State of New York)
)SS:
County of Richmond)

AFFIDAVIT OF MERIT OF HEALTH CARE PROFESSIONAL

I, Dr. James Ducey, being first duly sworn, depose and state the following:

1. I am a licensed health care professional.

2. I certify that I have reviewed the Notice of Intent to File Claim and the statements set forth in the Notice of Intent to File Claim are within my area of specialty (which specialty I spent the majority of my professional time in the active practice of my specialty), and were on the dates of the malpractice, and one year prior to the dates of the alleged malpractice. In addition, I have reviewed all of the medical records provided by the Plaintiffs' attorney concerning the allegations contained in the notice. I further state that the opinions in this Affidavit are preliminary as I have not had an opportunity to review deposition testimony and may, in the future, be provided with additional medical records and other evidence. In the event additional information is made available, I reserve the right to amend the opinions stated in this Affidavit.

   I have reviewed the following medical records regarding:

   - Children's Hospital of Michigan Rehabilitation Institute
   - Children's Hospital of Michigan Specialty Center
   - CHM Developmental Assessment Clinic
   - Detroit Community Hospital Health Connection
   - DMC Rehab
   - Hutzel Hospital - MLT
   - Hutzel Hospital Shamia Lee Fetal Monitor Strips
   - Hutzel Hospital – Shamia Lee
   - Plaintiffs' Complaint and Third Party Complaint

Facts

3. Shamia Lee was a 26-year-old gravida 1 Para 0 (pregnant for the first time) with an untested pelvis, who was admitted to Hutzel Hospital on 5/2/16 at 34 weeks and 2 days gestation with the diagnosis of –

    a. Premature Rupture of Membranes (PPROM) at 7:00 PM.
    b. The fluid that was leaking was noted to be clear.
    c. Sterile speculum exam revealed the cervical os to be open with gross pooling.
    d. Sterile vaginal examination revealed the cervix to be 2 cm dilated / 80% effaced with the vertex at -1 station.
    e. She was noted to be contracting about every 10 minutes.

    Her antepartum care had taken place at the Detroit Community Health Connection. Her antepartum course was significant for a history of chronic thrombocytopenia that had been treated with oral prednisone. She had most recently been taking 60mg daily. Her prenatal labs were essentially normal.

    A bedside sonogram revealed a single intrauterine pregnancy with an estimated fetal weight of 2285 grams. The plan was to start betamethasone for lung maturity followed by Pitocin per protocol. She was also given stress steroids.

    Consent was obtained for the use of oxytocin.

Brief Summary

Tuesday
5/3/16 at 0735
Attending Dr. Theodore Graham

On 5/3/16 at 0735, Dr. Bryant (resident) notified of blood pressure and decelerations. Dr. Theodore Graham (attending) being paged to notify. P382

On 5/3/16 at 1058, Dr. Theodore Graham (attending) in room for sterile vaginal examination. At 1100 station -2 / dilatation 3 / effacement 100. P379, 125

Wednesday
5/4/16
Discussed fetal tracing with attending Dr. Graham at 0345

On 5/4/16 at 09:36, Dr. Steven Dudick (resident) notes in a **"late entry"** that the **fetal tracing had been discussed** with Dr. Puder (Maternal Fetal Medicine) and **Dr.**

Graham at 03:45. The fetal baseline varied between 160-180 (fetal tachycardia) with minimal-moderate variability, no accelerations and intermittent late decelerations. Oxytocin was discontinued at 0300. **After discussion with Dr. Puder (MFM) and Dr. Graham, the decision was made to not restart oxytocin and expectantly manage Ms. Lee until Dr. Graham was able to assess the patient in person. (P572) Dr. Graham did not come to that hospital at that time (0345) despite the concerns on the fetal tracing.**

0543
Discussed with Dr. Graham

On 5/4/16 at 05:43, Dr. Steven Dudick, a PGY 3 (third year resident) noted that the fetal heart tracing showed a baseline of 160 beats per minute (BPM) with minimal variability, and intermittent late decelerations. He categorized this tracing as a Category II tracing. **Dr. Dudick noted that the care plan was discussed with the attending physician Dr. Theodore Graham.**

0700
Attending needs to access patient prior to re-staring Oxytocin. Dr. Graham said he would be on his way to Hutzel.

Dr. Karoline Puder MFM documents that Ms. Lee's management was reviewed and discussed with Dr. Dudick (resident). The tracing was reviewed and revealed a Category II tracing with infrequent decelerations off oxytocin. **She (Dr. Puder MFM) states that the attending for this patient needs to assess this patient in person prior to restarting the oxytocin. Dr. Graham was informed. "Per our earlier conversation, he (Dr. Graham) stated that he would be on his way to Hutzel at 0700. I agree with findings and plan." P573**

0720
Minimal variability. No response to scalp stimulation.

That on 5/4/16 at 0720, Shamia Lee was 5cm / 80% / -2. She was remote from delivery. Scalp stimulation had been performed by Dr. Elizabeth Bryant (resident) for minimal variability for approximately 2 minutes at 0720-0721. (P571, 160) The fetus <u>did not</u> respond to scalp stimulation. (P160, 634-635)

Of most concern was the fact that at 0720 – 0721, Dr. Bryant (resident) performed scalp stimulation for 2 minutes, and there was no response. This maneuver (which when performed is meant to demonstrate fetal well-being and normal oxygenation if it causes an acceleration) is one of the best indicators of a lack of hypoxia.

