

Exhibit F

Dr. Ravi Yalamanchi Deposition

Vargas

Yalamanchi Ravi

11/9/2020

Condensed Transcript

Prepared by:

Bill Ragen
CCSAO

Tuesday, August 31, 2021

Page 1

1 IN THE UNITED STATES DISTRICT COURT
2 NORTHERN DISTRICT OF ILLINOIS
3 EASTERN DIVISION
4
5 LETICIA VARGAS,)
Administrator of the)
6 Estate of ANGEL CRUZ,)
Plaintiff,)
7 vs.) Case No. 18 CV 1865
SHERIFF OF COOK COUNTY,)
8 COUNTY OF COOK, AUGUSTUS)
ALABI, AVIS CALHOUN,)
9 LORRAINE CHATMAN, ANITA)
JOHNSON, HELEN KANEL,)
10 CHERRI KRZYZOWSKI,)
ELIZABETH P. LASSEN,)
11 MANUEL MANALASTAS, DR.)
STEVE PASCHOS, JASON)
12 SPRAGUE, and JARUWAN)
SUPASANGUAN,)
13 Defendants.)
The deposition of DR. RAVI YALAMANCHI,
14 called for examination pursuant to the Rules of
15 Civil Procedure for the United States District
16 Courts pertaining to the taking of depositions,
17 taken before CHRISTINE M. PINA, a Certified
18 Shorthand Reporter remotely via Zoom, within and
19 for the County of Cook and State of Illinois in
20 Chicago, Illinois, on November 9, 2020 at the hour
21 of 2:00 o'clock p.m.
22 (Deposition concluded at 3:30 p.m.)
23 Reported by: CHRISTINE M. PINA, CSR, RPR
24 License No.: 084-003785

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1 I N D E X
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4 WITNESS EXAMINATION
5
6 DR. RAVI YALAMANCHI
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10 By Mr. Catania 51
11 Further By Mr Flaxman 57
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17 E X H I B I T S
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19 NUMBER MARKED FOR ID
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22 NO EXHIBITS MARKED BY REPORTER
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24

<p style="text-align: right;">Page 5</p> <p>1 THE COURT REPORTER: This deposition is being 2 taken by means of videoconferencing, and the oath 3 will be administered remotely by the court reporter 4 pursuant to Governor Pritzker's Executive Order 5 2020-14. Are all parties in agreement with this 6 procedure? 7 MR. FLAXMAN: Joel Flaxman for the Plaintiff. 8 The plaintiff agrees. 9 MR. RAGEN: Bill Ragen on behalf of Cook County 10 and a number of individually-named Cook County 11 employed Defendants, and we agree. 12 MR. CATANIA: Francis Catania, Assistant 13 State's Attorney on behalf of the Sheriff of Cook 14 County along with John Power and Robin Williams. 15 We agree. 16 MR. TOMASIK: This is T.J. Tomasik on behalf of 17 the witness, and I agree. 18 DR. RAVI YALAMANCHI, 19 having been first duly sworn, was examined and 20 testified as follows: 21 EXAMINATION 22 BY MR. RAGEN: 23 Q. Can you, please, spell your name for the 24 record, please?</p>	<p style="text-align: right;">Page 7</p> <p>1 Q. You are credentialed to see patients at 2 the hospital? 3 A. Correct. 4 Q. You practice as a hospitalist? 5 A. Yes. 6 Q. Can you explain to us what that is? 7 A. As a hospitalist, we are the attending of 8 record for patients. We're their primary care 9 physician in the hospital. We see them from the 10 date of admission until the day they leave the 11 hospital. 12 Q. Now, I didn't say thank you for being 13 here, so thank you very much for your time for 14 being here. Also, too, from time to time through 15 these Zoom depositions if the audio quality is not 16 good, would you let us know? 17 A. I will. 18 Q. Also, too, I don't go through all the 19 ground rules just to spare us some time, but if I 20 ask a question that you don't understand, will you 21 let me know? 22 A. Yes. 23 Q. Otherwise, if you answer the question, I 24 will assume you understood it, is that fair?</p>
<p style="text-align: right;">Page 6</p> <p>1 A. Yes. It's Ravi, R-a-v-i, last name 2 Yalamanchi, Y-a-l-a-m-a-n-c-h-i. 3 Q. So, we're here to talk about care you 4 rendered to Mr. Cruz, but before we start, I 5 believe you guys sent a CV. Here it is. You went 6 to undergrad at Northwestern University and 7 graduated in 1992? 8 A. Correct. 9 Q. What was your degree? 10 A. I was a premed bio major. 11 Q. And then you went to medical school at 12 SABI University? 13 A. Correct. 14 Q. Where is SABI University? 15 A. In the Netherlands, Antilles. 16 Q. And then you graduated from there in 1997? 17 A. Correct. 18 Q. You completed a residency in internal 19 medicine at Mercy Hospital from 1999 to 2003? 20 A. Yes. 21 Q. In looking at your CV, from 2008 until 22 present, you have been working with the Associates 23 of Inpatient Management out of Westmont, Illinois? 24 A. Correct.</p>	<p style="text-align: right;">Page 8</p> <p>1 A. Yes. 2 Q. So, you told us what a hospitalist does. 3 You're board certified in internal medicine? 4 A. Yes, internal medicine. 5 Q. When did you become board certified in 6 internal medicine? 7 A. 2003, and then, I was recertified in 2013. 8 Q. This is one of those kind of assuming 9 questions to speed things up. You don't need any 10 specialized training to become a hospitalist as an 11 internal medicine physician, it's just you 12 specialize in treating patients in the hospital 13 where certain other internal medicine people might 14 have a big clinic practice where they're not 15 practicing as internal medicine primarily treating 16 patients in the hospital; is that kind of a fair 17 assessment of it? 18 A. Yes. 19 Q. Did you review any documents in 20 preparation for today's deposition? 21 A. I have some papers in front of me that I 22 reviewed regarding some orders that were given by 23 me. 24 Q. Did you have access to the entire chart,</p>

