MONTANA EIGHTEENTH JUDICIAL DISTRICT COURT
GALLATIN COUNTY

Stephanie Mooring, Individually, and as Personal Representative of the Estate of Eryon Barnett, Deceased, et al., Plaintiffs, v. Bozeman Deaconess Health Services d/b/a Bozeman Deaconess Hospital a/k/a Bozeman Health Deaconess Hospital, and Bozeman Health Deaconess Hospital Emergency Services, et al., Defendants.	Cause No. DV-18-235B Affidavit of Cregg Ashcraft, M.D. in Support of Plaintiffs' Motion for Partial Summary Judgment on Liability and Causation

STATE OF OHIO)
:ss.
COUNTY OF Franklin)

On this day, Cregg Ashcraft, M.D., appeared before me, the undersigned notary public. After I administered an oath to him, upon his oath, he stated that this Affidavit, the facts and opinions stated herein, are within his personal knowledge and are true and correct.

Foundation:

1. My name is Cregg Ashcraft. I am a Medical Doctor, board-certified in internal medicine by The American Board of Internal Medicine, and a member of the Society of Hospital Medicine American College of Physicians, and the Ohio Medical Society. I received my Medical Degree in 1996, completed my residency, and then obtained my board certification in 2001, and have been practicing as a board-certified internal medicine hospitalist ever since.

EXHIBIT 1

2. I currently work as a hospitalist at Riverside Methodist Hospital in Central Ohio. I have worked in large city hospitals and small rural hospitals and currently cover four hospitals that range in size from 75 beds to 1,000 beds and continue to teach medical students and residents. My CV, which I have attached and incorporate herein, contains a more detailed explanation of my professional background.

3. Being a hospitalist means that I am responsible for managing the clinical problems of all types of patients. I work in collaboration with all of the different doctors that work with the patient, and I am involved in the diagnosis, treatment, and medical procedures for those patients, treating a wide array of conditions.

4. I have treated many hundreds of patients with pancreatitis (which Eryon Barnett had at times and which did not kill him), and many hundreds more with cardiac complaints (which has also figured into Eryon's presentation but which did not kill Eryon Barnett until he suffered a cardiac arrest due to respiratory depression). I have administered opiate pain medication and sedatives such as the Dilaudid and Valium Eryon was given and am aware of the risks inherent in doing so.

5. I was retained in this case by Plaintiffs' counsel to opine on the standard of care and breaches thereof because I am a board-certified internal medicine doctor, like the defendant doctors, and to review other failures of care and express opinions on causation.

6. I believe that the scientific, technical and other information and specialized knowledge I have learned throughout my occupation as a hospitalist board-certified in internal medicine will assist the trier of fact to both understand the evidence and determine facts in issue surrounding why Eryon died; what the doctors Hoge and Donahue had to do with Eryon's death, and what could have been done to prevent Eryon's death. Specifically, I believe I can assist the trier of

fact in explaining the standard of care in this case, and how the defendants breached the standard of care, causing Eryon's death.

7. I have reviewed § 26-2-601, MCA, "Medical Malpractice Expert Witness Qualifications" and show the Court the following to support my ability to offer opinions relating to negligence and standards of care in this medical malpractice claim:

   a) I am a licensed health care provider in Ohio and I routinely treat, and have routinely treated within the previous 5 years, patients with pancreatitis, patients with heart problems, and patients that receive Dilaudid. I also treat patients that receive Valium. And I teach residents and medical students concerning all of the above, including opioid administration and the necessity of continuous electronic monitoring;

   b) By virtue of my education, training, knowledge, and experience in the evaluation, diagnosis, or treatment of pancreatitis, cardiac complaints, and the safe administration of opioids and other narcotics, I am thoroughly familiar with the standards of care and practice as they relate to the acts and omissions of Defendants leading to Eryon Barnett's death on July 4, 2015.

8. All of my opinions are based upon reasonable medical certainty/a more likely than not standard.

9. All of my opinions are based on facts and data that are of a type reasonably relied upon by experts in my field in forming opinions or inferences on causes, mechanisms, time and manner of death.

<u>Basic Background of My Opinion for the Standard of Care Violations</u>:

10. Eryon was administered what Dr. Hoge described as "exorbitant" amounts of Dilaudid. Dilaudid is known to cause respiratory depression. But Eryon was not just given a therapeutic amount of Dilaudid, he was given high-dose IV Dilaudid in the amount of 2-3 mg every 2-3 hours. Then Dr. Donahue ordered 4 mg. IV Valium every eight hours. In addition to the Valium not being medically necessary, the combination of the Valium with the IV Dilaudid exponentially increased the risk of respiratory depression and death. And although these are known risks that every medical student, never mind medical doctor, should be aware of, and the high risk is warned about in FDA warnings, package inserts and on the internet, the defendant doctors did not heed these warnings and administered the drugs in combination anyway.

Standard of Care and Breaches Thereof:

11. The standard of care for board-certified internal medicine doctors such as doctors Donahue and Hoge, and myself, is a national standard. There is no Montana standard of care. There is no Bozeman standard of care.

12. The standard of care requires physicians in the same or similar circumstances as in this case – where the physician is administering opioids and other narcotics, to at least heed the warnings and the recommended doses of the drugs. This information may be found in package inserts or other available drug medication information which is available even on the internet.

13. The standard of care is based on patient safety and requires that the patient be continuously monitored in situations where there is a high risk of respiratory depression and adverse events, including death.

