS before the undersigned authority, duly authorized to administer oaths, comes Alexander Eliot Merkler, who after first being duly sworn, states as follows:

Limited Purpose of Affidavit

1. I use the term "standard of care" to refer to that degree of care and skill ordinarily exercised by members of the medical profession generally under the same or similar circumstances and like surrounding conditions as pertained to the medical providers I discuss here.

2. I make this affidavit for a limited purpose. I have been told that in order to file a medical malpractice lawsuit, the plaintiff must include an affidavit that identifies a single violation of a professional standard of care by the negligent medical provider named in the lawsuit. I'm told that this requirement is stated in Georgia statutes at OCGA § 9-11-9.1.

3. I have been asked to provide this affidavit for the sole purpose of complying with that statute.

4. This affidavit does not attempt to state or summarize all my opinions.

5. Nor do I not attempt to identify everyone who violated standards of care. Rather, this affidavit identifies a standard-of-care violation only as to the particular individuals whose conduct I have been specifically asked to examine. There may be other individuals who acted negligently.

6. The fact that I do not discuss this or that other person, or do not mention this or that other standard-of-care violation, means only that I have not been asked to address those persons or violations for the limited purpose of this affidavit.

7. Furthermore, I have been told that this case is only now beginning — that a lawsuit has not been filed yet. I'm told that attorneys cannot subpoena information until after a lawsuit has been filed. Therefore, I understand that a large amount of information may become available, which I don't have today. As I gain more information, my opinions may change.

Topic

8. This affidavit concerns medical services provided to Mrs. Harvinder Kaur on April 24, 2018, in Savannah, Georgia.

9. Mrs. Kaur died of a stroke because of medical negligence.

Qualifications

10. I am more than 18 years old, suffer from no legal disabilities, and give this affidavit based upon my own personal knowledge and belief.

11. I do not recite my full qualifications here. I recite them only to the extent necessary to establish my qualifications for purposes of expert testimony under OCGA 24-7-702.

12. However, my Curriculum Vitae is attached hereto as Exhibit "A." My CV provides further detail about my qualifications. I incorporate and rely on that additional information here.

13. The acts or omissions at issue here occurred on **April 24, 2018**.

14. I am qualified to provide expert testimony pursuant to OCGA 24-7-702. That is,

- a. On April 24, 2018, I was licensed by an appropriate regulatory agency to practice my profession in the state in which I was practicing or teaching in the profession.

Specifically, in 2010 I was licensed by the State of New York to practice medicine. That's where I was practicing medicine in April 2018.

- b. On April 24, 2018, I had actual professional knowledge and experience in the area of practice or specialty which my opinions relate to — specifically, the areas of:
- the assessment and treatment of patients with the new onset of neurological signs and symptoms, suspected cerebral infarction, including the signs and symptoms preceding this neurological disorder;
 - the implementation of protocols for patients presenting with new neurological signs and symptoms including those consistent with cerebral infarction; and
 - the general care and treatment of patients in the ER setting and the ICU, including patients exhibiting the onset of new neurological signs consistent with cerebral infarction.
- c. I had this knowledge and experience as the result of having been regularly engaged in the active practice of the foregoing areas of specialty of my profession for at least three of the five years prior to April 24, 2018, with sufficient frequency to establish an appropriate level of knowledge of the matter my opinions address.

Specifically, I completed my residency in Neurology in 2014 at the New York Presbyterian Hospital-Weill Cornell Medical College. I became Board Certified in Neurology in 2014 and in Critical Care Medicine in 2017.

Summary of Opinions as to Standard-of-Care Violations

15. Michael A. Errico, DO, violated the applicable standard of care by failing to recognize and evaluate the onset of new neurological symptoms, and to

treat Mrs. Kaur for stroke. Dr. Errico thereby deprived Mrs. Kaur of the life-saving care she needed. Dr. Errico departed grossly from the standard of care.

16. The Emergency Medical Services personnel from Effingham County EMS, and the triage nurses at the St. Josephs Hospital ER violated the standard of care by failing to communicate (or demand communication of) the symptoms Mrs. Kaur had displayed before transfer to the hospital. The records do not document any communication between the EMS personnel and the triage nursing staff stating that Mrs. Kaur's history and primary diagnosis was a cerebral stroke.

Factual Basis for Opinion

17. I have reviewed medical records from:

- St. Josephs Hospital from April 24, 2018 through June 11, 2018
- EMS records of Effingham County on April 24, 2018
- Voice recording of 911 phone call on April 24, 2018.

18. The medical records reveal that on the morning of April 24, 2018, Harvinder Kaur went to the ER at St. Josephs Hospital, brought there by Effingham County EMS. She had suffered an acute change in her neurological status at 11:30 a.m. Her grandson called 911 and the ambulance arrived at her home at 11:53 a.m. I have listened to the voice recording of the 911 phone call. The EMS personnel recorded notes during the time of their care. They gave Kaur a presumptive diagnosis of CVA or stroke.

19. On arrival at the hospital around 12:45, Kaur was unresponsive and hypertensive. A CT scan of the head showed no evidence of bleeding or mass with the cranium. The ER physician called the neurologist on call, Dr. Errico. Dr. Errico's examination found a skew deviation of the eyes. Her blood pressure was 220/110. A skew deviation is an ocular deviation consistent with a stroke of the brainstem.