<p style="text-align: right;">Page 9</p> <p>1 if you know?</p> <p>2 A. No.</p> <p>3 Q. Did you only look at orders?</p> <p>4 A. I mean I reviewed what's in front of me.</p> <p>5 I have 12 sheets of paper that I have.</p> <p>6 Q. Can you give me the page numbers of those</p> <p>7 12?</p> <p>8 A. Oh, yes. 100 --</p> <p>9 Q. What we'll do is --</p> <p>10 A. Go ahead.</p> <p>11 Q. I didn't mean to cut you off like that. I</p> <p>12 kind of did, but I just want to make sure we're</p> <p>13 talking about the same pages. So, do you see like</p> <p>14 on the bottom right there's such-and-such page of</p> <p>15 such-and-such?</p> <p>16 A. Oh, yeah.</p> <p>17 Q. All the 12 pages, do they have the same</p> <p>18 last number?</p> <p>19 A. 294, yes.</p> <p>20 Q. Which pages did you review?</p> <p>21 A. I have Page 82, 83, 87, 88, 89, 90, 125,</p> <p>22 153, 154, 252, 274, 275.</p> <p>23 Q. Thank you. Does that show that you cared</p> <p>24 for a patient by the name of Angel Cruz?</p>	<p style="text-align: right;">Page 11</p> <p>1 Q. Those would reflect orders you caused to</p> <p>2 be entered on those pages, 82, 83, 87, 88, 89, and</p> <p>3 90?</p> <p>4 A. Wherever my name is, yes.</p> <p>5 Q. Right. To your point, other people</p> <p>6 entered orders and they're also found on those</p> <p>7 pages, correct?</p> <p>8 A. Yes.</p> <p>9 Q. As to turning to Page 125 of 294, that's</p> <p>10 an electronic medication administration record?</p> <p>11 A. Yes. That's what it looks like to me,</p> <p>12 yes.</p> <p>13 Q. It shows that a couple of the medications</p> <p>14 that were ordered were administered and your name</p> <p>15 is entered as the ordering physician, is that fair?</p> <p>16 A. Yes.</p> <p>17 Q. Turning to Page 153 of 294, does that</p> <p>18 appear to be some nurse notes that reflect perhaps</p> <p>19 your involvement with this patient?</p> <p>20 A. Yes.</p> <p>21 Q. On Page 154, does this show nurse notes</p> <p>22 that would reflect your involvement with this</p> <p>23 patient?</p> <p>24 A. Yes.</p>
<p style="text-align: right;">Page 10</p> <p>1 A. What I reviewed is that I gave some orders</p> <p>2 for this patient.</p> <p>3 Q. So, do you know whether or not you cared</p> <p>4 for Mr. Cruz at any point in time?</p> <p>5 A. Other than what I -- the orders I gave, I</p> <p>6 did not, no.</p> <p>7 Q. So, from what you reviewed, it's</p> <p>8 impossible to tell whether you ever cared for</p> <p>9 Mr. Cruz or not, is that fair?</p> <p>10 A. Yes.</p> <p>11 Q. So, the orders that you're looking at on</p> <p>12 Pages 82 through 90, just look at the orders there,</p> <p>13 does that reflect that you entered orders on</p> <p>14 March 13?</p> <p>15 A. There was -- yes, there's some orders</p> <p>16 entered starting at March 12 is what I saw at</p> <p>17 night.</p> <p>18 Q. Yes, and then extending through to</p> <p>19 March 13?</p> <p>20 A. Yes.</p> <p>21 Q. If you look at Pages -- the first six you</p> <p>22 mentioned, 82 through 90, those are all entitled</p> <p>23 CPOE Orders on the top?</p> <p>24 A. Let's see. Yes. Yes.</p>	<p style="text-align: right;">Page 12</p> <p>1 Q. And then going to Page 252, does that</p> <p>2 appear to reference an entry made by Aiste</p> <p>3 Barkaiskaite who is a nurse involved in this</p> <p>4 patient's care?</p> <p>5 A. A continuation order update, yes.</p> <p>6 Q. For the record, you're reading right</p> <p>7 there, it says continued order update from</p> <p>8 Dr. Yalamanchi. That's the only place on this</p> <p>9 paper where I see your name, right?</p> <p>10 A. Yes.</p> <p>11 Q. That appears to be Nurse Barkaiskaite</p> <p>12 reflecting your involvement in this patient's care?</p> <p>13 A. Yes.</p> <p>14 Q. Thankfully there's only two more, so we'll</p> <p>15 do those, 274 and 275.</p> <p>16 A. Okay.</p> <p>17 Q. Do these both appear to be entries made by</p> <p>18 nurses that would reflect your involvement in the</p> <p>19 care of Mr. Cruz?</p> <p>20 A. Yes.</p> <p>21 Q. And then we've gone through all the</p> <p>22 documents you reviewed in preparation for this</p> <p>23 deposition, correct?</p> <p>24 A. Yes.</p>

<p style="text-align: right;">Page 13</p> <p>1 Q. Do you know on March 12 going into 2 March 13 why you were involved in Mr. Cruz' care? 3 A. I was working nights for our group. Every 4 14th week we do nights. So, I was -- I -- so, in 5 addition to seeing new patients, I handled the 6 cross-coverage for our service, for the patients on 7 our service. 8 Q. There's a group of hospitalists, and every 9 once in awhile, someone takes a turn to be the 10 on-call attending for the night? 11 A. Yes. 12 Q. Those responsibilities of you being the 13 attending on-call night person, when would those 14 have started and ended? 15 A. We would start at 8:00 p.m., and it ends 16 7:00 a.m. the next morning. 17 Q. So, in this case, you would have been the 18 on-call attending hospitalist from March 12 at 19 8:00 p.m. extending to March 13 at 7:00 a.m.? 20 A. Yes. 21 Q. Are you familiar with what an 22 activity-mobility protocol is? 23 A. Yes. 24 Q. What is that?</p>	<p style="text-align: right;">Page 15</p> <p>1 were entered prior to your assuming care for this 2 patient? 3 A. I would not. 4 Q. I take it -- 5 A. Not being on nights. 6 Q. I bet like when you're on nights, for each 7 patient -- it depends. There could be -- how many 8 patients are on the medical floor maximum at 9 Hinsdale Hospital? 10 A. I don't know. I know our medical service, 11 but I would presume there's -- there's two parts to 12 the floor, maybe 50 patients. 13 Q. Would your service be the one -- would you 14 be the one who would be responsible for all those 15 50 patients -- 16 A. No. 17 Q. -- or is there other groups? 18 A. There's other services, yes. 19 Q. Which other services? What specialty of 20 M.D. or D.O. are they? 21 A. I didn't understand the question. 22 Q. Yes. What's the name of like the group 23 with which you end up providing nighttime coverage 24 for the general floor at Hinsdale?</p>
<p style="text-align: right;">Page 14</p> <p>1 A. It's orders that we would enter on our 2 patients with different order sets or power plans 3 basically to, depending on the patient, up ad lib, 4 sit in the chair, some degree of activity depending 5 on where they're at in their hospital stay. 6 Q. Would the activity/mobility protocol 7 contemplate whether or not a brain assessment is 8 necessary? 9 A. I wouldn't -- I don't know. 10 Q. Would an activity/mobility protocol 11 contemplate whether a fall risk assessment is 12 necessary for a patient? 13 A. Yes, I would presume that that's part of 14 the protocol. 15 Q. Would an activity/mobility protocol 16 contemplate whether Heparin is indicated for a 17 patient? 18 A. No. 19 Q. What unit was Mr. Cruz on between March 12 20 and 13? 21 A. Somewhere I saw Room 2933. I don't 22 remember where I saw that, but that's our medical 23 floor. 24 Q. Would you have reviewed the orders that</p>	<p style="text-align: right;">Page 16</p> <p>1 A. Our group is called AIM, Associates 2 Inpatient Management. 3 Q. For short, is it okay if I call it AIM? 4 A. Yes. 5 Q. Are there other groups that are not AIM, 6 but they're like AIM that have internal medicine 7 physicians who also provide coverage for patients 8 at nighttime at Hinsdale Hospital on the general 9 floor? 10 A. Yes. 11 Q. So, let's just out of the 50 patients, you 12 might be responsible for 15 or so or could you give 13 me a maximum like what a general night would be? 14 A. Yes. For the medical floor -- I mean the 15 whole hospital at Hinsdale, we would have had -- 16 these are other floors included, we may have had 17 50, 60 patients. 18 Q. When you say we, you mean AIM, right? 19 A. Our -- yes, AIM. 20 Q. So, on a given night, if no issues arose 21 in patients you see, you would never have any 22 reason to look at their chart? 23 A. Correct. 24 Q. But from Mr. Cruz' standpoint, there's</p>