14. The standard of care requires that physicians not administer high-dose IV Dilaudid in combination with IV Valium. Reasonably prudent board certified internal medicine doctors in the same or similar circumstances would not have ordered the high-dose Dilaudid in combination with IV Valium.

15. First, there was no valid medical reason for Dr. Donahue to prescribe Valium. In the records, it is indicated that it was prescribed for "spasms," but there are many other medications that could have been used to avoid the risk created by ordering Valium in combination with Dilaudid. Second, the Valium was an especially improper choice. It was a failure of care to mix such high, exorbitant amounts of IV Dilaudid with IV Valium. The combination is specifically warned against on the FDA label [TAB 1] and

medical literature and information that can be found even on the internet. The combination of Valium and Dilaudid exponentially increases the risk for respiratory depression and increases the risk of death. This is in part due to the very long half-life of Valium, and the risk is well known and foreseeable. Administering both drugs in combination created a high probability of injury to Eryon and was a failure of care.

16. Dr. Donahue fell below the standard of care by ordering the 4mg IV Valium. Dr. Hoge failed in her care by recognizing the exorbitant amount of Dilaudid ordered by Dr. Donahue, and then—inexplicably ding nothing to stop the drug's administration.

17. Not only did the doctors administer the dangerous combination of drugs, but they did not order that Eryon be continuously monitored even in the face of the the high probability of injury to Eryon. This is a breach of the standard of care. Even if Valium and Dilaudid was a necessary combination, reasonably prudent board certified internal medicine doctors would have ordered continuous electronic monitoring. This monitoring would have included telemetry to measure Eryone's heart activity, breathing and blood pressure, and continuous pulse oximetry to measure Eryon's blood oxygen saturation, with capnography.

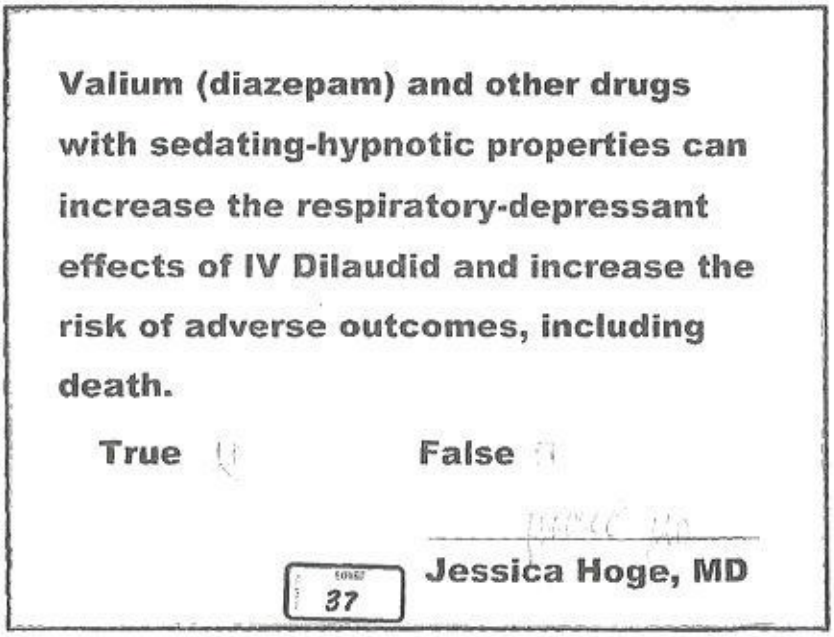
18. The Drs. Donahue and Hoge, both board certified internal medicine doctors, knew or should have known—as the information was certainly easily available--of the exponential risk of respiratory depression that the combination of IV Dilaudid with IV Valium created. They acted with conscious disregard or indifference to the high probability of Eryon's injury by not ensuring that he was monitored.

19. Had Eryon been continuously electronically monitored (telemetry/pulse-oximetry/capnography), the Hospital would have known when he was becoming hypoxic (by definition, lower than 92% oxygen saturation level). Cardiac telemetry is a way to monitor a patient's vital signs remotely and it continuously transmits data such as heart rate, breathing and blood pressure to a nearby location. Continuous pulse-oximetry will measure blood oxygen saturation and may also be programmed to sound when rates drop below a certain threshold. Electronic monitors sound an alarm when certain thresholds are met, such as heart rhythm, breathing and blood pressure (telemetry), and when a patient's oxygen saturation falls below a certain amount (pulse-oximetry).

Discussion:

20. It is not uncommon for patients to experience narcotic-induced respiratory depression, which is why it is so important to specifically monitor them for respiratory depression. Not monitoring Eryon Barnett while he was receiving high-dose Dilaudid in combination with Valium created an even higher probability of injury to Eryon.

21. Dr. Hoge recognized that Eryon was receiving an "exorbitant" amount of Dilaudid [TAB 2], but did nothing. Dr. Hoge was also aware that the combination of Dilaudid with Valium presented a high risk of injury to her patient, yet did not order continuous monitoring. Dr. Hoge knew that Valium can increase the respiratory-depressant effects of IV Dilaudid and increase the risk of adverse outcomes, including death, because she acknowledged as much at her deposition:



Valium (diazepam) and other drugs with sedating-hypnotic properties can increase the respiratory-depressant effects of IV Dilaudid and increase the risk of adverse outcomes, including death.

True ( ) **False** ( )

Jessica Hoge, MD

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22. Yet Dr. Hoge disregarded those facts and changed nothing, which was a failure of care that created a high probability of injury to Eryon Barnett.