20. Dr. Errico did not evaluate Mrs. Kaur using an NIH Stroke Scale (NIHSS) score. Had Dr. Errico performed this evaluation, the NIHSS stroke score would have been 17.

21. Harvinder Kaur was a candidate for intravenous TPA. She had suffered a stroke and was well within the early window to receive this medication. Her blood pressure could have easily been lowered to below 185 systolic to meet the guidelines for the infusion of TPA. The next day on April 25, 2018, an MRI scan showed the posterior fossa circulation stroke damage.

22. The standard of care required Dr. Errico to consider stroke in his differential diagnosis and to treat that stroke as the evidence required. Dr. Errico did not do so. For these reasons, I conclude that Dr. Errico violated the applicable standard of care.

23. Furthermore, in the running of a stroke service at a hospital, the standard of care requires EMS staff to convey all important information to the ER staff when transfer of the patient occurs. That standard of care applies to both the EMS crew and to the triage nurses. The records in this case are silent as to any communications between the EMS crew and the ER triage personnel. For these reasons, I conclude that the EMS staff and the ER nurses grossly violated the applicable standards of care.

Miscellaneous

24. To repeat, this affidavit does not exhaust my current opinions, and as additional information comes to light, I may form additional opinions.

25. I hold each opinion expressed in this affidavit to a reasonable degree of medical probability or certainty; that is, more likely than not.



Alexander Eliot Merkler

Brian H. Hart - Clerk of Court

SWORN TO AND SUBSCRIBED before me

April 5th, 2019

Michael Trivino

MICHAEL TRIVINO
Notary Public, State of New York
No. 01TR6367686
Qualified in New York County
Commission Expires 11-27-21

NOTARY PUBLIC

My Commission Expires: 11-27-2021

CURRICULUM VITAE

Date of preparation: May 7, 2018

Signature: **A. GENERAL INFORMATION**

Name: First, Middle, Last	Alexander Eliot Merkler
Office address:	525 East 68 th Street. F610 New York, NY 10065
Office telephone:	212-746-0812
Home address:	1735 York Avenue Apt 15B. New York, NY 10128
Home telephone:	917-373-8523
Cell phone:	917-373-8523
Work Email: Personal Email:	Alm9097@med.cornell.edu ; amerkler@gmail.com
Citizenship:	USA

B. EDUCATIONAL BACKGROUND1. Academic Degrees:

Degree	Institution Name and Location	Dates attended	Year Awarded
BS	Brown University, Providence, RI	09/02-05/06	2006
MD	New York University School of Medicine, New York, NY	08/06-05/10	2010

2. Post-doctoral training:

Title	Institution name and location	Dates held
Medical Intern	New York Presbyterian Hospital- Weill Cornell Medical College	06/10-06/11
Neurology Resident	Weill Cornell Medical College New York Presbyterian Hospital-	06/11-06/14
Chief Resident in Neurology	New York Presbyterian Hospital- Weill Cornell Medical College	06/13-06/14
Neurocritical Care Fellow	New York Presbyterian Hospital - Columbia University / Weill Cornell Medical College	07/14-06/16

C. LICENSURE, BOARD CERTIFICATION, MALPRACTICE1. Licensure

Medical License	New York State License Expiration: 12/31/19
DEA	Expiration: 01/31/2020

2. Board Certification

Neurology	Board Certificate obtained: 9/25/14
Neurocritical Care	Board Certificate obtained: 12/31/17

3. Malpractice Insurance

Do you have Malpractice Insurance?	Yes
Name of Provider: Weill Cornell Medicine (MCIC Vermont)	
Premiums paid by: Weill Cornell Medicine	

D. PROFESSIONAL POSITIONS AND EMPLOYMENT1. Academic positions

Title	Institution name and location	Dates held
Assistant Professor of Neurology	Department of Neurology, Weill Cornell Medicine	07/16-current

2. Hospital positions

Title	Institution name and location	Dates held
Assistant Attending Neurologist	New York Presbyterian Hospital/Weill Cornell Medicine	07/16-current

E. EMPLOYMENT STATUS (current or anticipated)

Full-time salaried by Weill Cornell Medicine
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F. INSTITUTIONAL/HOSPITAL AFFILIATION

New York Presbyterian Hospital/Weill Cornell Medicine	07/16-current
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INSTITUTIONAL RESPONSIBILITIES1. Teaching

<u>Didactic teaching:</u>	
Recurrent Thromboembolic Events After Ischemic Stroke in Patients with Cancer. Department of Neurology Grand Rounds, Weill Cornell Medical	May 2013