<p style="text-align: right;">Page 17</p> <p>1 things that occurred that called for you to be 2 involved in his care, is that fair? 3 A. Yes. 4 Q. Do you know if you were in the hospital at 5 any point in time when you entered these orders? 6 A. I didn't hear you. Could you repeat that? 7 Q. Yes. Sorry. So, we looked through the 8 records, and it shows that you entered a number of 9 orders for Mr. Cruz? 10 A. Yes. 11 Q. Do you know one way or the other whether 12 you were in the hospital at any point in time when 13 those orders were entered? 14 A. I don't remember. In addition to 15 Hinsdale, we have patients at LaGrange and Good 16 Sam, so our role is really we admit new patients, 17 and then, handle cross-coverage. 18 Q. And so as you sit here today, you could 19 have been at Hinsdale for any of these orders or 20 you could not have been and you wouldn't know, is 21 that fair? 22 A. Correct. Yes. 23 Q. Does Hinsdale Hospital have a psychiatric 24 unit?</p>	<p style="text-align: right;">Page 19</p> <p>1 Q. So, from time to time, are there patients 2 who have such a high degree of psychosis that you 3 would make sure that a psychiatrist is handling 4 their care? 5 A. Yes. 6 Q. In this case, do you know if you asked for 7 a psychiatrist to be involved in managing Mr. Cruz' 8 care? 9 A. I, myself, did not, but I -- from what I 10 reviewed in the notes, there was a psychiatrist on 11 the case, and I was, I think, called to help at 12 night because of the event of the patient's 13 agitation. 14 Q. What's the name of that psychiatrist who 15 was involved? 16 A. It was -- I forgot the first name, 17 Dr. Nadkarni. 18 Q. Do you know Dr. Nadkarni? 19 A. No. 20 Q. Do you know if he ever evaluated Mr. Cruz? 21 A. I don't know. 22 Q. Would that be important to you? 23 A. Yes. 24 Q. Why would it be important?</p>
<p style="text-align: right;">Page 18</p> <p>1 A. Yes. 2 Q. From time to time, have you ever 3 recommended that a patient go from the general 4 floor to the psychiatric unit? 5 A. As a hospitalist, we don't make that 6 recommendation, the psychiatrist would. 7 Q. From time to time, have you had a patient 8 who you've been caring for on the general floor 9 that a psychiatrist sees the patient and says, you 10 know what, this patient would benefit from being on 11 a psychiatric unit; has that ever happened? 12 A. Yes. 13 Q. Do you remember Mr. Cruz at all? 14 A. No. 15 Q. So, everything we're talking about is 16 based on your review of the medical records, is 17 that fair? 18 A. Yes. 19 Q. From time to time, have you dealt with 20 patients who are psychotic? 21 A. Yes. 22 Q. That's something that you are capable of 23 managing is patients who have presumed psychosis? 24 A. It depends on the degree of psychosis.</p>	<p style="text-align: right;">Page 20</p> <p>1 A. Because based on what I reviewed here, 2 this patient would require his assessment or 3 evaluation. 4 Q. That would be one you would expect to be 5 performed by a psychiatrist, is that fair? 6 A. Yes. Yes. 7 Q. If the patient like Mr. Cruz -- you 8 mentioned that you do not recommend that a patient 9 be transferred to the psych unit, is that fair? 10 A. Yes. 11 Q. And so would you expect if Mr. Cruz would 12 have benefitted from being transferred to the psych 13 unit, that would be something Dr. Nadkarni would 14 assess and recommend? 15 A. Yes. 16 Q. Are you familiar with attempting to 17 deescalate a patient who is in a psychotic state? 18 A. I certainly over the years have tried in 19 my -- to the best of my abilities, yes. 20 Q. What things do you do to try to 21 deescalate a patient who's in a psychotic state? 22 A. Well, I certainly try to avoid subjects or 23 topics that would add to their agitation, try to 24 earn their trust.</p>

<p style="text-align: right;">Page 21</p> <p>1 Q. Are there any medications you may use to 2 attempt to deescalate a patient in a psychotic 3 state? 4 A. If conversation is not helpful, then 5 sometimes the psychosis is requiring the help of 6 medications to help bring down their -- maybe 7 antipsychotics which help antagonize the dopamine 8 in their blood, so, yes, we do use them. 9 Q. On the Hinsdale Hospital general floor, 10 are there any rooms that are designed to reduce 11 external stimuli? 12 A. I don't know. 13 Q. Do you know at Hinsdale Hospital on the 14 psychiatric unit, are there rooms that are designed 15 to reduce stimuli for a psychiatric patient? 16 A. I don't know. 17 Q. On the general medical floor of Hinsdale 18 Hospital, do you know if there's any safety smocks? 19 A. Safety smocks? 20 Q. Yes. Do you know what a safety smock is? 21 A. Did you say smock or spot? 22 Q. Yes, smock. 23 A. Oh, no, I'm not familiar with that. 24 Q. And so from what I understand, a safety</p>	<p style="text-align: right;">Page 23</p> <p>1 A. Yes. 2 Q. And so I take it you've provided 3 psychiatric care to patients, but a psychiatrist 4 has specialty in providing care to a patient with 5 psychiatric issues, is that fair? 6 A. Yes. 7 Q. As a hospitalist, that would be the same 8 as like, for example, if a patient has MRSA, you 9 know some of the principles of MRSA and how to 10 treat it, but infectious disease might be better 11 equipped to handle an acute episode of MRSA, is 12 that fair? 13 A. Yes, I feel more comfortable in my 14 training to handle MRSA than a psychiatric patient. 15 Q. Did you see anything in the medical 16 records that would reflect that Dr. Nadkarni ever 17 provided an evaluation or assessment of Mr. Cruz? 18 A. I didn't see -- the way I would have -- 19 maybe there's a note in the chart. The pages I 20 have don't have that. But a nurse calling a 21 psychiatrist as documented here would make me think 22 that that person is on the case. They wouldn't 23 just blindly or just out of the blue call a 24 psychiatrist.</p>
<p style="text-align: right;">Page 22</p> <p>1 smock can be described as a thick, heavy, rubbery 2 garment that can be placed on a psychiatric patient 3 to help calm them down? 4 A. Oh. 5 Q. Are you familiar with that device? 6 A. I am not. I am now. 7 Q. I take it this is one of those questions 8 where I make a lot of assumptions so feel free to 9 say this question makes no sense, but like, for 10 example, you are a hospitalist so you are competent 11 to handle, to treat patients with psychiatric 12 issues, is that fair? 13 A. I don't -- no, that's not fair. 14 Q. Well, it seems like in this case you did 15 treat Mr. Cruz for some of his psychiatric issues, 16 is that fair? 17 A. I was called because I think in situations 18 being difficult to manage so I helped. 19 Q. One of those is that you ordered that the 20 patient enter into four-point restraints, is that 21 correct? 22 A. Yes. Yes. 23 Q. Would you characterize that order as a 24 psychiatric order?</p>	<p style="text-align: right;">Page 24</p> <p>1 Q. What page is that note you're referring 2 to? 3 A. I saw a note from the nurse on T-90, 4 that's Page 154 where it says Dr. Nadkarni paged. 5 Somewhere I remember asking the nurse to please let 6 Dr. Nadkarni know. Here, T-88, Nadkarni paged to 7 inform of patient's condition. So, I wouldn't have 8 just brought that name up. Someone must have told 9 me he's on the case. 10 Q. You're looking at Pages 153? 11 A. Sorry. And 154, yes. 12 Q. Just because one of the other ground 13 rules -- you've been doing great -- is from time to 14 time in regular conversation we talk over each 15 other, but Christy, the court reporter, will have a 16 hard time. So, I'll just kind of redo the 17 question. It looks like where you see 18 Dr. Nadkarni's name is on Pages 153 and 154, is 19 that fair? 20 A. Yes. 21 Q. On Page 153, it says -- and you said for 22 T-86, I think? 23 A. Yes. 24 Q. It says Dr. Nadkarni paged to inform of</p>

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1 patient's condition per Dr. Yalamanchi's request,
 2 is that correct?
 3 A. Yes.
 4 Q. That reflects that you, Dr. Yalamanchi,
 5 are taking care of this patient, but you wanted to
 6 make sure that the psychiatrist also was aware of
 7 his condition?
 8 A. Yes. I would have probably notified that
 9 really the psychiatrist should be managing this
 10 patient.
 11 Q. And then if a psychiatrist were to have
 12 evaluated this patient, would you expect the
 13 psychiatrist to have entered a note?
 14 A. Yes.
 15 Q. You're familiar, you've seen psychiatric
 16 notes entered by psychiatrists from time to time on
 17 your patients?
 18 A. Yes.
 19 Q. Do they have a history of present illness
 20 usually involved in a note like that?
 21 A. Yes.
 22 Q. Some of the objective findings that they
 23 make in their assessment would be part of that
 24 note, correct?