23. Continuous electronic monitoring (telemetry/pulse-oximetry/capnography) was absolutely required in this case because of the high dose Dilaudid Eryon was receiving, and especially because he was receiving the Valium in combination. Assessment by nurses or CNAs at intervals many hours

apart is never sufficient in such situations because a patient can drift off into respiratory depression at any time.

24. Although Dr. Shaker has concluded that Eryon suffered prolonged hypoxia (evidenced by heavy lung weights and cerebral edema), patients can die in about 6 minutes from a lack of oxygen.

25. Dr. Donahue and Dr. Hoge knew of the these facts that created a high probability of injury to Eryon, yet they chose not to order continuous electronic monitoring, creating a high probability of injury to Eryon Barnett.

26. It would have been a simple thing to monitor Eryon. According to Riley Hawkins, the CNA on duty at the time of Eryon Barnett's death, there were a dozen continuous pulse-ox machines in the supply closet. [TAB 6]. It is outrageous that the defendants chose not to use them.

Loss of Chance:

27. I am speaking strictly as a hospitalist and board-certified internal medicine specialist when I testify here that Narcan could have saved Eryon's life, but because neither Dr. Hoge nor Dr. Donahue ordered continuous monitoring, nobody was alerted to the need for Narcan and Eryon died.

28. Because the defendants used Narcan at the Code, it was apparently on their "crash cart" which means it was near or at the Nurse's Station and could have been administered very quickly.

29. Had Eryon been properly monitored by electronic monitoring, an alarm would have sounded when his oxygen saturation or blood pressure got low, or when his heart rhythm or breathing changed.

30. Within all reasonable medical certainty, the alarm would have been heeded and Narcan would have been administered (as it was when they tried to resuscitate Eryon after he was already dead).

31. In reasonable medical probability, had Narcan been timely administered to Eryon Barnett, it would have reversed his respiratory depression.

32. If done in a timely manner, Narcan would have saved his life and would not have diminished his life expectancy at all. He would have survived the respiratory depression and gone on to live his full life expectancy of at least 51.5 more years.

33. If given early in respiratory depression before brain damage or cardiac arrest, Narcan is almost miraculously effective as has been well-publicized in the news the last several years as we fight the "opioid crisis." Even non-medical personnel, like firemen and police, carry Narcan with them because it works so well and so quickly.

34. It is my opinion as a Board-Certified Internal Medicine Doctor and Hospitalist who has experienced respiratory depression in patients, and based upon a reasonable degree of medical certainty (or more likely than not standard), that Eryon died from respiratory depression caused by high-dose Dilaudid in combination with IV Valium in an unmonitored room.

35. Even with the high-dose Dilaudid and combination of Valium, but for Defendants' choice not to continuously monitor Eryon Barnett, Eryon's respiratory depression would have been detected, the toxicity would have been able to be reveresed, and Eryon's life would have been saved with no morbidity.

36. In coming to this conclusion I also want to rule out the opinion of the defendants' expert Dr. Wall. It is my further opinion that Dr. Wall's opinions

are not based on fact and are incorrect and speculative. As I stated in my deposition and recount here, the reason I disagree with Dr. Wall's opinion is because:

- Dr. Wall provides no valid background information as to how he arrived at his opinion;

- "Spontaneous cardiac death" is a diagnosis of exclusion, especially in a case like this; here, Dr. Wall would have to ignore a lot of other information in Eryon's medical record in order to arrive at his conclusion, such as:

  - Dr. Wall would have to ignore that Eryon was getting 4 milligrams of IV Valium every 8 hours as needed;

  - Dr. Wall would have to ignore that he was getting 2 to 3 milligrams of Dilaudid every 3 hours or so – unmonitored;

  - Dr. Wall would have to ignore that he was receiving both the Valium and the Dilaudid in combination;

  - Dr. Wall would have to ignore that Eryon, a 24-year-old football player, was at 80% oxygen saturation shortly after midnight the morning of the 4th (the day he died);

  - Dr.Wall would have to ignore that even while receiving 2 liters of oxygen after his oxygen saturation plummeted to 80%, it only went up to 92%.

37. In other words, Dr. Wall did not consider the obvious and foreseeable cause of Eryon's death as opioid-induced respiratory depression and instead stated that "there is no clear reason for the arrest" without showing any evidentiary basis.

38. A doctor does not need to be a cardiac specialist to understand how conjectural Dr. Wall's opinion is. As a hospitalist, I have taken care of thousands of patients with cardiac problems. For instance, of the roughly 17 patients I take care of a day, over 50% of those patients

are probably cardiac patients. And if those patients do not need to see a cardiologist, I am responsible for treating them. If I consult a cardiologist for the patient, both the cardiologist and I will see the patient.

39. By definition, all deaths are associated with cardiac arrest because when other systems stop working, like the respiratory system, a person's heart will stop working, and that person will die. In this case, Eryon's heart stopped working, and he died because the combination of Valium and Dilaudid had slowed his breathing down to the point that he went into respiratory depression and hypoxia, so that he was oxygen-starved. With no oxygen getting to his lungs, there was none to get to his heart, and his heart stopped pumping. Dr. Wall's opinion that Eryon's heart just spontaneously stopped working for unknown and unexplained reasons is simply not supported by fact.

Cregg Ashcraft, M.D.