Center. NY, NY.	
Readmission for Infective Endocarditis after Ischemic Stroke or Transient Ischemic Attack. Department of Neurology Grand Rounds, Weill Cornell Medical Center. NY, NY.	May 2014
Management of Subarachnoid Hemorrhage and Intracerebral Hemorrhage. Lecture for Neurology residents at Cornell University, New York Presbyterian Hospital, NY, NY.	June 2014
Bacterial Infections of the Nervous System. Lecture for Neurology residents at Columbia University, New York Presbyterian Hospital, NY, NY.	August 2014
Disorders of Cerebrovascular Dysregulation. Lecture for Neurocritical care attendings and fellows at Columbia University, New York Presbyterian Hospital, NY, NY.	January 2015
Intracranial Hemorrhage. Neuroscience Nursing Education Series 2015, New York Presbyterian Hospital, NY, NY.	April-May 2015
Viral Infections of the Nervous System. Lecture for Neurology residents at Columbia University, New York Presbyterian Hospital, NY, NY.	May 2015
Intracranial Hemorrhage. Neuroscience Nursing Education Series 2015, New York Presbyterian Hospital, NY, NY.	April-May 2016
Infectious Disease and the Central Nervous System. Critical Care Grand Rounds, Columbia University Medical Center. New York, NY.	June 2016
Neurological Emergencies. Lecture for Neurology Residents at Weill Cornell Medicine. New York, NY.	June 2016
Large Hemispheric Infarction. Lecture for Neurology Residents at Weill Cornell Medicine. New York, NY.	July 2016
Acute Stroke Treatment. Lecture for Neurology Residents at Weill Cornell Medicine. New York, NY.	July 2016
Infective Endocarditis and Stroke. Department of Neurology Grand Rounds, New York Methodist Hospital. Brooklyn, NY.	February 2017
Neurological Emergencies. Lecture for Neurology Residents at Weill Cornell Medicine. New York, NY.	June 2017
Myocardial Infarction and the Risk of Stroke. Department of Neurology Grand Rounds, New York Presbyterian Hospital / Weill Cornell Medical College. New York, NY.	July 2017
Update in Neurology. Department of Medicine Grand Rounds, New York Presbyterian Hospital / Weill Cornell Medical College. New York, NY.	August 2017

Acute Stroke Treatment. Lecture for Neurology Residents at Weill Cornell Medicine. New York, NY.	August 2017
Large Hemispheric Infarction. Lecture for Neurology Residents at Weill Cornell Medicine. New York, NY.	September 2017
Subarachnoid Hemorrhage. Lecture for Neurology Residents at Weill Cornell Medicine. New York, NY.	September 2017
Coma. Lecture for Medicine Residents at Weill Cornell Medicine. New York, NY.	December 2017
Myocardial Infarction and the Risk of Stroke. Department of Neurology Grand Rounds, Robert Wood Johnson Medical School. New Brunswick, NJ.	January 2018
Myocardial Infarction and the Risk of Stroke. Department of Neurology Grand Rounds, Rutgers New Jersey Medical School. Newark, NJ.	January 2018
The Focused Neurological Examination. Lecture for Medical Students, Weill Cornell Medicine. New York, NY.	May 2018
Status Epilepticus. Lecture for Critical Care Fellows, Weill Cornell Medicine. New York, NY.	May 2018
Mentorship:	
<p>Medical Student Mentor: Weill Cornell Medicine Medical Students: Area of Concentration Program Shobana L. Ramasamy. Ventricular arrhythmias in patients with acute ischemic stroke. Current position: medical student MS3.</p> <p>Resident Mentor: Weill Cornell Medicine Neurology Residents Setareh Salehi Omran. Heart Failure and risk of Ischemic stroke. Current position: stroke fellow. Darya Khazanova. Risk of recurrent status epilepticus. Current position: neurology resident. Ashwin Malhotra. Risk of ischemic stroke after myocarditis. Current position: neurology resident.</p> <p>Fellowship Mentor: New York-Presbyterian Hospital/Weill Cornell Medicine/Columbia University Neurocritical Care Fellows Ayham Alkhachroum. Trends in Endotracheal intubation in patients with neurocritical care diseases. Current position: neuro-icu fellow.</p>	<p>January 2018-December 2018</p> <p>August 2017-</p> <p>March 2017-</p> <p>October 2017-</p> <p>October 2017-</p>
Clinical teaching:	
Clinical supervision and teaching of fellows, residents, and medical students rotating in the neuroscience intensive care unit and inpatient stroke unit (12 weeks per year)	July 2016-
Administrative teaching leadership role:	

Neurocritical Care Fellowship Site Director: New York-Presbyterian Hospital/Weill Cornell Medicine. I am the site director for the combined Neurocritical care fellowship program at Columbia University/Weill Cornell Medicine	July 2017-
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2. Clinical care

Clinical Activity	
Attending Physician, Neuroscience Intensive Care Unit (8 weeks per year)	July 2016-
Attending Physician, Inpatient Stroke Service (4 weeks per year)	July 2016-

3. Research

Research Activity
I became committed to a career in health-oriented research during my neurology residency training at New York-Presbyterian Hospital/Weill Cornell (NYPH/Cornell). Through my clinical work, I became interested in improving our limited ability to accurately identify the mechanism of stroke. This knowledge gap meant that the etiology of ischemic stroke in many patients was unknown and, as a consequence, the appropriate treatment for secondary stroke prevention was uncertain. During residency and fellowship, I published studies evaluating the risk of ischemic stroke in relationship to clinically occult mechanisms such as subacute bacterial endocarditis and cancer. Since my appointment as a faculty member at NYPH/Cornell in 2016, I have remained dedicated to evaluating the relationship between occult cardiovascular disease and cryptogenic stroke because of the paucity of data on this important clinical topic. My preliminary data, gathered with support from an NIH KL2 mentored career development award, have led me to hypothesize that unrecognized myocardial infarction may be a novel stroke risk factor.