Late Entry

Paged Dr. Graham at 0720.
Baseline FHR 160, minimal variability with intermittent late decelerations.

0720 Dr. Dudick (resident) further notes in this late entry that **Dr. Graham was paged at 07:20** immediately following board turnover. The tracing had remained Category II: **The baseline was 160 BPM and the variability was noted to be minimal with intermittent late decelerations. Despite the tracing concerns, Dr. Graham was noted to desire to restart oxytocin.** Dr. Karoline Puder MFM disagreed. Oxytocin was not restarted. P572

The fact that there was NO response to scalp stimulation in the face of persistent fetal tachycardia, minimal variability and intermittent late decelerations, the standard of care required Dr. Graham order a stat C-section. In violation of the standard of care Dr. Graham failed to do so. Instead, Dr. Graham **from home** argued that Pitocin should be restarted. In addition, Dr. Graham still did not come to the hospital at once, as required by the standard of care.

0740
Dr. Graham notified and en route.

CAT II tracing: **Dr. Graham notified@ 07:40 a.m. and is en route. Consented for C-section: On chart review patient noted to have a CAT II tracing: baseline of 05's, minimal variability, with occasional decels (declarations) and a prolonged decel (deceleration) down to the 80's, irregular contractions. Fetus did not respond to scalp stimulation** (at 0720, P160). P634-635

0742
Awaiting Dr. Graham arrival for evaluation.

5/4/16 0742 **Dr. Bryant (resident) at bedside discussing possible C-section and obtaining consent, awaiting Dr. Graham arrival for evaluation.** (User name: Krstep – unknown). P351

0819

5/4/16 08:19, Dr. Elizabeth Bryant (resident) notes that the patient was 5 cm dilated, 80% effaced with the vertex at the -2 station.

0821

5/4/16 08:21, Dr. Erica Louden (resident) notes that the patient was consented for a cesarean section. Patient was noted to have minimal variability with occasional decelerations and a prolonged deceleration down to 80 BPM, with irregular contractions. Dr. Erica Louden (resident) notes that the fetus did not respond to scalp

stimulation, and the cervical examination was unchanged. Dr. Erica Louden (resident) notes that Pitocin had been off since 0300 and that **Dr. Graham had been notified overnight and that morning and is en route.** A cesarean section was recommended. Ms. Lee had consented and agreed to a cesarean section.

Baby M.L.T. was allowed to continue in this state of hypoxia until the baby could no longer support a normal heart rate. There was prolonged fetal heart rate decelerations to the 80's and decelerations to the 40's. The baby was delivered at 0846 via a stat cesarean section after the baby demonstrated bradycardia. The baby was born with an Apgar of 0 at 1 minute and 4 at 5 minutes. The cord gases revealed severe metabolic acidosis consistent with hypoxia.

At 09:21 (after the delivery / birth at 0846), Dr. Graham notes that he was informed that the patient had redeveloped late decelerations with the Pitocin off while he was en route. Upon his arrival to the hospital, the patient was being transferred to the operating room for a stat cesarean section. He notes that a Cesarean section was performed delivering a viable female infant.

0842 to OR
Birth: 0846
Apgar scores 0 / 4 / 5

At 08:42, Ms. Lee was brought to the **OR,** as per the anesthesia record. The baby was **delivered at 08:46.** The **APGAR scores were 0/4/5 at 1 minute, 5 minutes and 10 minutes** respectively.

Cord Blood Gases

***Arterial* cord blood gas** revealed a severely acidotic state with a pH = 6.471 and a BASE EXCESS OF -24.

***Venous* cord blood gas** revealed a pH = 7.048 with a BASE EXCESS = -15.4.

Baby M.L.T.'s active problems were listed as perinatal depression and HIE findings on MRI.

The baby M.L.T. was discharged on 5/19/2016.

Rehabilitation Institute of Michigan, M.L.T. is noted to have delayed developmental milestones with Truncal Hypotonia and Hypertonia of the extremities.

STANDARD OF CARE

The care provided to Ms. Lee and her unborn child fell below accepted standards of care of an OB/GYN. As early as 21:38 on 5/3/2016, the fetal tracing revealed evidence of a fetal tachycardia with minimal variability. This is not tracing that is considered normal. There was no contemplation as to why there was a fetal

tachycardia or minimal variability. Maternal temperature was normal. There was noted to be intermittent late decelerations which also indicated that there were episodes of fetal hypoxia. It is well accepted that a premature baby (34 weeks' gestation) will have a decreased reserve to tolerate prolonged stress and hypoxia.

STANDARD OF CARE- DR. GRAHAM (OB/GYN)

That the standard of care required exercising reasonable skill and diligence to recognize that Plaintiffs had a high probability of sudden clinically significant deterioration, which required the highest level of physician presence and preparedness to intervene timely with a stat C-section pursuant to the standard of care. In violation of the standard of care Dr. Graham managed the care of Plaintiffs from home, although the records stated Dr. Graham's presence was necessary, and he had said he would be on his way to the hospital at 0700. At 0345 he was told of concerns of the fetal heart tracing, and Oxytocin was not going to be restarted until he came and evaluated the patient.

The persistence of a Category II fetal heart rate tracing for one hour that does not exhibit moderate variability or accelerations but does exhibit late decelerations represents a significant probability of metabolic acidosis and requires delivery of the fetus. The Category II fetal heart rate pattern identifies a fetus in jeopardy. The goal of intrapartum care is delivery of the fetus prior to the development of damaging degrees of hypoxic acidemia.