SWORN TO and SUBSCRIBED before me by Cregg Ashcraft, M.D., known to me by: (state the identification; i.e. personally known to notary; driver's license) driver's license, on March 31st, 2021.

Allison Norris

Notary Public for the State of Ohio
Residing at

My Commission expires
May 12, 2025

ALLISON R. NORRIS - NOTARY PUBLIC
COMM EXP: MAY 12, 2025
STATE OF OHIO

Cregg D. Ashcraft, M.D.

2234 Montague Ct
Columbus, OH 43220
Telephone: 614.905.0355
Electronic mail: cregg.ashcraft@gmail.com

CURRENT POSITIONS

- **Hospitalist (October, 2013 - current)**
  Central Ohio Primary Care Physicians
  Riverside Methodist Hospital, Columbus, OH

- **Medical Director, Physicians Care Connection (August, 2012 - current)**
  http://www.goodhealthcolumbus.org/pfc

PREVIOUS POSITIONS

June, 2009 – October, 2013: Medical Director, Hospitalist Program
Access Medical Group (Marion General Hospital, Marion Ohio)

July, 2015 – May, 2018: Medical Director, Amethyst, Inc.

July, 2009 – October, 2013: Occupational Health Site Director
Occupational Health Services at Whirlpool Corporation, Marion, OH

July, 2000 – March, 2009: Assistant Professor, Internal Medicine, The Ohio State University Medical Center

July, 2003 – March, 2009: Hospitalist, Division of Hospital Medicine
(*one of the three "founding" members of the program*)

July, 2000 – July 2003: Division of General Internal Medicine, responsible for inpatient medicine consultations, peri-operative management of surgical patients, and outpatient pre-operative medical evaluations

July, 2005 – March, 2009: Associate Director, Office of Global Health Education
The Ohio State University College of Medicine

July 2006 – July 2008: Director of the 4th-year subinternship program
The Ohio State University College of Medicine

July 2001 – July 2003: Medical Director, General Internal Medicine Outpatient Faculty Clinic

EDUCATION AND POST-GRADUATE TRAINING

Residency: Pediatrics/Internal Medicine, 1996-2000
The Ohio State University Medical Center & Columbus Children's Hospital
Columbus, Ohio

Doctor of Medicine, 1996
Indiana University School of Medicine, Indianapolis, Indiana
- ☐ Alpha Omega Alpha

Bachelor of Science (Biology), 1992
Indiana University, Bloomington, Indiana
- ☐ Graduated *summa cum laude*

BOARD CERTIFICATION & MEDICAL LICENSE

American Board of Internal Medicine (2001, recertified 2011)
Licensed in the state of Ohio (35-074018)

PROFESSIONAL SOCIETIES:

- ☐ Society of Hospital Medicine
- ☐ American College of Physicians
- ☐ Alpha Omega Alpha Medical Honor Society
- ☐ American College of Pediatrics

OTHER PROFESSIONAL/PUBLIC SERVICE

- ☐ **Medical Director**, Asian Health Initiative (a non-profit organization with the goal of raising awareness of healthcare issues in the Asian immigrant community)
- ☐ **Director,** Ohio Latino Health Initiative (a non-profit organization established to promote access to healthcare resources for undocumented Latino immigrants)

☐ **Medical Director**, La Clínica Latina (a free clinic for uninsured Latino patients)

PUBLICATIONS

- with Evans, Kevin, et al. "Quantitative Ultrasonography of Calcaneal Bone Mass and its Relationship to Calcium Consumption among Impoverished Hispanic Women." Journal of Diagnostic and Medical Sonography.

- Scheurer, D. & Ashcraft, C. "Chapter 104: Perioperative Complications." Hospital Medicine: Just The Facts. Sylvia McKean, et al. The McGraw-Hill Companies, Inc. 2008

AWARDS

- **"Outstanding Faculty Award"**

Presented by The Ohio State University Multicultural Center
April, 2003 in recognition of efforts to promote cross-cultural education and awareness

- **"Faculty Award for Excellence in Community-based Scholarship"**

Presented by the Ohio State University Service-Learning Initiative
May 8, 2003 for efforts to promote the inclusion of volunteering to provide services to "less fortunate" members of the community as part of the undergraduate and graduate educational experience here at the university.

- **Columbus *Business First* 40 Under 40 Award**, 2006
- **Columbus *Business First* Health Care Heroes Award (Honorable Mention) 2007**

JARROD ROWE, *ET AL*., VS. HOLZER MEDICAL CENTER-JACKSON, *ET AL*.
Court of Common Pleas of Gallia County, Ohio
Case No. 18-CV-11
Trial 3/4/20 (plaintiff)

SHEILA O'DELL & JOHN O'DELL VS. STEPHANIE ORTEGA, *ET AL*.
Superior Court of New Jersey Law Division: Middlesex County
Docket No. L-4347-16
Deposition 3/2/20 (defense)

ELLEN GOLDBERG VS. MORRISTOWN MEDICAL CENTER, ET AL.
Superior Court of New Jersey Law Division: Somerset County
Docket No. L-SOM-407-17
Deposition 2/28/20 (defense)

MARK C. BROOKES, INDIVIDUALLY AND AS THE ADMINISTRATOR OF THE ESTATE OF DATES BUCKLEY, DECEASED, *ET AL*. VS. BASHAR AWAD ALAWAD, M.D., *ET AL*
Court of Common Pleas, Franklin County, Ohio
Trial 10/29/19 (defense)