4. Administrative Activities

Neurocritical Care Fellowship Site Director	July 2017-
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G. RESEARCH SUPPORT

	Dates
Leon Levy Fellowship in Neuroscience Grant Merkler (PI) The goal of this grant is to elucidate the association between unrecognized myocardial infarction and ischemic stroke	02/01/2018-
KL2 Merkler (PI) NIH KL2-TR-002385 The goal of this study is to evaluate the association between unrecognized myocardial infarction and ischemic stroke	09/05/2017-
R01 HL109282-04 Devereux (PI) The goal of this randomized study is to evaluate the prognostic value of preclinical cardiovascular disease in American Indians	2016 - present

Role: CoPI	
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Current Research Support

Source	NIH CTSC KL2-TR-002385
Amount	\$80,000
Duration	9/5/2017-06/30/2018
Principal Investigator	Alexander Merkler
Your Role in Project	PI
% Effort	75%

H. EXTRAMURAL PROFESSIONAL RESPONSIBILITIES

Editorial Membership	
Editorial board member, <i>The Neurohospitalist</i>	2018 - present
Invited Journal Reviewer	
Ad Hoc Reviewer <i>Journal of the American College of Cardiology</i> ; Number of Reviews: 9 Ad Hoc Reviewer: <i>Circulation</i> ; Number of Reviews: 2 Ad Hoc Reviewer: <i>JAMA Neurology</i> ; Number of Reviews: 5 Ad Hoc Reviewer: <i>Journal of Neurology, Neurosurgery, and Psychiatry</i> ; Number of Reviews: 9 Ad Hoc Reviewer: <i>Stroke</i> ; Number of Reviews: 2 Ad Hoc Reviewer: <i>Hypertension</i> ; Number of Reviews: 4 Ad Hoc Reviewer: <i>The Neurohospitalist</i> ; Number of Reviews: 11 Ad Hoc Reviewer <i>Expert Review of Cardiovascular Therapy</i> ; Number of Reviews: 1 Ad Hoc Reviewer: <i>Circulation Research</i> ; Number of Reviews: 1 Ad Hoc Reviewer: <i>PLoS ONE</i> ; Number of Reviews: 5 Ad Hoc Reviewer <i>Neurological Research</i> ; Number of Reviews: 1	2015 - present
Grant Reviewer	
Invited grant reviewer for Dutch Heart Foundation	2018 - present
Expert evaluator for the Masters Program at the Clinical and Translational Science Center	2018 - present
Biweekly Blogger for <i>Stroke</i> . Available at: http://strokeblog.strokeahajournal.org	2015-2016

I. PROFESSIONAL MEMBERSHIPS

Role	Organization	Dates
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Member	American Academy of Neurology	2011 - present
Member	American Heart Association # 182553901	2012 - present
Member	Neurocritical Care Society	2014 - present
Member	Sigma Xi	2006 - present

J. HONORS AND AWARDS

Name of award	Date
Leon Levy Fellowship in Neuroscience Award	2018
National Institute of Health KL2 Career Training Award given by the Weill Cornell Medical College Clinical & Translational Science Center	2017
Plum and Posner Annual Award for Best Neurology Faculty Teacher at Weill Cornell Medicine	2017
2016 International Stroke Conference New Investigator Travel Award	2016
2016 International Stroke Conference Stroke Rehabilitation and Recovery Travel Award	2016
American Academy of Neurology Annual Meeting Fellow Scholarship Award	2015
Neurology Resident Teaching Award, Cornell University	2014
American Academy of Neurology Annual Meeting Resident Scholarship Award	2014
Chief Resident in Neurology at Cornell	2013
Rosenbluth Foundation Travel Grant for research conducted in Peru through NYU School of Medicine	2011
Bachelor of Science, <i>magna cum laude</i> , Brown University	2006
Phi Beta Kappa, Brown University	2006

K. BIBLIOGRAPHY

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Books, Book Chapters:

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1. **Merkler AE**, Ch'ang JH, Kamel H. The Rate of Complications After Ventriculoperitoneal Shunt Surgery. Presented as an oral platform presentation at the 2015 Annual Meeting of the Neurocritical Care Society, Scottsdale, AZ.
2. **Merkler AE**, Dunn LE, Lerario MP et al. The long term risk of seizures after stroke. Presented as an oral abstract at the 2016 International Stroke Conference, Los Angeles, CA.
3. **Merkler AE**, Chatterjee A, Gialdini G, et al. Trends and Characteristics of Tuberculous Meningitis in the United States, 1993-2013. Presented as a platform presentation at the 2017 American Academy of Neurology Annual Meeting, Boston, MA.
4. **Merkler AE**, Gialdini G, Yaghi S et al. Long-term Risk of Complications after Percutaneous Transcatheter Closure of Patent Foramen Ovale Presented as an platform presentation at the 2017 American Academy of Neurology Annual Meeting, Boston, MA.
5. **Merkler AE**, Diaz I, Murthy SB. Duration of Heightened Stroke Risk after Myocardial Infarction. Presented as an oral abstract at the 2018 International Stroke Conference, Los Angeles, CA.