STANDARD OF CARE- DR. GRAHAM (OB/GYN)
0345

After Midnight on 5/4/2016, the fetal tracing consistently revealed a fetal tachycardia with minimal variability and intermittent late decelerations. Despite having been told by the resident of this ominous tracing in a premature baby at 34 weeks, Dr. Graham, in violation of the standard of care did not come to the hospital to personally assess, evaluate his patients, and plan management of the labor and time of delivery. This is a deviation from accepted standards of care. Even after he was notified at 0300 - 0345 that the fetal tracing remained of concern with fetal tachycardia at 180 bpm with minimal variability and intermittent late decelerations, Dr. Graham continued to remain at home. It is clear the standard of care required that Dr. Graham be at the hospital to evaluate Shamia Lee and her baby, and the fetal heart rate tracing shortly after 3:45am on 5/4/16. In violation of the standard of care Dr. Graham failed to do so.

STANDARD OF CARE- DR. GRAHAM (OB/GYN)
After 0345 offer C-section

If Dr. Graham had come to the hospital shortly after 0345 on 5/4/16, the standard of care required that Dr. Graham, after reviewing the fetal monitoring graphs and seeing cervical dilatation (5cm / 100%), offer Shamia Lee a C-section, knowing she was a gravida 1 at 34 weeks' gestation with PROM, and explain to her that there had been non-reassuring fetal heart tones, and that vaginal delivery was remote. In violation of the standard of care, Dr. Graham did not do so.

STANDARD OF CARE- DR. GRAHAM (OB/GYN)
0740
Order stat C-section

Dr. Graham was notified at around 0740, and said that he was en route to the hospital. Based on minimal variability, previous tachycardia, decelerations, and prolonged deceleration to the 80's, and a fetus that did not respond to scalp stimulation at 0720 (P160, P634-635), the standard of care required that Dr. Graham order the resident to proceed immediately with a stat C-section while he was en route to the hospital, and not wait for him. In violation of the standard of care, Dr. Graham failed to do so.

Had this baby been delivered by cesarean section no later than 08:10am, she would not have been born hypoxic and close to death, and would not have suffered the injuries consistent with hypoxic-ischemic encephalopathy.

STANDARD OF CARE- DR. BRYANT, DR. DUDICK, AND DR. LOUDEN (OB/GYNS)

The OB/GYN residents, Drs, Bryant, Dudick, and Louden owed the following duties to Plaintiffs pursuant to the patient-doctor relationship that existed between them and pursuant to the standard of practice or care of their profession. That Drs. Bryant, Dudick, and Louden breached the aforementioned duties in at least one and possibly more of the following particulars, so far as it is presently known, by failing:

a. To exercise reasonable skill and diligence to timely request that the attending physician, Dr. Theodore Graham, and/or Dr. Karoline Puder come to the bedside and review and correctly interpret the fetal monitoring graphs, give the appropriately orders including, but not limited to, ordering and performing a timely stat C-section due to non-reassuring fetal heart tones, when the mother was remote from vaginal delivery.

b. To exercise reasonable skill and diligence after assessing Plaintiffs and the fetal monitoring graphs to timely call Dr. Graham and/or Dr. Puder, and/or an in house OB/GYN and/or another doctor at once and tell him/her about the Plaintiff's fetal distress, non-reassuring fetal heart tones.

c. To exercise reasonable skill and diligence to timely demand the presence of Dr. Graham and/or Dr. Puder and notify them of the need for an immediate and stat C-section, due Plaintiff's fetal distress, non-reassuring fetal heart tones and the need for a stat C-section.

d. To exercise reasonable skill and diligence when unable to reach Dr. Graham and/or Dr. Puder, to immediately demand the presence of the in-house OB- GYN physician and explain to him/her the need for an immediate and stat C- section because of the presence of fetal distress, non-reassuring fetal heart tones, with vaginal delivery being remote.

e. To exercise reasonable skill and diligence to tell Dr. Graham and/or Dr. Puder them a C-section was required immediately and to asking Dr. Dr. Graham and Dr. Puder how long it would take them to arrive at the hospital.

f. To timely take the appropriate action when fetal distress, non-reassuring fetal heart rate and/or patterns were identified, including immediately notifying the attending physician that he needs to come in to evaluate the mother's condition immediately and prep patient for a C-section, and ready a crew, nurses, anesthesia and physicians for an impending C-section.

g. To timely recognize that there were non-reassuring fetal heart rates and/or patterns, and Plaintiff's minor health and life were in danger, and demand an immediate consultation and consideration for a stat C-section and/or by using the chain of command, ask for same.

h. To timely utilize the chain of command to ensure that the mother received timely an immediate evaluation for a stat C-section.

i. To timely perform a stat c-section and refrain from waiting for Dr. Graham to arrive.

When Drs. Bryant, Dudick, and Louden saw that Dr. Graham failed to timely show up at the hospital to perform the C-section, the standard of care of Drs. Bryant, Dudick, and Louden required that they immediately tell Dr. Puder that Dr. Graham failed to timely come to the hospital, and that there was fetal distress, non-reassuring fetal heart tones with vaginal delivery being remote mandating a stat C-section, and demand Dr.

Puder's presence to the operating room to perform the stat C-section. If Dr. Puder refused to go immediately to the operating room upon demand, the standard of care of Drs. Bryant, Dudick and Louden, required that they use the chain of command to ensure that an OB/GYN be present to perform the stat C-section.