LIBBY WHITE, *ET AL*. V. SINAI HOSPITAL OF BALTIMORE, INC. *ET AL*.
Circuit Court for Baltimore City, Maryland
Deposition 9/30/19 (defense)

ESTATE OF IRENE KOHLHAAS, *ET AL*. V. MICHAEL ROMAIN, MD, *ET AL*.
District court of Travis, Co. TX 200th judicial district
Deposition 8/30/19 (plaintiff)

JARROD ROWE, *ET AL*., VS. HOLZER MEDICAL CENTER-JACKSON, *ET AL*.
Court of Common Pleas of Gallia County, Ohio Case No. 18-CV-11 (plaintiff)
Deposition 5/7/18 (plaintiff)

E/O SEGUNDO PINTO V. RAUNAQ BHATT, M.D./JEREMY PINYARD, M.D./IPC THE HOSPITAL COMPANY, INC
Superior Court of New Jersey, Morris County
Deposition 11/15/18 (defense)

MARK C. BROOKES, INDIVIDUALLY AND AS THE ADMINISTRATOR OF THE ESTATE OF DATES BUCKLEY, DECEASED, *ET AL*. VS. BASHAR AWAD ALAWAD, M.D., *ET AL*
Court of Common Pleas, Franklin County, Ohio
Deposition 11/14/18 (defense)

MARIE FRANCIS v. HACKENSACK UNIVERSITY MEDICAL CENTER, et al.
Superior Court of New Jersey Law Division: Bergen County
Deposition 7/26/18 (defense)

JACKMAN, et al. V. ST. DAVID'S HEALTHCARE PARTNERSHIP, LP
353rd Judicial District Travis County, Texas
Deposition 7/24/18 (plaintiff)

SULLIVAN v. KUMAR
Commonwealth of KY Fayette Circuit Court, 9th Division
Civil Action No.: 13-CI-2816

Deposition 3/30/18 (plaintiff)

Westreich v. St. Agnes Healthcare, Inc. Baltimore, MD
Deposition 3/6/18 (defense)

PAUL C. WILDENTHALER V. GALION COMMUNITY HOSPITAL, *et al*.
Franklin County, Ohio Court of Common Pleas
Deposition 10/16/17 (plaintiff)
Trial testimony 4/26/18 (plaintiff)

MARGARET MILLER, et al v. BRIAN R. INCREMONA, M.D., THOMAS JOHN, M.D., et al
Essex County, New Jersey Superior Court
6/19/17 deposition (defense)

GROZIK VS. MERCY HEALTH REGIONAL MEDICAL CENTER, *et al*.
6/13/17 deposition (plaintiff)

VIVIAN ILLIANO, ET AL. Plaintiffs v. HOWARD COUNTY GENERAL HOSPITAL INC., ET AL. Defendants
HOWARD COUNTY (Maryland) CIRCUIT COURT CASE NO.: C-16-107400
Deposed 3/21/17 (defense)

MARY E. NASIEROWSKI vs. THE PARMA COMMUNITY GENERAL HOSPITAL, et al.
Cuyahoga County Ohio Court of Common Pleas.
Deposed 10/4/16 (defense)

BRENDA BEIGHLE, et al., vs. AULTMAN HOSPITAL, et al.
Deposed 11/17/16 (plaintiff)

EDDIE BUNNELL, as Administrator of the Estate of Juanita Joyce Payton, Deceased v. BRANDON L. HOUK, M.D., P.S.C. d/b/a A & B ADULT HEALTHCARE-and-BRANDON L. HOUK, M.D
Deposed 4/9/16 (plaintiff)

WANDA ALLEN, et al. v. SINAI HOSPITAL OF BALTIMORE, INC. et al.
Deposed 8/15/16 (defense)

ROBERT TAYLOR, ADMINISTRATOR (PERSONAL REPRESENTATIVE) OF THE ESTATE OF ANNA MARIE TAYLOR, DECEASED, Plaintiffs vs. HOSPITALIST MEDICINE PHYSICIANS OF FRONT ROYAL, LLC, et al.,
CIRCUIT COURT FOR THE COUNTY OF WARREN COMMONWEALTH OF VIRGINIA
Deposed 5/25/16 (defense)

MELISSA L. STEELE, Individually and as Personal Representative of the Estate of GEORGE T. STEELE, et al., v. DIMENSIONS HEALTH CORPORATION d/b/a LAUREL REGIONAL HOSPITAL, et al
CIRCUIT COURT FOR PRINCE GEORGE'S COUNTY CASE No.: CAL15-13593
Deposed 3/30/16 (defense)

Omari Jawhar Fields, Ayana Kai Fields, and Rhodell Jean Fields, Individually, and as Co-Personal Representatives of the estate and next of kin of Judith Boykin Fields, deceased, Plaintiffs, vs. Kaiser Foundation Health Plan of the Mid-Atlantic States, et al., Defendants.
Superior Court of the District of Colombia Civil Division/Civ. Act. No. 20133152 M
Deposed 6/24/14 (defense)

Albert Robinson and Ada Robinson, Plaintiffs, vs. Not-For-Profit Hospital Corporation d/b/a United Medical Center, et al., Defendants.
Superior Court of the District of Columbia Civil Division/Case No. 2013 CA 004966 M
Trial testimony: 3/23/16 (defense)