AFFIDAVIT OF JUDITH CLIMENSON RN, CCRN-CMC, CNRN- SCRN

PERSONALLY APPEARS before the undersigned authority, duly authorized to administer oaths, comes Judith Climenson, RN, who after first being duly sworn, states as follows:

INTRODUCTION AND LIMITED PURPOSE OF AFFIDAVIT

1. I have been asked to provide this affidavit for the limited purpose of Georgia statute OCGA § 9-11-9.1.
2. This affidavit states my views of the matters discussed below — views I formed from my review of the evidence. However, Plaintiff's counsel drafted this document in consultation with me. Plaintiff's counsel did the typing, supplied the snapshots from medical records, the legalese, the formatting, etc., and inserted the general factual narrative from the medical records. The medical analysis and opinions are mine.
3. This affidavit does not attempt to state or summarize all my opinions. This affidavit addresses specific matters that Plaintiff's counsel have asked me to examine for purposes of testimony at trial. I have not attempted to identify every person who may have violated a standard of care. Nor have I attempted to identify every standard of care that a particular person violated. If additional information becomes available later, then of course my opinions may change.
4. As to the matters this affidavit addresses, I have tried to give a reasonably detailed explanation of my views, but I have not attempted an exhaustive discussion. In deposition or trial testimony, I may elaborate with additional details. In particular, while I cite evidence from the medical records for various facts, I do not necessarily cite *all* the evidence for a given point.
5. I use the term "standard of care" to refer to that degree of care and skill ordinarily exercised by members of the nursing profession generally under the same or similar circumstances and like surrounding conditions as pertained to the medical providers I discuss here.

6. I hold all the opinions expressed below to a reasonable degree of nursing certainty — that is, more likely than not.

TOPIC & OPINIONS

7. This affidavit concerns medical services provided to Harvinder Kaur in April 2018, by the Emergency Room and Intensive Care Unit staff at St. Joseph’s Candler Hospital.

8. The standard of care required the ER nurses to notify Dr. Bowers of Mrs. Kaur’s severely hypertensive blood pressure, and to request treatment. It appears from the medical records that the staff did not do so.

9. The standard of care required the ER staff to follow up on a *stat* CTA of the carotids/Circle of Willis for Mrs. Kaur, a suspected stroke patient, to ensure that the CTA was performed *stat*. It appears from the medical records that the staff did not do so prior to transport to the ICU — causing a delay of more than an hour.

QUALIFICATIONS

10. I am more than 18 years old, suffer from no legal disabilities, and give this affidavit based upon my own personal knowledge and belief.

11. I do not recite my full qualifications here. I recite them only to the extent necessary to establish my qualifications for purposes of expert testimony under OCGA 24-7-702.

12. However, my Curriculum Vitae is attached hereto as Exhibit “A.” My CV provides further detail about my qualifications. I incorporate and rely on that additional information here.

13. The acts or omissions at issue here occurred in April 2018.

14. I am qualified to provide expert testimony pursuant to OCGA 24-7-702. That is:

- a. In April 2018, I was licensed by an appropriate regulatory agency to practice my profession in the state in which I was practicing or teaching in the profession.

Specifically, I was licensed by the States of Arizona, California, and Georgia to practice as a registered nurse. In April 2018, I was practicing as a registered nurse in Arizona.

- b. In April 2018, I had actual professional knowledge and experience in the area of practice or specialty which my opinions relate to — specifically, the areas of:
 - Following up on radiological imaging studies for potential stroke patients.
- c. I had this knowledge and experience as the result of having been regularly engaged in the active practice of the foregoing areas of specialty of my profession for at least three of the five years prior to April 2018, with sufficient frequency to establish an appropriate level of knowledge of the matter my opinions address.

Specifically, I have worked for many years as a Registered Nurse in an intensive-care unit.

EVIDENCE REVIEWED

- 15. I have reviewed Harvinder Kaur’s medical records from the Effingham County EMS and from St. Joseph Candler’s Hospital.

FACTUAL BASIS FOR OPINION

GENERAL PRINCIPLES

- 16. A stroke can cause catastrophic injury within hours. Emergency room and intensive-care-unit staff are trained to recognize symptoms of a stroke and to address the potential stroke urgently.

- 17. When a physician orders a *stat* radiological study for a potential stroke patient, all of the involved medical personnel — specifically including the nurses involved in the patient’s treatment, whether in the ER, the ICU, or on the main

floor — share responsibility for ensuring that the study is performed stat and that the results are communicated to the attending physician and neurologist stat.

EVENTS OF THIS CASE

18. On Tuesday, 4/24/2018 at approximately 1223 hours, the Effingham County EMS arrived at Mrs. Harvinder Kaur’s house, in response to a 911 call.¹

Name: KAUR HARVINDER	Age: 78
Address: 839 HYACINTH CIR	Birth Date: 04.
City: Guyton	SSN#:
State: GA Zip: 31312 Phone:	

Dispatch Chief Complaint: Stroke/CVA	Incident Response
Primary Role: Ground Transport	EMD Perf
Dispatch Priority: Priority 2 (Emergent)	EMD Card

Call Times / Mileage

Times	
Onset Time:	4/24/2018 12:00:00 Arrived Scene: 4/24/2018 12:23:00

19. Mrs. Kaur’s family told the EMS that she had last been seen normal about 15 minutes before the EMS arrived (or approximately 1208 hrs), after which she began to vomit and became unresponsive.²

Narrative

UNIT 2 RESPONDED IMMEDIATELY TO A DISPATCH FOR A 60 Y/O FEMALE, SLURRED SPEECH. UPON OUR ARRIVAL, PT FOUND SEATED IN CHAIR ON PORCH, UNRESPONSIVE BUT BREATHING. FAMILY STATED THAT PT LAST SEEN "NORMAL" APPROX 15 MINUTES PRIOR TO EMS' ARRIVAL. PT WAS REPORTEDLY CONVERSING WITH FAMILY MEMBER WHEN SHE BEGAN TO VOMIT AND SEEMED UNABLE TO SPEAK AFTER WHICH SHE BECAME UNRESPONSIVE AND EMS WAS SUMMONED. FAMILY MEMBER ON SCENE VERY POOR HISTORIANS AND WERE UNABLE TO

20. The EMS noted Mrs. Kaur’s chief complaint as “Stroke/CVA.”³

¹ SJC 0017-20.