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1 A. Yes.
 2 Q. If they thought there was any assessments
 3 needed of the patient's condition, would you expect
 4 the psychiatrist to note that in their note?
 5 A. I didn't understand the question.
 6 Q. So, yes, I was kind of going through the
 7 SOAP way --
 8 A. Yes.
 9 Q. -- the way all notes are written. I was
 10 going to the assessment. Like if the psychiatrist
 11 thought anything needed to be assessed, would you
 12 expect what the psychiatrist determined needed to
 13 be assessed be in the assessment part of that note?
 14 A. Yes.
 15 Q. The same thing with a plan. If the
 16 psychiatrist had a plan for the treatment of a
 17 patient, you would expect to see that plan in the
 18 psychiatrist's note, is that fair?
 19 A. Yes.
 20 Q. So, I have all 294 pages of this hospital
 21 record. So, at any point in time if you want to --
 22 I can share the screen, we can scroll through it,
 23 if you think that would help.
 24 A. Thank you.

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1 Q. But if Dr. Nadkarni did provide an
 2 evaluation, assessment, and plan, you would expect
 3 to see it in the 295 pages of medical records a
 4 note, is that fair?
 5 A. It should be as a consult or note r some
 6 people will write a paragraph, but yes.
 7 Q. Do you ever order that a person be placed
 8 in four-point restraints?
 9 A. How often? What was your question?
 10 Q. Yes. I asked it a bunch of ways. Strike
 11 that. We'll start over.
 12 Do you ever enter orders that places a
 13 patient in four-point restraints?
 14 A. No.
 15 Q. In this case, do you know if you entered
 16 an order that had Mr. Cruz placed in four-point
 17 restraints?
 18 A. That's what I see here that I had ordered
 19 that night.
 20 Q. That is found on Page --
 21 A. Maybe T-85.
 22 Q. Pardon me?
 23 A. T-85.
 24 Q. So, T-85, that's on page what?

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1 A. 153.
 2 Q. So, on 153 at T-85, can you read what T-85
 3 says, please?
 4 A. 3-13, 2016, midnight Central Standard
 5 Time. Code gray called for security assistance,
 6 patient naked in room, pulled out IV, patient
 7 jumped out of bed and was yelling out while holding
 8 IV pole. Per Dr. Yalamanchi, give 20 milligrams
 9 Geodon now and put in four-point lock restraints.
 10 Q. And so does that show that you ordered
 11 this patient to be put in restraints?
 12 A. Yes.
 13 Q. Have you ever ordered any other patient
 14 placed in restraints before?
 15 A. Not that I recall in the recent past.
 16 Q. This was March 13, 2016, is that correct?
 17 A. Yes.
 18 Q. So, let's just say in the prior year
 19 before that, like from March, 2015 to March, 2016,
 20 how many patients would you have placed in
 21 four-point restraints?
 22 A. I would say zero, from what I recall.
 23 Q. Yes. Can you break-down why you ordered
 24 this patient to be put into restraints?

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1 A. I don't recall other than what I -- orders
 2 I've given here. If you look back, I was called
 3 because they needed help and assistance and
 4 assistance with this patient, something that
 5 probably in my experience the psychiatrist manages.
 6 And I'm on-call at night and it's 1:00,
 7 2:00 o'clock, and security, a code gray, everyone
 8 is involved, and I'm called for our group in
 9 helping out.
 10 Q. And so at this point I'm looking at this
 11 note, and we talked about what T-85 said on
 12 Page 153, correct?
 13 A. Yes.
 14 Q. That does provide some indication as to
 15 why Mr. Cruz was placed in restraints, correct?
 16 A. Yes.
 17 Q. We're able to tell that a code gray was
 18 called?
 19 A. Yes.
 20 Q. What's a code gray?
 21 A. From my understanding, it's when the
 22 hospital police and security are called.
 23 Q. It says that the patient was naked, pulled
 24 out his IV, he jumped out of bed, and was yelling

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1 out while holding an IV pole, correct?
 2 A. Yes.
 3 Q. And that shows behavior that is
 4 abnormal --
 5 A. Yes.
 6 Q. -- is that correct?
 7 As you look at this note, can you tell me
 8 if you observed this behavior in Mr. Cruz that's
 9 identified under T-85?
 10 A. I don't think I heard you clearly.
 11 Q. Really it's just like nuts and bolts here.
 12 So, we're looking at the note under T-85; do you
 13 see that?
 14 A. Yes.
 15 Q. It's a three-line entry?
 16 A. Yes.
 17 Q. It's made by Nurse Aiste Barkaiskaite?
 18 A. I don't see her name. Okay, yes.
 19 Q. One way or the other, can you tell whether
 20 or not you observed Mr. Cruz exhibiting this
 21 behavior?
 22 A. No, I can't tell.
 23 Q. Let's just say you were at Hinsdale
 24 Hospital at this time and observed this behavior.

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1 Do you know whether or not you would write a note?
 2 A. I think you're -- can you restate the
 3 question?
 4 Q. Sure. So, right now as we sit here, from
 5 this note, we can't tell whether or not you were at
 6 Hinsdale Hospital on or around midnight going from
 7 March 12 to March 13, is that fair?
 8 A. Yes, fair.
 9 Q. Let's talk about the hypothetical. Let's
 10 just say, for example, you were at the hospital and
 11 you observed a patient and you were there and you
 12 saw it. Based on custom and practice, would that
 13 cause you to write a note?
 14 A. Not necessarily, no.
 15 Q. But, either way, it shows that you ordered
 16 Mr. Cruz be placed into restraints, is that fair?
 17 A. Yes.
 18 Q. If you look at the documentation three
 19 lines up, Nurse Aiste Barkaiskaite says that the
 20 patient was put in four-point restraints at
 21 1:25 a.m.; do you see that?
 22 A. Sorry. Where does it say that?
 23 Q. It's up on T-83 on Page 153.
 24 A. Oh, okay. Got it. Yes.

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1 Q. You have no reason to disagree with that
 2 entry, do you?
 3 A. No.
 4 Q. It's from the same person who put into the
 5 medical record that you ordered the restraints, so
 6 it's probably especially reliable that, you know,
 7 when she indicated that Mr. Cruz was put into
 8 restraints at 1:25, is that correct?
 9 A. Yes.
 10 Q. At this point in time do you know whether
 11 or not Mr. Cruz had been given any Heparin?
 12 A. I don't know.
 13 Q. Would it be important to you?
 14 MR. TOMASIK: As to if he knows or if he was
 15 given?
 16 BY MR. RAGEN:
 17 Q. Would it be important to you to know
 18 whether or not Heparin had been given to Mr. Cruz
 19 on or around the time you ordered that he be placed
 20 in four-point restraints?
 21 A. In the middle of an agitated situation,
 22 you're asking me if it's important that Heparin was
 23 ordered? I don't mean to restate your question,
 24 but I'm just trying to understand it.