JOSEPHINE WHITE vs. ST. JOSEPH HOSPITAL, et al
STATE OF MAINE PENOBSCOT, ss SUPERIOR COURT. CIVIL ACTION DOCKET NO. CV-13-160
Deposed August 2014 (plaintiff)
Panel hearing testimony 6/2/15

Juanita Walker in her capacity as Fiduciary of the estate of William M. Walker, deceased vs. Isidro A. Amigo, D.O., et al.
Erie County Court of Common Pleas/Case No. 2013 CV 0732
Deposed 11/13/15 (plaintiff)

Carolin Baker, Plaintiff, vs. Mercy Hospital Anderson, et al., Defendants
Court of Common Pleas, Clermont Co., Ohio/Case No. 2013 CVA 01859
Deposed 5/21/15 (plaintiff)
Trial testimony 11/6/15

Mary Gallagher, et al., Plaintiffs vs. Firelands Regional Medical Center, Defendants.
Common Pleas Court of Erie Co., Ohio/Case No. 2013 CV 0390
Deposed 11/13/14 (plaintiff)
Trial testimony 5/19/15

Mark Musial, Administrator of the Estate of Carl Becker, vs. Community Hospitalists, Inc., et al.
Court of Common Pleas Lorain Co., OH/Case No. 13 CV180114
Deposed 8/11/14 (plaintiff)
Trial testimony March 2015

Victoria Nechvatal vs. The Cleveland Clinic Foundation
Cuyahoga County Common Pleas Case No. 087169
Deposed 5/19/14 (defense)

Eunice Griffith, Executrix of the Estate of Roger Griffith, Deceased, Plaintiff, vs. Bethesda Hospital, Inc., et al., Defendants.
Court of Common Pleas Hamilton Co., Ohio/Case No. A1108742
Deposed 6/14/13 (plaintiff)

Dee Hudson, Executrix of the Estate of Vernie Stover, Plaintiff, vs. Kettering Medical Center, et al., Defendants.
Court of Common Pleas Montgomery Co., Ohio/Case No. 2010 CV 05140
Deposed 8/1/15 (plaintiff)

Maaza O'Brien and Daniel O'Brien, Plaintiffs, vs. Kaiser Foundation Health Plan of the Mid-Atlantic States, et al., Defendants.

U.S. District Court for the District of Maryland/Case No. 8:14-cv-00190-PJM
Deposed May 2015 (defense)

David Larkin v. HCA-HEALTHONE, LLC, d/b/a Swedish Medical Center and d/b/a Swedish Southwest ER, Delwin Michael Hunt, M.D., Mark Kozlowski, M.D., Hall Medical, LLC, and Glenda Singleton, M.D.
Deposed 4/1/15 (plaintiff)

Mandy Pratt v. St. Elizabeth Health Center, et al.
Deposed 4/6/15 (plaintiff)

Eddie Wells v. Ashtabula County Medical Center, et al.
Cuyahoga County Ohio
Deposed 1/9/15 (plaintiff)

MONTANA EIGHTEENTH JUDICIAL DISTRICT COURT
GALLATIN COUNTY

Stephanie Mooring, Individually, and as Personal Representative of the Estate of Eryon Barnett, Deceased, et al., Plaintiffs, v. Bozeman Deaconess Health Services d/b/a Bozeman Deaconess Hospital a/k/a Bozeman Health Deaconess Hospital, and Bozeman Health Deaconess Hospital Emergency Services, et al., Defendants.	Cause No. DV-18-235B Affidavit of Adel Shaker, M.D. in Support of Plaintiffs' Motion for Partial Summary Judgment on Liability and Causation

STATE OF TEXAS)
:ss.
COUNTY OF NUECES)

On this day, Adel Shaker, M.D., appeared before me, the undersigned notary public. After I administered an oath to him, upon his oath, he stated that this Affidavit, the facts and opinions stated herein, are within his personal knowledge and are true and correct.

Foundation:

1. My name is Adel Shaker. I am a Medical Doctor and am Board Certified by The American Board of Pathology as an Anatomic Pathologist with additional certification in the Subspeciality of Forensic Pathology. Currently, I am Chief Medical Examiner for the Nueces County Medical Examiner's Office in Corpus Christi, Texas, and have worked in various positions investigating death as a pathologist, Coroner, or medical examiner

EXHIBIT 2

in the United States and abroad since approximately 1985. My CV, which I have attached and incorporate herein, contains a more detailed explanation of my professional background.

2. I have performed approximately 12,000 autopsies in my career. I see deaths due to overdose on a near-daily basis and have performed autopsies on hundreds of opioid-induced respiratory depression deaths. Of those, I have performed autopsies on the bodies of dozens of persons like Mr. Barnett, who met their demise from opioid-induced respiratory depression while they were patients at a hospital.

3. I was retained in this case by Plaintiffs' counsel to review the medical records and other discovery records and depositions in this case, and to obtain and personally review histologic slides obtained at autopsy and prepared for me by Dr. Charles Garrison, the Medical Examiner who performed the autopsy on Eryon Barnett (3/1/1991–7/4/2015) in 2015. I was then asked to opine on the cause, manner and mechanism of Mr. Barnett's death at Bozeman Deaconess Hospital on July 4, 2015. And I was recently asked to make this Affidavit in support of causation to explain to the Court how and why Eryon died from opioid-induced respiratory depression and how Eryon's life could have been saved had an opioid reversal agent (Narcan/Naloxone) been timely administered.

4. I believe that the scientific, technical and other information and specialized knowledge I have learned throughout my occupation as a medical doctor and medical examiner will assist the trier of fact to both understand the evidence and determine facts in issue surrounding Eryon Barnett's death.