² SJC 20.

Dispatch Chief Complaint: Stroke/CVA
 Primary Role: Ground Transport
 Dispatch Priority: Priority 2 (Emergent)

21. At 1230 hours, the EMS noted Mrs. Kaur’s GCS (Glasgow Coma Scale) score as 3 — indicating no eye-open response, no verbal response, and no motor response. At 1230 hours, Mrs. Kaur’s blood pressure was 145/110, but it rose between then and 1300 hours.⁴

Vitals

Time	PTA	EKG	BP/S	BP/D	Pulse	Resp Rate	SaO2	CO2	Gluc.	Temp	Pain	GCS
4/24/2018 12:30:00 PM	No		145	110	83	16	96		186			3
4/24/2018 12:59:59 PM	No		173	130	78	16	97					

22. At approximately 1310-1316 hours, the Effingham County EMS brought Harvinder Kaur by ambulance to St. Joseph’s Candler Hospital and transferred care of Ms. Kaur to the Emergency Department staff.⁵

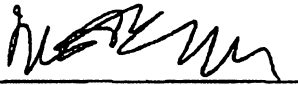
Arrive Dest Land Area

Arrived Dest: 4/24/2018 13:05:00
 Dest. Transfer of Care: 4/24/2018 13:10:00

³ SJC 17.
⁴ SJC 20.
⁵ SJC 17, 21.

Brian H. Hart - Clerk of Court

Trip Number 18040372 D.O.S. 4/24/2018 12:12:00 Patient

Received By	
	Nurse (RN)
MICHELLE	4/24/2018 1:16:26 PM

23. At approximately 1318 hrs, the ED triage staff recorded “Stroke symptoms present? No,” “Chief complaint Neurological,” and “ESI (Priority) 2.” The staff also recorded Mrs. Kaur’s blood pressure as 238/101.⁶

⁶ SJC 0046.

ED Triage Assessment	Start: 04/24/18 13:12
Freq:	Status: Discharge
Protocol: EDTRIAGE	
Document 04/24/18 13:13 JR (Rec: 04/24/18 13:18 JR VIEWMT61-264)	
ED Triage Assessment	
ED Arrival Date/Time	04/24/18 13:11
Source	EMS
Limitations	Altered mental status Physical limitation
Stated Complaint	unresponsive
Description of symptoms	per ems, pt started vomiting and then went unresponsive. gagging at times. no english. no family present.
Mode of arrival	EMS
EMS Transport	Effingham County EMS
Pre-hospital care	Yes
Pre-hospital care given	12 lead EKG CPR in progress IV established
EMS Report comment	unresponsive
Have you traveled anywhere in the last 21 days?	No
Stroke symptoms present?	No
Height	1.52 m
Weight	79.379 kg
Measurement method	Estimated by Staff
Vitals, unobtainable	No
Temperature (36.1 C-38.0 C)	36.6 C
Temperature Source	Oral
Pulse Rate (60-100)	80
Respiratory rate (12-24)	14
O2 Saturation (94-100)	93 L
O2 Flow rate (L/min)	2
O2 Delivery	Nasal Cannula
Left Arm	
Blood Pressure	138/101
Mean (mm Hg)	146
Source	Automatic Cuff
Position	Supine
Pain Intensity	0
Pain Scale Used	0-10
New/Unexplained Altered Mental Status	No
Clinical Suspicion of Infection	No
Chief Complaint	Neurological
ESI (Priority)	2

24. At approximately 1321 hours, the ED physician, Mark S. Bowers, DO, ordered a stat EKG and a stat CT of the brain, without contrast.⁷

⁷ SJC 47.

04/24/18 13:20
 EKG Stat
 Comment:
 Reason For Exam: unresponsive
 Order Site: St. Joseph's Hospital
 Patient's Location: Emergency Dept - SGA

04/24/18 13:21
 EKG (ED) Stat
 EKG, obtain old record (ED) Stat
 Comment:
 Elevate head of bed (ED) Stat

CT brain wo con Stat
 Comment:
 Reason For Exam: unresponsive
 Order Site: St. Joseph's Hospital

25. The standard of care required the ER nurses to recognize that Mrs. Kaur's blood pressure signified a hypertensive crisis placing the patient in danger if untreated, and thus to notify Dr. Bowers of Mrs. Kaur's severely hypertensive blood pressure, and to request treatment.

26. In the hospital records, I see no record in which Dr. Bowers was notified of Mrs. Kaur's blood pressure. I believe the ER staff violated their standard of care by failing to notify Dr. Bowers and by failing to provide a safe environment to ensure the best patient outcome.

27. At approximately 1357 hours, Dr. Bowers entered an order for a *stat* consultation with a neurologist. The immediate response to the order was that the neurologist was with a patient and would call back.⁸

⁸ SJC 377.

