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 mediations 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 4/3/03

Medical Records Department
EXTRA COPY

error
See the attached Hospital course.

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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 27th 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
Ahmed Nawaz, MD 06/29/2003 11:28

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

_____
Ahmed Nawaz, MD

D: 06/19/2003
T: 06/19/2003 4:24 P
AN/cn
Doc #: 353992
cc: Ahmed Nawaz, MD

Dr. Nawaz writes error-laden and falsified summary 3 months after my father's death, when privileges are suspended for failure to submit.

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ACCOUNT #: 0306900162
ATTENDING: Ahmed Nawaz, MD
DICTATED BY: Ahmed Nawaz, MD

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

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.[1]

This elderly gentleman was admitted to the hospital with aspiration pneumonia and with septicemia.[2] 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.[3] 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.[4] Aggressive suctioning was done. Multiple antibiotics were changed during the patient's stay in the Intensive Care Unit.[5] Intravenous fluid resuscitation was given to the patient. Electrolyte imbalance was corrected during his stay in the Intensive Care Unit.

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.[6] 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.[7] At the CIC, the patient again developed aspiration pneumonia and respiratory-wise became

1. History and Physical was *not* part of chart; it was dictated on 6/19/2003, almost 3 months after my father's death.
2. My father was admitted with community acquired pneumonia, not aspiration pneumonia. No evidence of septicemia.
3. Why no mention of actual DNR status? My father was unambiguously Full Code.
4. My father was intubated for 4 days.
5. No antibiotics were changed during my father's stay in ICU and throughout hospitalization, despite unrelentingly high white count.
6. My father was placed on *peripheral* parenteral nutrition after 5 days of starvation.
7. My father was never transferred down to the CIC; he was moved to the IMCU adjacent to the ICU, where life-sustaining treatment was withheld and he was allowed to die against his will.

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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

_____
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).

*Dr. Nawaz became Holy Cross Hospital's Chief Hospitalist in 2003 and was appointed in 2012 to the Maryland Board of Physicians.
Dr. Nawaz pleaded guilty in 2012 to a charge of failing to control vehicle speed contributing to accident and injury.
Dr. Nawaz pleaded guilty in 2013 to a charge of driving under the influence of alcohol.