

# HOLY CROSS HOSPITAL

**PATIENT:** Neustadter, Israel  
**ACCOUNT #:** 0306900162  
**ATTENDING:** Ahmed Nawaz, MD  
**Dictated BY:** Ahmed Nawaz, MD

**MR #:** 00815510  
**PT TYPE:** I/P  
**ROOM:**

## DISCHARGE SUMMARY

**DATE OF ADMISSION:** 03/10/2003

**DATE OF DISCHARGE:** 03/27/2003

**FINAL DIAGNOSES:** Aspiration pneumonia; Sepsis; Multiple electrolyte imbalance; Difficulty swallowing; Large Zenker's diverticulum; Status post percutaneous endoscopic gastrostomy tube placement; Respiratory insufficiency leading to failure on ventilator for quite some time during his stay in the hospital. Mild to moderate dementia; Degenerative arthritis; Status post permanent pacemaker placement; Hypothyroidism

**CONSULTATION:** Dr. Jay Weiner, pulmonary and critical care, Dr. Milton Koch, gastrointestinal, Dr. Chanales second opinion for pulmonary and critical care, Dr. Herman Segal cardiology

**HISTORY OF PRESENT ILLNESS:** The detailed history and physical have already been dictated and will not be repeated here.

This elderly gentleman was admitted to the hospital with suspected aspiration pneumonia and sepsis. He was initially kept in the telemetry unit. He was started on intravenous antibiotics along with minimal intravenous fluid support. We continued the other medications on this patient except for the blood pressure medications which he was taking at home because of hypotension. The very next day, the patient's condition got worse and his respiratory status became decompensated. Pulmonary, who was already on the case, spoke with the patient's son about the code status standpoint because the patient was developing respiratory failure. He was intubated and was transferred to the Intensive Care Unit for further management.

His antibiotics were changed on numerous different occasions. We had a second opinion from Dr. Chanales who also had a long conversation with the patient's son about the patient's condition. The son's wishes were to continue the aggressive measures on him. The patient was volume resuscitated. Aggressive suctioning was done in the Intensive Care Unit on this patient and secretions were suctioned on different occasions. The patient did

*A. Nawaz*  
*1/3/03*

Medical Records Department  
**EXTRA COPY**

*error*  
*see me*  
*attached*  
*hospital case.*

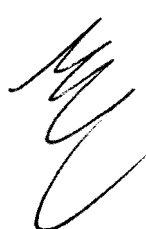
Neustadter, Israel

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**DISCHARGE SUMMARY**

respond to a certain extent and was successfully extubated some times. The patient's swallowing was very poor. He failed the swallowing evaluation. We had a conversation with the patient's son again and he wishes to pursue with a percutaneous endoscopic gastrostomy tube. The patient was on a nasogastric tube at the time. Finally, gastroenterology was consulted and with some difficulty, the percutaneous endoscopic gastrostomy tube was placed.

The patient stayed in the Intensive Care Unit for a couple of weeks and was transferred down to the CIC where the patient again developed aspiration and went into respiratory distress. The case was discussed with the patient's son by Dr. Shamim, by Dr. Kariya on numerous different occasions. At that time, the decision was made to continue the aggressive medical therapy but do not reintubate the patient again. We honored the patient's family wishes and on the 27<sup>th</sup> of March, the patient was found to be unresponsive without any breathing, no pulse, no blood pressure and he was pronounced by the house staff. The patient expired due to respiratory failure because of aspiration pneumonia and multiple other medical problems with sepsis.

 A. Nawaz 7/3/03

Signed

Erroneous date. I retrieved these records on 7/2/03.

Ahmed Nawaz, MD 06/29/2003 11:28

Ahmed Nawaz, MD

D: 06/19/2003

T: 06/19/2003 4:24 P

AN/cn

Doc #: 353992

cc: Ahmed Nawaz, MD

Dr. Nawaz wrote this summary more than 3 months later, after his privileges were suspended for failing to submit it.

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### DEATH SUMMARY

**DATE OF ADMISSION:** 03/10/2003

**DATE OF DEATH:** 03/27/2003

Detailed history and physical has already been dictated, is part of the chart and will not be repeated here.

This elderly gentleman was admitted to the hospital with aspiration pneumonia and with septicemia. He was started on intravenous antibiotics along with intravenous fluid support. The very next day the patient's respiratory condition became decompensated. Dr. Jay Weiner, who was already on the case, discussed with the patient at length the DNR status. The patient's son wanted to continue the aggressive measures and wanted to buy some time to talk with the rabbi. We honored the patient's family's wishes and the patient was intubated and was transferred to the Intensive Care Unit.

The patient remained intubated for a few weeks. Aggressive suctioning was done. Multiple antibiotics were changed during the patient's stay in the Intensive Care Unit. Intravenous fluid resuscitation was given to the patient. Electrolyte imbalance was corrected during his stay in the Intensive Care Unit.

- Patient was intubated for 4 days.  
- No antibiotics were changed despite high white count.

The patient's nutritional status was poor. He was placed on total parenteral nutrition for a short term because it was hard for us to put in the nasogastric tube due to large Zenker's diverticulum. We had a conversation with the patient's son about placing a PEG tube, which he considered to be done. Gastroenterology consultation was obtained from Dr. Milton Koch, who also had a conversation with the son at length about the patient's prognosis. Finally, decision was made to proceed with the PEG tube, which was done and PEG tube feedings were started.

Eventually the patient was successfully extubated. Electrolytes seemed to be stable, but his swallowing evaluation was still not adequate. He was later transferred down to the CIC and slowly and gradually was started feeding and he was tolerating this relatively well. At the CIC, the patient again developed aspiration pneumonia and respiratory-wise became

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MR #: 00815510

**DISCHARGE SUMMARY**

decompensated again. Dr. Shamim and Dr. Kariya had a long conversation with the son again for further management because the patient needed intubation at the time. The family decided not to intubate the patient and continue the aggressive medical therapy with suctioning. The care was provided, but on March 27, 2003, the patient was found to be unresponsive, without any breathing, no pulse, no blood pressure and he was pronounced by the house staff. The patient expired due to respiratory failure, because of aspiration pneumonia and multiple other medical problems with sepsis.

Signed

Ahmed Nawaz, MD 06/29/2003 11:28

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Ahmed Nawaz, MD

D: 06/25/2003

T: 06/25/2003 9:12 A

AN/ksw

Doc #: 354855

cc: Ahmed Nawaz, MD

**Falsified Record**

- Dr. Shamim testified that he *did not* discuss intubation with son.
- Dr. Kariya testified that intubation was *not needed* at the time.
- According to Holy Cross Hospital intubation was *never "recommended"* for this patient.
- Dr. Nawaz now *admits he had no basis* for this statement (he made it up).