Consultations	8042-413571089900	Cancelled	04/24/18 13:57	Bowers, Mark S DO	Bowers,
	Consult: 28 Neurology			Stat	Order Source
				Stop Reason: Clinically Indicated	
	Consulting Provider	Saler, Mihaela			
	Reason for Consult	Dr to Dr			
	Consulted Provider/Group Notified?:	Yes			
	Notification date	04/24/18			
	Time of notification	13:58			
	Name of person contacted	WILL CALL BACK/ WITH A EC			
	Date & Time	User	Device	Event	
	1 04/24/18 13:57	Bowers, Mark S	VMDR021	Order is Entered and Signed	

28. It appears from the note entered by Neurologist Michael Errico, MD, that he examined Mrs. Kaur at 1417 hours (about 20 minutes after the consult request, about 1 hour after Mrs. Kaur was admitted to the ER).⁹

- Critical Care Time

Total Critical Care Time (min): 35

Dictated By: Michael A. Errico, DO

Signed By: <Electronically signed by Michael A. Errico, DO>

04/24/18 1452

29. Mrs. Kaur was given medication to reduce her blood pressure — Nicardipine — at approximately 1420 hours, about an hour after she was brought to the ER.¹⁰

⁹ SJC 96-100.

¹⁰ SJC 378.

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Medications	8042-614273209700	Completed	04/24/18 14:30	Bowers, Mark S DO
	Nicardipine Drip			
				Stop Reason: NO USE IN MAY
Medication		Dose		Per
Cardene		40 MG		
Premix Fluid		Vol Per Bag: 1 BAG		
QS Drug		QS Volume		Total Volume
				200 ML
Route	Frequency	Sched	ERN Reason	Days Hours Tot Vol
IV	TITR	SCH		
	Rate: 5 MG/HR			
	Stop Date/Time:			
	Discontinued 05/07/18 13:34			
Condition		Dose/Route		Instruction
USUAL DOSING RANGE		TITRATION GUIDELINES		MAX INFUSION RATE
5 milligrams/hour		2.5 mg/hr every 15 minutes		15 milligrams/hour
Protocol text:				
				Titrate to keep SBP < 160 mmHg or _____ mmHg.
				* If ineffective at 15 mg/hr: Call M.D.

30. At 1441 hours (apparently during Dr. Errico's examination), Mrs. Kaur was admitted to the Neuro ICU, with Dr. Errico as the admitting physician.¹¹

04/24/18 14:41
Admit to Order
Admit to Inpatient Acute: Yes
Admit to Location:: Neuro ICU
Reason for admission: AMS, HTN emergency
Admitting Provider: Michael A Errico

31. In his H&P, Dr. Errico wrote, "78-year-old Hindi femail presented to St. Joseph Hospital via private vehicle after expressing sudden unresponsiveness, nausea and vomiting. She has a history of essential hypertension with poor medical compliance."¹²

78-year-old Hindi female presented to St. Joseph Hospital via private vehicle after expressing sudden unresponsiveness, nausea and vomiting. She has a history of essential hypertension with poor medical compliance. She was found have systolic blood pressure 228 and greater. She is protecting

¹¹ SJC 24

¹² SJC 96-100.

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32. In his H&P, Dr. Errico wrote that Mrs. Kaur’s “husband [actually, her son] is present at bedside and is a physician. He is requesting thrombolytic therapy. She has no evidence of facial droop, she does have skew deviation. We will obtain CTA head and neck stat. She will be started on a Cardene drip...”¹³

hemorrhage. Husband is present at bedside and is a physician. He is requesting thrombolytic therapy. She has no evidence facial droop, she does have skew deviation. We will obtain CTA head and neck stat. She will be started on a Cardene drip and admitted into the intensive care unit for

33. Dr. Errico did order a stat CTA of the carotids and Circle of Willis at 1441 hours.¹⁴

CAT Scan	8042-614464059200	Resulted	04/24/18 14:41	Errico, Michael A DO	Errico,
	Cta Carotids/Circle Of Willis			Stat	Order Source:
Reason For Exam	AMS, N/V				
Order Site	St. Joseph's Hospital				
Is the patient on dialysis?	No				
	Date & Time	User	Device	Event	
1	04/24/18 14:46	Errico, Michael A	VMDR141	Order is Entered and Signed	

34. According to a late nurse’s note at 1643 hours, Mrs. Kaur was taken from the ER to the ICU before being taken to the radiology suite for the CTA. (SJC 2967.) Because the CTA was ordered stat, Mrs. Kaur should have been taken directly from the ER to radiology in a timely manner.

¹³ SJC 96-100.

¹⁴ SJC 20, 379.

04/24/18 16:43 Nurse Note by Gomer, Rebecca I

Late Entry: Pt arrived from ED and immediately transported to CTA. Returned to room without incident. Dr Errico at bedside, reviewed CTA reported results to pt family. Pt assessed, bathed, Foley inserted. EEG tech at bedside for EEG. VSS. Cardene GTT weaned off, BP within parameters. Pt does not follow commands, opens eyes to pain, does not track, spont 3/5 movement in LUE & LLE, trace flexion w/d to pain in RUE & RLE, rt pupil 1&fixed with downward gaze, left pupil 4&sluggish midline. Dr Errico notified of pupillary reaction & unequal strength. WCTM

Initialized on 04/24/18 16:43 - END OF NOTE

35. It appears from the timing of the records that the stat CTA was not performed until approximately 1600 hours — more than an hour after the study was ordered stat.