STANDARD OF CARE- DR. KAROLINE PUDER (MFM)

If Dr. Puder timely saw Plaintiff's non-reassuring fetal heart tones, and/or if Drs. Bryant, and/or Dudick, and/or Louden told Dr. Puder about Plaintiff's non-reassuring fetal heart tones, fetal distress, and the need for a stat C-section, and that Dr. Graham did not timely show up at the hospital, the standard of care of Dr. Puder's profession required that she immediately show up to the bedside to evaluate the Plaintiffs, and perform a timely, stat C-section. Alternatively, if Dr. Puder could not immediately go to the hospital to perform a stat C-section, the standard of care of her profession required that she advise the OB/GYN residents to request the presence of another available OB/GYN immediately by using the chain of command.

THE MANNER IN WHICH THE BREACH OF THE STANDARD OF PRACTICE OR CARE WAS THE PROXIMATE CAUSE OF THE INJURY

That failure to perform a timely C-section was the direct and proximate cause of minor Plaintiff's brain damage, as during this delay in delivering minor Plaintiff, he suffered from progressive, prolonged and cumulative hypoxia (decrease in oxygen rich blood) and/or ischemia Brain cells need oxygen to live and as a result of the failure to receive the oxygen,

brain cells of minor Plaintiff died and minor Plaintiff sustained permanent and severe brain damage.

Had the standard of care had been followed as described herein, one or more physicians would have been present to perform a timely stat C-section. Had this baby been delivered by cesarean section no later than 08:10am, she would not have been born hypoxic and close to death, and would not have suffered the injuries consistent with hypoxic-ischemic encephalopathy.

4. My opinions in this Affidavit of Merit are preliminary and are based upon the specific information contained in the medical records in this particular case provided to me prior to signing this Affidavit of Merit. As additional information is obtained through additional medical records and throughout the course of discovery, including depositions, I reserve the right to modify and/or alter and/or change my opinions. The opinions expressed herein are based solely on the medical records supplied to me, as well as my knowledge, training, skill and experience. The above is meant to serve as a summary of my opinions, and may not include each and every opinion I have formulated.
5. That this is a meritorious case.

Further, affiant saith not.

James Ducey

Dr. James Ducey

Subscribed and sworn to before me this
18th day of June, 2019.

Joanna Barbagallo
Notary Public
County: Richmond
My Commission Expires: 2/16/22

JOANNA BARBAGALLO
NOTARY PUBLIC STATE OF NEW YORK
RICHMOND COUNTY
LIC. #01BA4898596
COMM. EXP. FEBRUARY 16, 2022

Patient Name: LEE, SHAMIA V
FIN: 500002334679

Admit Date: 5/2/2016

I-Views

Result	Procedure	Units	Reference Range	Recorded By	Data Source	Recorded Date/Time
1- Awake, Cooperative, Oriented	Level of Sedation-Neuro			BASHURA RN, ELAINE S.	PowerChart	5/3/2016 11:00 EDT
Manual	Cervical Exam Type			BASHURA RN, ELAINE S.	PowerChart	5/3/2016 11:00 EDT
3	Cervix Dilation			BASHURA RN, ELAINE S.	PowerChart	5/3/2016 11:00 EDT
100	Cervix Effacement			BASHURA RN, ELAINE S.	PowerChart	5/3/2016 11:00 EDT
-2	Fetal Station			BASHURA RN, ELAINE S.	PowerChart	5/3/2016 11:00 EDT
GRAHAM MD, THEODORE K	Vaginal Exam Performed By			BASHURA RN, ELAINE S.	PowerChart	5/3/2016 11:00 EDT
External toco	Uterine Contraction Monitoring Method			BASHURA RN, ELAINE S.	PowerChart	5/3/2016 11:00 EDT
No	Uterine Contractions Perceived by Pt			BASHURA RN, ELAINE S.	PowerChart	5/3/2016 11:00 EDT
irreg	Uterine Contraction Frequency			BASHURA RN, ELAINE S.	PowerChart	5/3/2016 11:00 EDT
Normal	Uterine Activity			BASHURA RN, ELAINE S.	PowerChart	5/3/2016 11:00 EDT
Relaxed	Uterine Contraction Rest Tone,External			BASHURA RN, ELAINE S.	PowerChart	5/3/2016 11:00 EDT
Right tilt	Patient Position, OB			BASHURA RN, ELAINE S.	PowerChart	5/3/2016 11:00 EDT
See Below T50	Fetal Monitoring Annotations				Monitoring	5/3/2016 11:00 EDT
See Below T51	Fetal Monitoring Annotations				Monitoring	5/3/2016 11:16 EDT
Pt in right tilt	Fetal Monitoring Annotations				Monitoring	5/3/2016 11:18 EDT
129 H	Heart Rate (bpm)	bpm	[60-100]	GREENIDGE RN,KIARA R	PowerChart	5/3/2016 11:30 EDT
99	O2 Saturation	%	[92-100]	GREENIDGE RN,KIARA R	PowerChart	5/3/2016 11:30 EDT
120	Systolic Blood Pressure	mmHg	[90-140]	GREENIDGE RN,KIARA R	PowerChart	5/3/2016 11:30 EDT
61	Diastolic Blood Pressure	mmHg	[55-90]	GREENIDGE RN,KIARA R	PowerChart	5/3/2016 11:30 EDT
80 R1	Mean Arterial Blood Pressure	mmHg		SYSTEM, SYSTEM	PowerChart	5/3/2016 11:30 EDT