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1 Q. That's correct. Yes.
 2 A. Every patient that I take care of that I'm
 3 the attending on has an order for DVT prophylaxis
 4 whether it's Heparin or SCDs.
 5 Q. That's a good way to break this down. So,
 6 all the patients you see as a hospitalist on the
 7 general floor have a prophylactic Heparin dosage or
 8 regimen, right?
 9 A. Depending on the patient. We call it DVT
 10 prophylaxis. It's not always chemical, sometimes
 11 it's mechanical.
 12 Q. But that's a rather common order to see on
 13 a patient on the general floor, correct?
 14 A. Yes.
 15 Q. If a patient has to be placed in
 16 restraints, it's not important whether or not the
 17 patient is already on Heparin to you, is that fair?
 18 A. Can you restate the question?
 19 Q. Whether or not a patient is on Heparin is
 20 important to you just as a general means of DVT
 21 prophylaxis, fair?
 22 A. Yes.
 23 Q. Restraining a patient is independent of
 24 any DVT prophylaxis, is that fair?

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1 A. Yes.
 2 Q. You've told me that you can recall as you
 3 sit here today only one time where you've ordered a
 4 patient be placed in restraints, is that fair?
 5 A. That's fair.
 6 Q. It's possible there may have been one or
 7 two others, you just can't remember?
 8 A. I don't remember. It's not my daily duty.
 9 It's not in my list of things that I do as a
 10 hospitalist that it should be expected. That's
 11 something for psychiatry or the psychiatric floor.
 12 Q. But, obviously, it happened one time where
 13 you placed a patient in restraints, correct?
 14 A. Yes.
 15 Q. Do you know when the patient was placed in
 16 the four-point restraints if they have a special
 17 bed they need to be on?
 18 A. I don't know.
 19 Q. If a patient was placed in four-point
 20 restraints, do you know if they have leather
 21 restraints or Velcro restraints?
 22 A. I don't know.
 23 Q. When a patient is placed in four-point
 24 restraints, is there an expectation that vitals

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1 will be taken more frequently, if you know?
 2 A. From what I see here with them being --
 3 asking for orders every four hours, I'm assuming
 4 that that's the case, but I don't know.
 5 Q. So, how often would you expect vitals to
 6 be taken on a patient who is in four-point
 7 restraints?
 8 A. I don't know.
 9 Q. Is there an expectation that skin
 10 assessments be performed on patients who are in
 11 four-point restraints?
 12 A. I don't know.
 13 Q. Is there any expectation that range of
 14 motion exercises be performed on a patient in
 15 four-point restraints?
 16 A. I don't know.
 17 Q. Is there an expectation that any
 18 debriefing of what's going on during the four-point
 19 restraints occurs for a patient in four-point
 20 restraints?
 21 A. I didn't understand. Debriefing?
 22 Q. Yes. So, are you familiar with a term
 23 debriefing as it pertains to patients in four-point
 24 restraints?

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1 A. I am not.
 2 Q. Looking at the orders that you -- it looks
 3 like turning to Page 82, starting there.
 4 A. 82, okay.
 5 Q. This is one of the pages you were given,
 6 right?
 7 A. 82? I have 82, yes.
 8 Q. Do you see your name anywhere on here?
 9 A. Not on 82.
 10 Q. How about 83, do you see your name on 83
 11 anywhere?
 12 A. Yes. 83 --
 13 Q. I see it. So, it looks like -- again,
 14 sorry to interrupt.
 15 A. Oh, here, yes.
 16 Q. Yes. So, it looks like there's an order
 17 that starts on 82 and continues to 83 and your name
 18 is there; do you see that?
 19 A. Yes.
 20 Q. That looks like it's an order for Haldol
 21 that you discontinued at 11:27 on March 12?
 22 A. Yes.
 23 Q. As you sit here today, can you say why you
 24 would have discontinued Haldol at 11:27 p.m. on

<p style="text-align: right;">Page 37</p> <p>1 March 12?</p> <p>2 A. I thought I read somewhere that it wasn't</p> <p>3 helping.</p> <p>4 Q. Yes. If you could point me to that, that</p> <p>5 would be great.</p> <p>6 A. Maybe I'm just assuming. I usually don't</p> <p>7 discontinue those orders, but -- oh, here, 3-12,</p> <p>8 T-90.</p> <p>9 Q. What page?</p> <p>10 A. Page 154. When I was reviewing this now,</p> <p>11 there's a comment someone entered, patient agitated</p> <p>12 hallucinating, Haldol given, no affect,</p> <p>13 Dr. Nadkarni paged.</p> <p>14 Q. That was from 10:00 p.m. on March 12, is</p> <p>15 that when that note was entered?</p> <p>16 A. Yes. 22:00, yes.</p> <p>17 Q. That shows perhaps why you discontinued</p> <p>18 Haldol at 11:27 p.m. on March 12, correct?</p> <p>19 A. Yes.</p> <p>20 Q. On any of the pages that you see there and</p> <p>21 orders, it looks like Dr. Nadkarni issued one</p> <p>22 order. So, I'm looking on Page 87 of 294; is that</p> <p>23 one you were given?</p> <p>24 A. Did you say 87? Let's see. Yes, I have</p>	<p style="text-align: right;">Page 39</p> <p>1 what's your question again? Sorry.</p> <p>2 Q. You have six pages of orders that you were</p> <p>3 given. We talked about the one order that reflects</p> <p>4 Dr. Nadkarni's involvement. Do you see any other</p> <p>5 orders that were entered by Dr. Nadkarni?</p> <p>6 A. No.</p> <p>7 Q. And so for the orders going to your</p> <p>8 involvement including the restraints, your orders</p> <p>9 for restraints can be found on Pages 88 and 89?</p> <p>10 A. Yes.</p> <p>11 Q. It appears that the first order was at</p> <p>12 12:43 on March 16, 2016, is that correct?</p> <p>13 A. Sorry. Which page again?</p> <p>14 Q. Yes. I'm going a little quicker. It's on</p> <p>15 Page 88. It looks like the first one.</p> <p>16 A. 88. All right. 12:43, yes.</p> <p>17 Q. So, that appears to be the first order</p> <p>18 where you ordered that Mr. Cruz be placed into</p> <p>19 restraints, correct?</p> <p>20 A. Yes.</p> <p>21 Q. The next order I see is that there's an</p> <p>22 order for -- I'm still on Page 88. The next order</p> <p>23 is at 5:42 a.m. on March 13, 2016; do you see that?</p> <p>24 A. Yes.</p>
<p style="text-align: right;">Page 38</p> <p>1 87. Yes.</p> <p>2 Q. That's an order entered by Dr. Nadkarni on</p> <p>3 March 12, 2016 at 10:38 p.m.?</p> <p>4 A. Yes.</p> <p>5 Q. And that is for --</p> <p>6 MR. FLAXMAN: I'm sorry I lost the page of that</p> <p>7 one. What one are we on?</p> <p>8 MR. RAGEN: Page 87 of 294.</p> <p>9 BY MR. RAGEN:</p> <p>10 Q. You can see that's an order that</p> <p>11 Dr. Nadkarni ordered for Lorazepam?</p> <p>12 A. Yes. I think it's -- sorry.</p> <p>13 Q. That's okay.</p> <p>14 A. Yes, maybe it's the Lorazepam.</p> <p>15 Q. Yes, the Lorazepam. And that was</p> <p>16 indicated, within the order details, it's as-needed</p> <p>17 for Mr. Cruz' anxiety?</p> <p>18 A. Yes.</p> <p>19 Q. On any other pages of the order, did you</p> <p>20 see anything else entered by Dr. Nadkarni?</p> <p>21 A. Entered by Dr. Nadkarni? I don't recall.</p> <p>22 Let me --</p> <p>23 Q. Okay.</p> <p>24 A. I'm going to review it again. I don't --</p>	<p style="text-align: right;">Page 40</p> <p>1 Q. That's an order that restraints be</p> <p>2 continued for Mr. Cruz?</p> <p>3 A. Yes.</p> <p>4 Q. At that point in time, do you know if you</p> <p>5 would have spoken to the nurse who was treating</p> <p>6 Mr. Cruz?</p> <p>7 A. If there's an order and this is a verbal</p> <p>8 order, they would have called me.</p> <p>9 Q. Can you tell for sure it's a verbal order?</p> <p>10 A. Yes. It says communication type --</p> <p>11 Q. Yes.</p> <p>12 A. -- phone read-back. So, they would have</p> <p>13 called me.</p> <p>14 Q. Because if you look at the top of that</p> <p>15 particular order -- and now we're on page 88 of</p> <p>16 294, okay?</p> <p>17 A. Page 88?</p> <p>18 Q. Yes, the same one.</p> <p>19 A. Yes.</p> <p>20 Q. I'm doing this for the written record</p> <p>21 later, okay, on that same order, okay. Can we tell</p> <p>22 one way or the other when this order was entered?</p> <p>23 A. I think when it says 3-13, 2016, 5:43, you</p> <p>24 know, I don't think the EMR would spit out a date</p>

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1 and time if an order wasn't entered.