36. The ER staff violated the standard of care by failing to transport Mrs. Kaur to radiology in a timely manner.

37. According to the 1643 hours note, Dr. Errico saw Mrs. Kaur between the time the CTA was performed and 1643, and looked at the CTA at that time.

38. The radiologist did not dictate the CTA report until 1934 hours (nearly 5 hours after the *stat* order), and the dictation did not get transcribed until 2132 hours (nearly seven hours after the 1441 hours *stat* order).¹⁵

Dictated by: Laurance I. Lee, MD
Electronically Signed by: Laurance I. Lee, MD 4/24/2018 9:32 PM

Dictated By: Laurance I Lee, MD
Signed By: <Electronically signed by Laurance I Lee, MD in OV> 04/24/18 2132

Technologist: Dana L Prostrullo
TD/TT: 04/24/18 2132 Transcriptionist: POWERSCRIB
DD/DT 04/24/18 1934

Access to DICOM formatted image data is available at <https://pacs.sjchs.org/ids7> with patient authorization.

¹⁵ SJC 1056-58.

39. When the CTA was reported, it confirmed that Mrs. Kaur had suffered a stroke. The CTA report noted "Small cervical right vertebral artery with multifocal moderate-to-severe narrowing and severe narrowing at the origin with occlusion of the right vertebral artery from level of C1 up to the right VBJ."¹⁶

IMPRESSION:

- 1. Small cervical right vertebral artery with multifocal moderate-to-severe narrowing and severe narrowing at the origin with occlusion of the right vertebral artery from level of C1 up to the right VBJ.
- 2. Moderate-to-severe narrowing at the origin of the left vertebral artery off the subclavian with narrowing by approximately 60%.
- 3. Severe narrowing of the left subclavian artery with narrowing by approximately 70%.


40. Mrs. Kaur languished in the hospital for about three weeks. She died on May 14, 2018, shortly before noon.¹⁷

Called to pronounce death. On arrival patient is in asystole no palpable pulse. Pupils are fixed and dilated. No respiratory effort. Rhythm is asystole. Time of death is 11:10 AM family is arriving shortly.

MISCELLANEOUS

41. To repeat, this affidavit does not exhaust my current opinions and of course does not reflect any opinions I may form later.

42. Again, I hold each opinion expressed in this affidavit to a reasonable degree of nursing probability or certainty; that is, more likely than not.


 Judith Climenson, RN



¹⁶ SJC 1056-58.

¹⁷ SJC 124.



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SWORN TO AND SUBSCRIBED before me

April 8th, 2020



Judith Climenson RN, CCRN-CMC, CNRN-SCRN

6633 E. Juniper Ave
Scottsdale, AZ 85254
Phone: 805 448-5835

E Mail: jclimenson@cox.net

**Summary of
Qualifications**

38 YEARS EXPERIENCE IN ACUTE AND CRITICAL CARE. 18 YEARS EXPERIENCE AS AN INDEPENDENT LEGAL NURSE CONSULTANT FOR CHART REVIEW FOR MERIT FOR MEDICAL MALPRACTICE, AND EXPERT WITNESSING FOR NURSING STANDARD OF CARE.

**Professional
Membership**

AMERICAN ASSOCIATION OF CRITICAL CARE NURSES; AMERICAN ASSOCIATION OF LEGAL NURSE CONSULTANTS; AMERICAN NURSING ASSOCIATION; AMERICAN ASSOCIATION OF NEUROSCIENCE NURSES

Education

ASSOCIATE DEGREE IN NURSING, COLLEGE OF MARIN, 1980, KENTFIELD, CA.; CCRN CERTIFIED SINCE 1982; CARDIAC MEDICINE CERTIFIED SINCE 2006; NEURO CERTIFIED 2012; STROKE CERTIFIED 2016; ACLS/BLS CERTIFIED; IABP CERTIFIED
REGISTERED NURSE LICENSE: ARIZONA, CALIFORNIA AND GEORGIA

Work experience

STAFF RN AT SCOTTSDALE MEDICAL CENTER OSBORN IN THE SCU [SPECIAL CARE UNIT] JULY 2014- PRESENT

RN III , SAVANNAH MEMORIAL HEALTH UNIVERSITY MEDICAL CENTER, NEURO & CARDIOVASCULAR INTENSIVE CARE UNIT, APRIL 2009 TO JUNE 2014

STAFF RN, SANTA BARBARA COTTAGE HOSPITAL, CLINICAL RESOURCE NURSE FOR ICU AND CCU, AUGUST 2003-APRIL 2009

CONTRACTED CRITICAL CARE RN, MEDITECH HEALTH SERVICES, VENTURA, CA, ASSIGNMENTS IN ICU, CCU, ER AND TELEMETRY, 2000-2003

STAFF RN- CHARGE NURSE FOR CVICU AND TELEMETRY, SCOTTSDALE HEALTHCARE SHEA, SCOTTSDALE, AZ, 1991-2000

STAFF RN- CHARGE NURSE FOR CVICU AND TELEMETRY, PHOENIX, John C. Lincoln Hospital, AZ, 1985-1998

CHARGE NURSE, SONOMA VALLEY HOSPITAL, CRITICAL CARE UNIT, SONOMA, CA, 1980-1985

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