Patient Name: LEE, SHAMIA V
FIN: 500002334679

Admit Date: 5/2/2016

I-Views

Result	Procedure	Units	Reference Range	Recorded By	Data Source	Recorded Date/Time
95	Heart Rate (bpm)	bpm	[60-100]	BUIA RN,MARIA	PowerChart	5/4/2016 07:00 EDT
36.8	Temperature (C)	DegC	[35.7-37.5]	BUIA RN,MARIA	PowerChart	5/4/2016 07:00 EDT
106	Systolic Blood Pressure	mmHg	[90-140]	BUIA RN,MARIA	PowerChart	5/4/2016 07:00 EDT
57	Diastolic Blood Pressure	mmHg	[55-90]	BUIA RN,MARIA	PowerChart	5/4/2016 07:00 EDT
73 [R1]	Mean Arterial Blood Pressure	mmHg		SYSTEM, SYSTEM	PowerChart	5/4/2016 07:00 EDT
Automated (cuff)	Method of BP Measurement			BUIA RN,MARIA	PowerChart	5/4/2016 07:00 EDT
Intrauterine pressure catheter	Uterine Contraction Monitoring Method			BUIA RN,MARIA	PowerChart	5/4/2016 07:00 EDT
Yes	Uterine Contractions Perceived by Pt			BUIA RN,MARIA	PowerChart	5/4/2016 07:00 EDT
See Below [T01]	Fetal Monitoring Annotations				Monitoring	5/4/2016 07:20 EDT
Manual	Cervical Exam Type			GREENIDGE RN,KIARA R	PowerChart	5/4/2016 07:21 EDT
5	Cervix Dilation			GREENIDGE RN,KIARA R	PowerChart	5/4/2016 07:21 EDT
80	Cervix Effacement			GREENIDGE RN,KIARA R	PowerChart	5/4/2016 07:21 EDT
-2	Fetal Station			GREENIDGE RN,KIARA R	PowerChart	5/4/2016 07:21 EDT
BRYANT MD-Resident, ELIZABETH	Vaginal Exam Performed By			GREENIDGE RN,KIARA R	PowerChart	5/4/2016 07:21 EDT
See Below [T02]	Fetal Monitoring Annotations				Monitoring	5/4/2016 07:27 EDT
0	Pain Score (Rest)			GREENIDGE RN,KIARA R	PowerChart	5/4/2016 07:30 EDT
6	Pain Score (Activity)			GREENIDGE RN,KIARA R	PowerChart	5/4/2016 07:30 EDT
2+ Normal	Radial Pulse,Left			GREENIDGE RN,KIARA R	PowerChart	5/4/2016 07:30 EDT
VAS	Adult Pain Scale			GREENIDGE RN,KIARA R	PowerChart	5/4/2016 07:30 EDT
Back lower	Primary Pain Location			GREENIDGE RN,KIARA R	PowerChart	5/4/2016 07:30 EDT
PCEA/Epidural	Primary Pain Interventions			GREENIDGE RN,KIARA R	PowerChart	5/4/2016 07:30 EDT

Date	Summary	User Name	Revision Date
Wed May 04 08:08:33 EDT 2016	pt complaining of increase vaginal discomfort. pt repositioning herself in bed	krstep	Wed May 04 09:52:29 EDT 2016
Wed May 04 08:07:05 EDT 2016	SpO2 100%	system vitals	Wed May 04 08:07:07 EDT 2016
Wed May 04 08:02:48 EDT 2016	BP 152/108	system vitals	Wed May 04 08:02:49 EDT 2016
Wed May 04 08:02:06 EDT 2016	SpO2 100%	system vitals	Wed May 04 08:02:07 EDT 2016
Wed May 04 07:57:05 EDT 2016	SpO2 100%	system vitals	Wed May 04 07:57:07 EDT 2016
Wed May 04 07:52:05 EDT 2016	SpO2 100%	system vitals	Wed May 04 07:52:07 EDT 2016
Wed May 04 07:47:07 EDT 2016	IUPC zero out	krstep	Wed May 04 10:02:49 EDT 2016
Wed May 04 07:47:05 EDT 2016	SpO2 100%	system vitals	Wed May 04 07:47:07 EDT 2016
Wed May 04 07:42:43 EDT 2016	Dr. Bryant at bedside discussing possible c-section and obtaining consent. awaiting Dr. Grahm arrival for evaluation	krstep	Wed May 04 09:57:44 EDT 2016
~~Wed May 04 07:42:43 EDT 2016~~	~~Dr. Bryant at bedside discussing possible c-section and obtaining consent~~	~~krstep~~	~~Wed May 04 07:44:56 EDT 2016~~
Wed May 04 07:42:06 EDT 2016	SpO2 100%	system vitals	Wed May 04 07:42:07 EDT 2016
Wed May 04 07:37:25 EDT 2016	EFM readjusted	krstep	Wed May 04 09:50:53 EDT 2016
Wed May 04 07:37:05 EDT 2016	SpO2 100%	system vitals	Wed May 04 07:37:07 EDT 2016
Wed May 04 07:33:09 EDT 2016	EFM readjusted	krstep	Wed May 04 09:50:29 EDT 2016
Wed May 04 07:32:35 EDT 2016	BP 127/83, MHR 91	system vitals	Wed May 04 07:32:37 EDT 2016