5. All of my opinions are based upon reasonable medical certainty/a more likely than not standard.

6. All of my opinions are based on facts and data that are of a type reasonably relied upon by experts in my field in forming opinions or inferences on causes, mechanisms, time and manner of death.

<u>The Drugs Involved</u>:

7. In forming my opinions, I also reviewed the table of opioids and sedatives that was created during Dr. Hoge's deposition (below), which shows the doses and times of administration of the powerful narcotics Dilaudid and Valium, and Zofran and Toradol, which although they are not sedatives

themselves, do have sedating qualities, such as causing drowsiness. My opinions relate primarily to the effects of Dilaudid and Valium.

Table of Administration of Opioids, Sedatives, and Drugs with Sedating Qualities		
July 2, 2015 (Eryon's Admission to Hospital)	July 3, 2015	July 4, 2015 (Eryon's Death)
1151: 4 mg Zofran (MMLP 21) 1151: 1 mg Dilaudid (MMLP 21) 1244: 1 mg Dilaudid (MMLP 21) 1323: 0.1 mg Fentanyl (MMLP 21) 1425: 4 mg Zofran (MMLP 49) 1500: 2 mg Dilaudid (MMLP 49) 1759: 3 mg Dilaudid (MMLP 50) 1931: 4 mg Zofran (MMLP 49) 1931: 4 mg Valium (MMLP 51) 2123: 2mg Dilaudid (MMLP 50) **Total** Zofran = 12 mg **Total** Valium = 4mg **Total** Dilaudid = 9mg **Total** Fentanyl = .1mg	0005: 3 mg Dilaudid (MMLP 53) 0137: 4 mg Valium (MMLP 58) 0344: 2 mg Dilaudid (MMLP 53) 0443: 4 mg Zofran (MMLP 53) 0601: 3 mg Dilaudid (MMLP 54) 0839: 2 mg Dilaudid (MMLP 55) 0839: 4 mg Zofran (MMLP 53) 1114: 3 mg Dilaudid (MMLP 55) 1403: 2 mg Dilaudid (MMLP 56) 1403: 4mg Zofran (MMLP 53) 1730: 3 mg Dilaudid (MMLP 56) 2058: 3 mg Dilaudid (MMLP 57) 2351: 4 mg Valium (MMLP 58) **Total** Zofran= 12 mg **Total** Valium = 8mg **Total** Dilaudid = 21 mg	0035: 30 mg Toradol (MMLP 62) 0100: 3 mg Dilaudid (MMLP 60) 0307: 3 mg Dilaudid (MMLP 60) 0525: 3 mg Dilaudid (MMLP 61) 0737: 30 mg Toradol (MMLP 62) 0738: 2 mg Dilaudid (MMLP 61) **Total** Dilaudid D= 11 mg **Total** Toradol = 60 mg

Jessica Hoge, MD

EXHIBIT 52

8. The Table of Administration of Opioids, Sedatives, and Drugs with Sedating Effects (Dr. Hoge Exhibit 52), above, shows that Eryon Barnett received 41 mg of Intravenous Dilaudid in about 43.5 hours; and of that 41 mg, he received 11 mg in 6.5 hours which is a high and risky dose (the starting dosage per Dilaudid's Label says 0.2 to 1 mg every 2 to 3 hours), [**Tab 1**], without documented necessity and without continuous electronic monitoring (telemetry/continuous pulse-oximetry/capnography). Mr. Barnett had also received intravenous Valium, which is contraindicated with Dilaudid because of its ability to potentiate and accelerate respiratory depression when used with Dilaudid.

9. Dilaudid (hydromorphone) is a powerful opioid narcotic medication that is 6-10 times more powerful than Morphine. It has both respiratory and central

nervous system depressant effects. Valium (diazepam) is a benzodiazepine anxiolytic medication that has a long half-life of about 30-66 hours and its active metabolite of nordiazepam (half-life 38-135 hours) and temazepam (half-life 7-18 hours). The combined synergistic action of both Dilaudid and Valium will have a deleterious effect on the cardiopulmonary center and depressant effects on both the CNS and respiratory tracts. The primary risk in combining these drugs is respiratory depression: the injurious effect of these drugs is that they can lead to hypoxemia, an abnormally low amount of oxygen in the blood, which can then cause prolonged hypoxia (deficiency in the amount of oxygen that reaches the tissues).

My Opinions:

Having reviewed the medical and other records, the autopsy report, and slides, I conclude that:

Cause and Mechanism of Death:

10. Mr. Barnett died from respiratory depression as the result of opioid-induced toxicity and a prolonged period of hypoxia for the following reasons:

    a) Mr. Barnett had received what his attending physician described as "exorbitant" amounts of Dilaudid, [**Tab 2**], and was in his hospital bed when he was administered a final 2mg dose of Dilaudid at 0738 (7:38 a.m.) the morning of July 4, 2015. This was the last time anyone took his vitals. He was discovered dead at 1445 (2:45 p.m.) on July 4, 2015. Because Mr. Barnett was not monitored, we do not have any readings to explain the mechanism of his death, but generally, what happened to Mr. Barnett is what happens in any opioid-induced respiratory depression and begins with the drug affecting the central brain stem.