2 Q. Well, this one is not an EMR, it's just
3 order, right?

4 A. Well, this is -- when it says CPOE,
5 they're all from the computer.

6 Q. So, this order, it's kind of a
7 combination; it's not an MAR, but it has an order
8 and it has action items underneath the order which
9 would reflect kind of a more MAR-type thing which
10 is actions being taken; is that a fair
11 characterization?

12 A. I wouldn't hang my hat on EMRs
13 100 percent, but what this is telling me is these
14 restraints are before hours and there's an order
15 entered -- or they asked for an order and it was
16 entered.

17 Q. Right. But within there, it also says you
18 reviewed this order on March 13, 2016 at 1:50 a.m.;
19 do you see that?

20 A. I reviewed it? Let's see, doctor review.
21 Because there's an order action date 3-13, 2016,
22 12:44, and I'm assuming this doctor review is
23 pertaining to that maybe.

24 Q. To me -- and let me know if my

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1 characterization is fair or not. So, this to me
2 looks like when you place a patient in restraints,
3 you know, that every four hours it should be
4 reviewed whether or not restraints are still
5 acceptable for that patient?

6 A. Say that again.

7 Q. So, it looks to me from this order that
8 whenever you place a patient in restraints, you
9 should check every four hours to make sure that
10 restraints are still acceptable for that patient?

11 A. That's what the nursing staff is doing.
12 When it says doctor review, on our end when they
13 put a verbal order in, the order ends up in our
14 inbox in our electronic medical record, and if
15 I'm -- and we try to sign them in a reasonable
16 amount of time. So, if I was off, which I must
17 have been, at 1:50 and if I was in CERNER, I
18 probably saw this in my inbox and I probably signed
19 it; that's probably what that accepted is.

20 Q. And that was at 1:50 a.m. on March 13,
21 correct?

22 A. Yes, but I don't know which -- I'm not
23 sure what you're asking. Is it regarding the 5:43
24 order or the 12:43 order?

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1 Q. To me, if you signed it at 1:50 a.m., you
2 wouldn't have been approving in the future that
3 Mr. Cruz be --

4 A. Yes, I agree. So, that's probably the
5 12:44 order.

6 Q. And so this particular block which is
7 the last full order that we see on 88 of 294, okay?
8 Right?

9 A. Okay.

10 Q. To me, this order says that at 12:43 a.m.
11 you're putting something in that says, hey, in four
12 hours from now, we should check to see whether or
13 not it is indicated that this patient remain in
14 restraints. And then at 1:50 a.m., you know, you
15 are approving, yes, that seems like a good thing to
16 do, let's make sure at 5:43 if we want to continue
17 this patient in restraints that it is indicated at
18 that time. And so that's a very long assumption,
19 but tell me whether yes or no that's fair?

20 A. No.

21 MR. TOMASIK: Doctor, we lost you on video.
22 There we go. We're good. We see you now.

23 THE WITNESS: All right. Sorry.

24

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1 BY MR. RAGEN:

2 Q. From this order, can we tell that you
3 ordered that restraints be continued on this
4 patient on or around 5:43 a.m.?

5 A. Yes.

6 Q. And then you did think it was indicated
7 for this patient to remain in restraints at
8 5:43 a.m.?

9 A. Based on what the nurse would have told me
10 at that time, yes.

11 Q. In fact, that the orders here, you ordered
12 that he be continued in restraints at 5:43 a.m.?
13 "Yes"?

14 A. Yes.

15 Q. If you would have made an evaluation or
16 assessment yourself, would you have written a note?

17 A. If I made an assessment myself and
18 evaluation, yes.

19 Q. It says it's a phone order. Is it
20 reasonable to assume that you and
21 Aiste Barkaiskaite, the nurse, talked about this
22 gentleman, and based on what she told you, you
23 said, yeah, it's appropriate to keep Mr. Cruz in
24 restraints, is that fair?

<p style="text-align: right;">Page 45</p> <p>1 A. Yes.</p> <p>2 Q. Same thing for on the next page, 89.</p> <p>3 There's another restraint order there; do you see</p> <p>4 that?</p> <p>5 A. It looks like it's at 10:43 or maybe 6:44?</p> <p>6 Q. Right. Is the order ambiguous? You tell</p> <p>7 me if you can make sense of that order. And for</p> <p>8 the record, we're on the second full order that's</p> <p>9 on Page 89 of 294, correct?</p> <p>10 A. Yes.</p> <p>11 Q. Okay. Can you tell me what this order</p> <p>12 means?</p> <p>13 A. Maybe a continuation. I don't know if it</p> <p>14 was an X-ray order or -- I'm not really sure. I</p> <p>15 don't know.</p> <p>16 Q. Then underneath that, there's an order</p> <p>17 that says assess need for restraint which would be</p> <p>18 the third complete order on Page 89 of 294; do you</p> <p>19 see that?</p> <p>20 A. Yes.</p> <p>21 Q. Can you tell me what this order means as</p> <p>22 it pertains to Mr. Cruz' care?</p> <p>23 A. It says behavioral restraints, but, you</p> <p>24 know, I'm not confident that this is necessarily my</p>	<p style="text-align: right;">Page 47</p> <p>1 opinions you've rendered here are to a reasonable</p> <p>2 degree of medical certainty?</p> <p>3 A. Yes.</p> <p>4 MR. RAGEN: Those are all the questions I have.</p> <p>5 MR. FLAXMAN: Dr. Yalamanchi, my name is Joel</p> <p>6 Flaxman; I represent the Plaintiff in this case. I</p> <p>7 have very few questions for you.</p> <p>8 THE WITNESS: Okay.</p> <p>9 EXAMINATION</p> <p>10 BY MR. FLAXMAN:</p> <p>11 Q. When you were asked about the DVT</p> <p>12 prophylaxis -- do you recall talking about that?</p> <p>13 A. With the attorney just now?</p> <p>14 Q. Yes. When Mr. Ragen was questioning you,</p> <p>15 I believe you said for every patient you were</p> <p>16 attending, you would put in an order for DVT</p> <p>17 prophylaxis?</p> <p>18 A. Yes.</p> <p>19 Q. I heard you say it could be Heparin or it</p> <p>20 might be something else, but I'm not sure I</p> <p>21 understood what the other possibilities were.</p> <p>22 A. Well, it's either chemical prophylaxis or</p> <p>23 mechanical prophylaxis. So, Heparin or Lovenox is</p> <p>24 what was used, and there's newer drugs now, if it's</p>
<p style="text-align: right;">Page 46</p> <p>1 order though I signed it because it's 10:44 on the</p> <p>2 next day.</p> <p>3 Q. Part of the documentation says 10:44, then</p> <p>4 part of the documentation says 6:44, is that fair?</p> <p>5 A. Right. Yes.</p> <p>6 Q. You would have stopped caring for this</p> <p>7 patient at 7:00 a.m. --</p> <p>8 A. Yes.</p> <p>9 Q. -- on March 13?</p> <p>10 A. Yes.</p> <p>11 Q. Again, this is for Christy. And so you</p> <p>12 would have stopped caring for this patient on</p> <p>13 March 13 at 7:00 a.m., correct?</p> <p>14 A. Yes.</p> <p>15 Q. Do you know if Mr. Cruz had received</p> <p>16 Heparin at any point in time while you were</p> <p>17 providing care to Mr. Cruz?</p> <p>18 A. I don't know.</p> <p>19 Q. I take it that you have an opinion that</p> <p>20 all of the care and treatment you provided to</p> <p>21 Mr. Cruz was acceptable and within the standard of</p> <p>22 care?</p> <p>23 A. Yes.</p> <p>24 Q. I take it you have an opinion that all the</p>	<p style="text-align: right;">Page 48</p> <p>1 chemical. Mechanical are what we called SCDs,</p> <p>2 Sequential Compression Devices, that go on the feet</p> <p>3 that keep the veins to -- to keep blood flowing in</p> <p>4 the veins when they're in bed.</p> <p>5 Q. Do you know the spelling of the other</p> <p>6 medication that wasn't Heparin?</p> <p>7 A. Lovenox.</p> <p>8 Q. Right.</p> <p>9 A. L-o-v-e-n-o-x.</p> <p>10 Q. Was it also the practice of your</p> <p>11 colleagues in the AIM group to have a DVT</p> <p>12 prophylaxis order for any patient?</p> <p>13 A. Yes.</p> <p>14 MR. FLAXMAN: I don't have any other questions.</p> <p>15 Thank you for your time.</p> <p>16 THE WITNESS: Thank you.</p> <p>17 FURTHER EXAMINATION</p> <p>18 BY MR. RAGEN:</p> <p>19 Q. Do you know one way or the other whether</p> <p>20 Mr. Cruz had been administered Sequential</p> <p>21 Compression Devices on his legs?</p> <p>22 A. If you have the chart, the 294 pages, it</p> <p>23 should be -- if it was ordered, it should be in</p> <p>24 there, and if he had a chemical prophylaxis, that</p>