Patient Name: LEE, SHAMIA V

Patient ID:957073530

Date	Summary	User Name	Revision Date
Tue May 03 11:07:06 EDT 2016	SpO2 100%	system vitals	Tue May 03 11:07:08 EDT 2016
Tue May 03 11:03:11 EDT 2016	BP 120/73, MHR 128	system vitals	Tue May 03 11:03:13 EDT 2016
Tue May 03 11:02:05 EDT 2016	SpO2 100%	system vitals	Tue May 03 11:02:07 EDT 2016
Tue May 03 11:00:16 EDT 2016	Peri care provided, pt in Right tilt	ebashu	Tue May 03 11:07:29 EDT 2016
Tue May 03 11:00:00 EDT 2016	Station: -2	EBASHU	Tue May 03 11:04:04 EDT 2016
Tue May 03 11:00:00 EDT 2016	Dilation: 3	EBASHU	Tue May 03 11:04:04 EDT 2016
Tue May 03 11:00:00 EDT 2016	penicillin G potassium 2.5 MillionUnits IVPB	EBASHU	Tue May 03 11:03:04 EDT 2016
Tue May 03 11:00:00 EDT 2016	Effacement: 100	EBASHU	Tue May 03 11:04:04 EDT 2016
Tue May 03 10:58:24 EDT 2016	Dr Graham in room for SVE	ebashu	Tue May 03 10:59:05 EDT 2016
Tue May 03 10:57:05 EDT 2016	SpO2 100%	system vitals	Tue May 03 10:57:07 EDT 2016
Tue May 03 10:52:05 EDT 2016	SpO2 100%	system vitals	Tue May 03 10:52:07 EDT 2016
Tue May 03 10:47:05 EDT 2016	SpO2 100%	system vitals	Tue May 03 10:47:07 EDT 2016
Tue May 03 10:42:05 EDT 2016	SpO2 100%	system vitals	Tue May 03 10:42:07 EDT 2016
Tue May 03 10:38:00 EDT 2016	predniSONE 60 mg By Mouth	EBASHU	Tue May 03 10:40:50 EDT 2016
Tue May 03 10:37:05 EDT 2016	SpO2 100%	system vitals	Tue May 03 10:37:07 EDT 2016

Patient Name: LEE, SHAMIA V

Patient ID:957073530

Date	Summary	User Name	Revision Date
Tue May 03 08:22:05 EDT 2016	SpO2 100%	system vitals	Tue May 03 08:22:07 EDT 2016
Tue May 03 08:17:05 EDT 2016	SpO2 100%	system vitals	Tue May 03 08:17:07 EDT 2016
Tue May 03 08:12:05 EDT 2016	SpO2 100%	system vitals	Tue May 03 08:12:07 EDT 2016
Tue May 03 08:07:05 EDT 2016	SpO2 100%	system vitals	Tue May 03 08:07:07 EDT 2016
Tue May 03 08:03:16 EDT 2016	BP 116/60, MHR 86	system vitals	Tue May 03 08:03:18 EDT 2016
Tue May 03 08:02:05 EDT 2016	SpO2 100%	system vitals	Tue May 03 08:02:07 EDT 2016
Tue May 03 07:57:05 EDT 2016	SpO2 100%	system vitals	Tue May 03 07:57:07 EDT 2016
Tue May 03 07:53:00 EDT 2016	Lactated Ringers 1000 mL started @ 125 mL/hr	KRSTEP	Tue May 03 07:58:18 EDT 2016
Tue May 03 07:52:11 EDT 2016	BP 112/66, MHR 96	system vitals	Tue May 03 07:52:13 EDT 2016
Tue May 03 07:52:05 EDT 2016	SpO2 100%	system vitals	Tue May 03 07:52:07 EDT 2016
Tue May 03 07:47:23 EDT 2016	pt changed position to right lateral, FHT and TOCO readjusted	krstep	Tue May 03 07:48:12 EDT 2016
Tue May 03 07:47:05 EDT 2016	SpO2 100%	system vitals	Tue May 03 07:47:07 EDT 2016
Tue May 03 07:42:05 EDT 2016	SpO2 100%	system vitals	Tue May 03 07:42:07 EDT 2016
Tue May 03 07:37:05 EDT 2016	SpO2 100%	system vitals	Tue May 03 07:37:07 EDT 2016
Tue May 03 07:35:55 EDT 2016	pt on left lateral side, fluid bolus of 300ml started, dr. bryant notified of BP and decel, Dr, grahm being paged to notify	krstep	Tue May 03 07:38:19 EDT 2016

Patient Name: LEE, SHAMIA V
FIN: 500002334679

Admit Date: 5/2/2016

Progress Notes

Created by
ALMARIO MD-Resident, LEANNE. Beeper number 8939. Service ObGyn. Resident.

DOCUMENT NAME:	Brief Incident Note
SERVICE DATE/TIME:	5/4/2016 08:18 EDT
RESULT STATUS:	Unauthenticated/Unsigned
PERFORM INFORMATION:	BRYANT MD-Resident,ELIZABETH (5/4/2016 08:20 EDT)
SIGN INFORMATION:	BRYANT MD-Resident,ELIZABETH (5/4/2016 08:20 EDT); BRYANT MD-Resident,ELIZABETH (5/4/2016 08:20 EDT)
AUTHENTICATED BY:	BRYANT MD-Resident,ELIZABETH (5/4/2016 08:20 EDT)

SVE
"If completed by a medical trainee this document will be reviewed and amended by a supervisor. * This document should not be used for physician billing if completed by a MLP unless employed by/or under a shared services agreement with that physician" ****

Patient: **LEE, SHAMIA** **MRN: H-844123976** **FIN: 500002334679**
Age: **26 years** Sex: **Female** DOB: **01/05/1990**
Associated Diagnoses: **None**
Author: **BRYANT MD-Resident, ELIZABETH**

Document Created
Document Creation: 05/04/16 08:19

Date of Service
Date of Service: 05/04/2016.

Incident Summary
SVE 5/80/-2
Scalp stim for minimal variability for approximately 2 min at 07:20

OB team aware
Created by
BRYANT, ELIZABETH B. Beeper number 8940. Service OB/GYN. Resident.

DOCUMENT NAME:	Brief Incident Note
SERVICE DATE/TIME:	5/4/2016 09:36 EDT
RESULT STATUS:	Auth (Verified)
PERFORM INFORMATION:	DUDICK MD-Resident,STEVEN (5/4/2016 09:42 EDT)
SIGN INFORMATION:	PUDER MD,KAROLINE S (5/9/2016 09:51 EDT); DUDICK MD-Resident,STEVEN (5/4/2016 09:44 EDT); DUDICK MD-Resident,STEVEN (5/4/2016 09:42 EDT)
AUTHENTICATED BY:	PUDER MD,KAROLINE S (5/9/2016 09:51 EDT); PUDER MD,KAROLINE S (5/9/2016 09:51 EDT); DUDICK MD-Resident,STEVEN (5/4/2016 09:44 EDT)

Patient Name: LEE, SHAMIA V
FIN: 500002334679

Admit Date: 5/2/2016

Progress Notes

DMC Brief Incident Note
"If completed by a medical trainee this document will be reviewed and amended by a supervisor. * This document should not be used for physician billing if completed by a MLP unless employed by/or under a shared services agreement with that physician" ****

Patient: **LEE, SHAMIA V** **MRN: H-844123976** **FIN: 500002334679**
Age: **26 years** Sex: **Female** DOB: **01/05/1990**
Associated Diagnoses: **None**
Author: **DUDICK MD-Resident, STEVEN**

Document Created
Document Creation: 05/04/16 09:36

Date of Service
Date of Service: 05/04/2016.

Late entry due to meeting I had to attend immediately after board turnover

Incident Summary
Discussed fetal heart rate tracing with Dr. Puder and Dr. Graham at 0345. Fetal baseline varied between 160 and 180, minimal-to-moderate variability, no accels, intermittent late decels. Oxytocin discontinued at 0300. After discussion with Dr. Puder and Dr. Graham, the decision was made to not restart oxytocin and expectantly manage until Dr. Graham able to assess patient in person.

Paged Dr. Graham at 0720, immediately following board turnover. Tracing remained Category II: baseline 160, minimal variability, intermittent late decels. Instructed by Dr. Graham to restart oxytocin. Dr. Puder disagreed. Oxytocin not restarted.

Objective
VS/Measurements

Most recent Vital Signs last 24 hours:

Temperature: 36.8 using method Oral
BP: 127/83
Pulse: 91
Respiration Rate: 20
SpO2: 100
FIO2: —
24Hr Tmax: 37.5 using method —

Weight:

Initial Weight: 98.6 kg 217 lb 05/02
Current Weight: 98.6 kg 217 lb 05/02

Patient Name: LEE, SHAMIA V
FIN: 500002334679

Admit Date: 5/2/2016

Progress Notes

Created by
Steven Dudick, M.D. (PGY-3)
Obstetrics and Gynecology
Beeper 7560

Attestation
Teaching Attestation
Attestation/ Supervisor Note: Attestation to Brief Incident Note, Participation (management reviewed and discussed, Tracing reviewed with Dr. Dudick. Category II, infrequent decels off oxytocin. Attending for this patient needs to assess the patient in person prior to restarting oxytocin. Dr. Graham informed. Per our earlier conversation, he stated that he would be on his way to Hutzel at 0700.), I agree with findings & plan, Provider Signature (PUDER MD, KAROLINE S, Beeper Number 3850, Maternal-Fetal Medicine Obstetrics & Gynecology).

DOCUMENT NAME:	Brief Incident Note
SERVICE DATE/TIME:	5/4/2016 09:55 EDT
RESULT STATUS:	Auth (Verified)
PERFORM INFORMATION:	LOUDEN MD-Resident,ERICA (5/4/2016 10:06 EDT)
SIGN INFORMATION:	GRAHAM MD,THEODORE K (5/5/2016 06:19 EDT); LOUDEN MD-Resident,ERICA (5/4/2016 10:06 EDT)
AUTHENTICATED BY:	GRAHAM MD,THEODORE K (5/5/2016 06:19 EDT)

Chronic ITP Steroid dose Brief Incident Note
"If completed by a medical trainee this document will be reviewed and amended by a supervisor. * This document should not be used for physician billing if completed by a MLP unless employed by/or under a shared services agreement with that physician" ****

Patient: **LEE, SHAMIA** **MRN: H-844123976** **FIN: 500002334679**
Age: **26 years** Sex: **Female** DOB: **01/05/1990**
Associated Diagnoses: **None**
Author: **LOUDEN MD-Resident, ERICA**

Document Created
Document Creation: 05/04/16 09:55

Date of Service
Date of Service: 05/04/2016.