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1 should be in there, too.
 2 Q. But as you sit here --
 3 A. I don't have it in my part of the -- in
 4 the chart that I have.
 5 Q. As you sit here right now, we now are
 6 talking about Mr. Cruz, so you have some
 7 information about the care and treatment you
 8 provided Mr. Cruz, correct?
 9 A. Yes.
 10 Q. Do you have an opinion one way or the
 11 other whether he needed to have Sequential
 12 Compression Devices on his lower extremities?
 13 A. It's one or the other, it's chemical or
 14 mechanical, you don't need both.
 15 Q. So, assuming he had chemical, so would
 16 Heparin be one of the potential DVT prophylactic
 17 measures for a patient?
 18 A. My phone cut out. Could you repeat that?
 19 My phone was --
 20 Q. You mentioned when it came to DVT
 21 prophylaxis, you're either going to implement
 22 chemical or mechanical measures to prevent DVTs,
 23 correct?
 24 A. Yes.

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1 Q. And so in this case, if there was an order
 2 for Heparin, would that be a medical DVT
 3 prophylaxis?
 4 A. Yes.
 5 Q. If there was an order for Heparin in
 6 place, would it be reasonable to assume that there
 7 would be no order for Sequential Compression
 8 Devices for this patient?
 9 A. Not necessarily.
 10 Q. So, sometimes you might use both?
 11 A. Yes.
 12 Q. And so right now based on what we've
 13 reviewed that you cared for Mr. Cruz, you can't say
 14 one way or the other whether or not he would have
 15 been utilizing Sequential Compression Devices for
 16 his lower extremities, is that fair?
 17 A. Yes.
 18 MR. RAGEN: That's all I have.
 19 MR. TOMASIK: Counsel?
 20 MR. FLAXMAN: Nothing else from me.
 21 MR. CATANIA: I have a couple of questions.
 22 Doctor, my name is Frank Catania; I represent
 23 the Sheriff of Cook County in this case.
 24

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1 EXAMINATION
 2 BY MR. CATANIA:
 3 Q. You indicated that you were responding to
 4 phone inquiries about what orders for restraints,
 5 is that right?
 6 A. Yes.
 7 Q. You didn't have to be present for the
 8 order to place the restraints if the nurse
 9 described to you a situation you felt they were
 10 needed, is that right?
 11 A. Yes.
 12 Q. In this case, you ordered four-point
 13 restraints. What does four-point restraints mean?
 14 A. To my understanding, it's the only time I
 15 probably ordered them recently is where they're --
 16 both hands and feet are restrained.
 17 Q. It also said locked restraints. What does
 18 locked restraints mean?
 19 A. I would -- you know, I don't know. I can
 20 only -- maybe there's -- locked makes me think
 21 there's a key to it.
 22 Q. Your understanding though is that the
 23 order for locked restraints was appropriate, is
 24 that right?

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1 A. Yes.
 2 Q. Who puts the restraints on patients?
 3 A. I don't know.
 4 Q. The justification for placing restraints
 5 on this patient was that he had been agitated,
 6 medication didn't seem to work, and he was up out
 7 of his bed and he pulled out his IV and was holding
 8 onto the IV pole and threatening, does that sound
 9 right?
 10 A. Yes.
 11 Q. If he had compression stockings on or
 12 compression devices on at this time, would that
 13 have hindered him or helped him in terms of getting
 14 out of bed?
 15 A. Probably hindered him.
 16 Q. Are these --
 17 A. I'm sorry. Could you repeat that question
 18 actually?
 19 Q. Sure. In addition to having an IV, if he
 20 had also had this compression device on his feet or
 21 legs, would that have made it more difficult for
 22 him to get out of bed to stand and threaten others
 23 or made it easier to get out of bed and stand and
 24 threaten others?