Incident Summary
Ms. Lee is a 26 yo G1P0101 s/p Stat c-section with history of chronic ITP on Prednisone 60 mg antepartum. In labor receiving stress dose of steroids 100mg Hydrocortisone TID.
Hematology Dr. Nagaska: continue stress dose and then switch to previous regmine of Prednisone 60mg qd on POD # 2, discharge home on Prednisone 60mg
F/u with her Hematologist in 1 week post delivery or f/u in Benign Hematology Clinic UHC-7B 313-745-2554

Patient seen and plan to be discussed w/ Attending.

Patient Name: LEE, SHAMIA V
FIN: 500002334679

Admit Date: 5/2/2016

Surgical Documents

Author: **PUTRA MD-Resident, MANESHA**

Document Created
Document Creation: 05/04/16 09:33

Date of Service
Date of Service: 05/04/2016.

Procedure

Procedure
Date of Surgery
05/04/2016.
Confirmed
Patient, procedure, side, and site are correct.
Performed by
GRAHAM MD, THEODORE K.
Attending physician.
Assistant
PUTRA MD-Resident, MANESHA.
Resident.
Pre-Operative diagnosis
Antepartum non-reassuring fetal heart rate or rhythm affecting care of mother (ICD10-CM O76, Admitting, Medical).
Post-Operative diagnosis
Antepartum non-reassuring fetal heart rate or rhythm affecting care of mother (ICD10-CM O76, Admitting, Medical).
Procedure performed
Procedure
Cesarean Section (U000108)..
Estimated Blood Loss
600 ml.
Intravenous Fluids
1,000 ml crystalloid.
Urine output
225 ml.
Specimen obtained
None.
Anesthesia
Regional: Epidural.
Complications
None apparent.
Indication
Ms. Lee is a 26 y/o G1P0 at 34w4d by 18 wk US admitted to labor and delivery for management of PPROM.
s/p BMZ x2
CAT II tracing: Dr. Graham notified @ 07:40a.m and is in route

Consented for c-section: On chart review patient noted to have a CATII tracing: basline of 05's, minimal variability, with occassional decels and a prolonged decel down to the 80's, irregular contractions. Fetus did not respond to

Surgical Documents

scalp stimulation. Cervical exam unchanged. Pitocin has been off since 03:00. Dr. Graham notified overnight and this morning and is in route. STAT C-section is recommended

Informed consent
Signed by patient.
Preparation and technique
Sterile preparation of site.
Intra-Operative Details

The patient was taken to the operating room where epidural anesthesia was found to be adequate. The patient was placed in the dorsal supine position with a leftward tilt and prepared and draped in the normal sterile fashion. The mandatory time out was not performed due to emergent nature of the procedure. A Pfannenstiel skin incision was made 2 cm above the pubic symphysis with scalpel and carried through to the underlying layer of fascia. The fascia was incised in the midline and the incision extended laterally with blunt traction. The rectus muscle was then seprated bluntly. peritoneal layer was then also entered bluntly. The peritoneal incision was then extended superiorly and inferiorly with good visualization of the bladder. The bladder blade was then inserted.

The lower uterine segment was incised in a transverse fashion with the scalpel. The uterine incision was then extended laterally with cephalad caudad traction. Meconium amniotic fluid was noted. The bladder blade was removed. The surgeon's hand was placed in the uterine cavity. The fetus was in cephalic presentation. The head was elevated into the abdomen and delivered through the uterine incision to the level of the scapula with the assistance of fundal pressure. No nuchal cord noted. The remainder of the fetus was delivered with gentle traction. The umbilical cord was clamped and cut and the infant was handed off to the waiting the nurse for further care. Cord gases were sent. The placenta and amniotic membranes were then manually removed from the uterine cavity. Oxytocin was administered by IV infusion to enhance uterine contractions. The uterus was exteriorized and cleared of all clots and remaining products of conception with a moist lap sponge. The uterine incision was closed in one locked layer with an 0 Vicryl suture. Good hemostasis was confirmed. Wound was examined and sponge count was observed and found to be correct x1.
The uterus was replaced into the abdomen. peritoneum was closed using 2-0 vicryl in running fashion. muscle was then also reapproximated using0-vicryl in a continous running fashion. The fascia was reapproximated using 0 Vicryl suture in a running, nonlocking fashion. Sponge count was observed and found to be correct x2. The subcutaneous tissue was cleansed with a wet lap sponge. Hemostasis was obtained with Bovie electrocautery and noted to be good. The skin was reapproximated using 4-0 Vicryl on a Keith needle. The skin was cleansed and a sterile bandage dressing was applied.
The patient tolerated the procedure well. Sponge, lap, and needle counts were correct times two. The patient was taken to the recovery room in stable condition.
Dr. graham was present for and participated in the entire procedure.

Findings
Female infant delivered, APGAR 0-4-5-6 at 1-5-10 and 15 minutes
weight 2335g
me onium stained amniotic fluid
normal appearing pelvic irgans
three vessel cord.
Condition
Good.
Procedure tolerated
Well.

Created by
PUTRA MD-Resident, MANESHA. Beeper number #9102 for Hutzel OB, #5741 for Harper/Hutzel GYN, #5150 for Sinai Grace GYN, #7643 for personal pager. Service OBGYN. Resident.