<p style="text-align: right;">Page 53</p> <p>1 A. Oh, I don't know.</p> <p>2 Q. The restraints that were placed on him</p> <p>3 under your order, were those intended to be</p> <p>4 therapeutic medical restraints?</p> <p>5 A. No.</p> <p>6 Q. Would they intended to be punitive</p> <p>7 restraints?</p> <p>8 A. No.</p> <p>9 Q. They were intended to help him not hurt</p> <p>10 himself or others, is that right?</p> <p>11 A. Yes.</p> <p>12 Q. You had talked about the medication</p> <p>13 Haldol. What is Haldol?</p> <p>14 A. It's an antipsychotic medication,</p> <p>15 antidopaminergic medication.</p> <p>16 Q. Is it considered to be a go-to medication</p> <p>17 for someone who is acting as this patient was?</p> <p>18 A. Yes.</p> <p>19 Q. You also had mentioned Lorazepam, that's</p> <p>20 also called Ativan, is that right?</p> <p>21 A. Yes.</p> <p>22 Q. You said that is a benzodiazepine, is that</p> <p>23 what I heard or was I mistaken?</p> <p>24 A. I actually didn't talk about it</p>	<p style="text-align: right;">Page 55</p> <p>1 questions about Heparin or some other form of DVT</p> <p>2 prophylaxis, is that right?</p> <p>3 A. Yes.</p> <p>4 Q. What is Heparin?</p> <p>5 A. It's a blood thinner.</p> <p>6 Q. Is Heparin used to avoid clotting?</p> <p>7 A. Yes.</p> <p>8 Q. You say that that decision is made about</p> <p>9 all patients, is that right?</p> <p>10 A. Yes.</p> <p>11 Q. Whether to use Heparin or another type of</p> <p>12 DVT precaution device, those decisions are made for</p> <p>13 your patients, is that right?</p> <p>14 A. Yes.</p> <p>15 Q. All of your patients are inpatients at a</p> <p>16 hospital, is that right?</p> <p>17 A. Yes.</p> <p>18 Q. So, you don't expect those patients to be</p> <p>19 up and walking around, is that right?</p> <p>20 A. Not necessarily, I mean our patients can</p> <p>21 be up and walking around.</p> <p>22 Q. So, in addition, you ordered these</p> <p>23 restraints to be placed with a time limit, is that</p> <p>24 right?</p>
<p style="text-align: right;">Page 54</p> <p>1 specifically, but that is what it is.</p> <p>2 Q. What is it?</p> <p>3 A. It's a sedative.</p> <p>4 Q. I'm sorry?</p> <p>5 A. It's a sedative.</p> <p>6 Q. And that was given to him as well at some</p> <p>7 point, is that right?</p> <p>8 A. Yes.</p> <p>9 Q. Do you know whether or not that medication</p> <p>10 worked?</p> <p>11 A. From what I reviewed, it wasn't helping</p> <p>12 and nor was the Haldol, so the next line of drug to</p> <p>13 try with chemical is Geodon.</p> <p>14 Q. What is that?</p> <p>15 A. Also, an antipsychotic.</p> <p>16 Q. Was that used --</p> <p>17 A. Yes.</p> <p>18 Q. -- from what you reviewed in the notes?</p> <p>19 Did that work?</p> <p>20 A. It doesn't sound like it.</p> <p>21 Q. That's more justification for applying</p> <p>22 restraints, is that right?</p> <p>23 A. Yes.</p> <p>24 Q. You also mentioned and were being asked</p>	<p style="text-align: right;">Page 56</p> <p>1 A. Yes.</p> <p>2 Q. Is there anything beyond placing a time</p> <p>3 limit that you order about restraints?</p> <p>4 A. No.</p> <p>5 Q. Do you order a babysitter?</p> <p>6 A. I don't.</p> <p>7 Q. What is a babysitter?</p> <p>8 A. Someone who sits with babies.</p> <p>9 Q. Have you ever heard of that being used on</p> <p>10 patients in the hospital?</p> <p>11 A. You're asking about a sitter --</p> <p>12 Q. Yes.</p> <p>13 A. -- and yes, I have heard with patients who</p> <p>14 are suicidal, not those who are aggravated,</p> <p>15 agitated, et cetera, and a threat, a threat to</p> <p>16 others.</p> <p>17 Q. So, a patient that's a threat to others</p> <p>18 may or may not have a sitter, but typically a</p> <p>19 sitter is for someone who is suicidal or has</p> <p>20 expressed that?</p> <p>21 A. Could you repeat that? I had gotten a</p> <p>22 page and it glitched out there.</p> <p>23 Q. No problem. It might be my WiFi, we don't</p> <p>24 know. So, in your experience, you ordered</p>

<p style="text-align: right;">Page 57</p> <p>1 restraints on this patient without any other orders 2 except to review it in four hours, is that right? 3 A. Yes. 4 Q. You didn't order specifically a sitter for 5 this patient, correct? 6 A. Yes, and I don't think as far as I'm aware 7 that's under my ability to even order. 8 MR. CATANIA: Thank you, Doctor. I have no 9 further questions. 10 THE WITNESS: Thank you. 11 MR. TOMASIK: Bill? 12 MR. RAGEN: I have none. 13 MR. FLAXMAN: Just very quickly. 14 FURTHER EXAMINATION 15 BY MR. FLAXMAN: 16 Q. If you could look at the Page 88 of 294 17 which is one of the pages you looked at with 18 Mr. Ragen before? 19 A. Yes. 20 Q. The lowest part has order details, and it 21 says blood collected; do you see that? 22 A. Yes. Blood collected, yes. 23 Q. Above that, there's another line that 24 begins order details 03/13/16?</p>	<p style="text-align: right;">Page 59</p> <p>1 have put into the system, not yourself? 2 A. Yes. It's -- I can only assume, but it -- 3 yes. 4 Q. And so those things that I just read are 5 those procedures that are used for somebody who's 6 placed in restraints at the hospital? 7 A. I think so. 8 MR. RAGEN: Speculation. 9 BY MR. FLAXMAN: 10 Q. But they're not procedures that you're 11 familiar with -- 12 A. No. 13 Q. -- correct? 14 A. Correct. 15 Q. Do you know who is responsible for 16 carrying out those procedures? 17 A. I don't know. Maybe the Charge Nurse, the 18 nurse, the psych nurse. 19 MR. FLAXMAN: Those are all the questions I 20 have. Thank you. 21 THE WITNESS: Thank you. 22 MR. RAGEN: I have none. 23 MR. TOMASIK: Nothing. 24 MR. CATANIA: Nothing else.</p>
<p style="text-align: right;">Page 58</p> <p>1 A. Let's see. Yes. You mean where it says 2 blood collected or order details? 3 Q. Yes, I was trying to orient you on the 4 page. 5 A. Yes. 6 Q. I'm now asking you if you go up to the 7 next part of the page -- 8 A. All right. 9 Q. -- where the line begins order details, 10 and it begins order details 03/13/160:43? 11 MR. TOMASIK: So, the next order? 12 THE WITNESS: Yes, above it. 13 MR. FLAXMAN: Above it. I'm sorry for the 14 confusion. 15 THE WITNESS: I've got it. I've got it. 16 BY MR. FLAXMAN: 17 Q. And that order begins with Key-loc Velcro; 18 do you see that? 19 A. Yes. 20 Q. It also includes assess every 15 minutes 21 face-to-face monitoring by an assigned, comma, 22 trained staff; do you see that? 23 A. Yes. 24 Q. Are those orders that somebody else would</p>	<p style="text-align: right;">Page 60</p> <p>1 MR. TOMASIK: We'll waive signature. 2 (Whereupon, the deposition 3 concluded at 3:30 o'clock p.m.) 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24</p>

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1 STATE OF ILLINOIS)
 2) SS:
 3 COUNTY OF C O O K)
 4 I, CHRISTINE M. PINA, do hereby certify
 5 that heretofore, to-wit, on November 9, 2020
 6 personally appeared before me remotely via Zoom in
 7 Illinois, DR. RAVI YALAMANCHI, in a cause now
 8 pending and undetermined in the United State
 9 District Court For The Northern District of
 10 Illinois, wherein LETICIA VARGAS is the Plaintiff,
 11 and SHERIFF OF COOK COUNTY, ET AL., are the
 12 Defendants.
 13 I further certify that the said DR. RAVI
 14 YALAMANCHI was first duly sworn to testify the
 15 truth, the whole truth and nothing but the truth in
 16 the cause aforesaid; that the testimony then given
 17 by said witness was reported stenographically by me
 18 in the presence of the said witness, and afterwards
 19 reduced to typewriting by Computer-Aided
 20 Transcription, and the foregoing is a true and
 21 correct transcript of the testimony so given by
 22 said witness as aforesaid.
 23 I further certify that the signature to
 24 the foregoing deposition was waived by counsel for

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1 the respective parties.
 2 I further certify that the taking of this
 3 deposition was pursuant to notice and that there
 4 were present at the deposition the attorneys
 5 hereinbefore mentioned.
 6 I further certify that I am not counsel
 7 for nor in any way related to the parties to this
 8 suit, nor am I in any way interested in the outcome
 9 thereof.
 10
 11 IN TESTIMONY WHEREOF: I have hereunto set
 12 my hand this 23rd day of November, 2020.
 13
 14
 15
 16 CERTIFIED SHORTHAND REPORTER
 17 LICENSE NO. 084-003785
 18
 19
 20
 21
 22
 23
 24

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