    b) Specifically, Dilaudid affects the medulla oblongata, which is the portion of our brain at our brain stem that regulates respiration and heartbeat. The medulla fires off signals to the muscles that control our heartbeat to pump blood and stimulate our lungs to breathe. Dilaudid directly affects the brain stem's respiratory and cardiac centers, so as the firing of the signals slows down, the lungs will slow down. Instead of 15 to 20 breathes a minute, the respiration rate slows to 5 to 10 so that oxygen saturation is reduced, and instead of oxygen moving through our blood and body, infusing our vital organs, the oxygen is replaced with carbon dioxide, and our organs do not get the oxygen they need for life.

c) As the oxygen is replaced by carbon dioxide, the lungs fill with water (edema), reducing the oxygenation of the blood. Because the oxygen level in the blood has been reduced, the vital organs (heart, lungs, brain) begin dying. The heart needs oxygen, and it will try harder to beat in the absence of oxygen. This creates a strain on the myocardial muscles of the heart, which causes death to the cardiac muscle and, globally, the whole heart, which is why Eryon Barnett's heart was globally ischemic (tissue death caused by a lack of oxygenated blood supply) at autopsy.

d) Mr. Barnett's blood supply was not blocked, such as by hardening of the arteries, nor did he have some other physiological problem that would have been obvious at autopsy. Instead, his heart at autopsy showed that his heart muscle was not getting enough oxygen, and this is because of the respiratory depression caused by the combination of Dilaudid and Valium.

e) Eryon Barnett died from opioid-induced respiratory depression that led to anoxia/hypoxia, which caused ischemia, cardiac arrest, and ultimately death.

Time of Death:

11. Mr. Barnett had been dead for anywhere from between six and eight hours when he was found dead at 2:45 p.m. My opinion in this regard is based on the following:

a) The Coroner's records twice state that Mr. Barnett was "cool to the touch" when found [**Tab 3**];

b) Mr. Barnett was found dead at 2:45 p.m.;

c) Mr. Barnett's mother, Stephanie Mooring, testified that when she touched her dead son at approximately 3:30 p.m., the time the Hospital officially called Mr. Barnett's death, he was "cold and rigid" [**Tab 4**];

d) It takes several hours for a dead body to feel "cool to the touch" and exhibit rigor mortis to the extent of being "stiff" or "rigid";

e) Dead bodies lose between 1 and 2 degrees of temperature per hour; a person's temperature when alive is about 98.6, which feels warm to the touch. For a body to feel "cool to the touch" would mean a temperature

somewhere in the 80s, which, using the formula of one to two degrees of lost body temperature each hour, would take six to eight hours.

Lost Chance to Reverse the Respiratory Depression:

12. Naloxone (or Narcan) is an opioid reversal agent that can treat and rapidly reverse respiratory depression. It has become well-known in the United States because of the opioid crisis and has saved lives that otherwise would have died from opioid overdoses, including respiratory depression.

13. It is known that the Hospital had Narcan because the medical records show that he was administered Narcan after a Code had been called. [**Tab 5**]. But because Mr. Barnett was unmonitored, nobody found him until he had been dead for anywhere from six to eight hours. It is also known that the Hospital had continuous pusle-oximetry machines as the CNA that found Mr. Barnett dead testified that he believed ther were "a dozen" in a supply closet. [**Tab 6**]. Nevertheless, at the time he was found, he would not have been able to have been resuscitated, nor would the opioid reversal agent Naloxone (Narcan) have worked because he had been dead for many hours, and reversal agents do not work on the dead.

14. However, had Eryon been appropriately and continuously monitored, an alarm would have sounded when he fell into respiratory depression, Narcan would have been administered, and in all reasonable medical certainty, Eryon Barnett's respiratory depression would have been reversed, and he would have survived his hospital stay with no morbidity.

15. Without any monitoring, nobody knew that Mr. Barnett was experiencing respiratory depression, and the chance for the timely administration of Narcan was lost.

Defendants' Expert Dr. Wall's Opinion is Speculative and Incorrect:

16. Defendant's expert, Dr. Scott Wall, has not offered a legitimate cause of Eryon's death; I repeat what I stated in my Affidavit provided in support of Plaintiffs' motion to strike his testimony and state under oath that spontaneous or sudden unexplained cardiac arrest, an opinion attributed to Dr. Scott Wall in Defendants' expert disclosure, is incorrect because:

    a) Sudden cardiac arrest is a diagnosis of exclusion, meaning it is a diagnosis that one might use after considering and excluding all other possible differential diagnoses. Dr. Wall's statement that

Eryon Barnett "had some underlying propensity for cardiac arrest that had never been recognized" is highly speculative and not medicine-based. Nor did Dr. Wall exclude, and according to his disclosure, did not even consider, the unusually excessive amount of Dilaudid that Mr. Barnett was administered together with benzodiazepine, the combination of which has the highest risk for respiratory depression.

b) Further, Mr. Barnett had global ischemia, marked pulmonary edema (very heavy lung weights), and general cerebral edema, all of which are consistent with respiratory depression associated with opioid-induced toxicity and a prolonged period of hypoxia.

c) Dr. Wall's conclusion that Eryon Barnett suffered "a spontaneous cardiac arrest for unclear and unforeseeable reasons" and that "there is no clear reason for the arrest" has no medical evidentiary basis.

d) Opioid-induced respiratory depression is a clear and foreseeable reason for Mr. Barnett's death, and Dr. Wall did not consider it.

Adel Shaker

Adel Shaker, M.D.

SWORN TO and SUBSCRIBED before me by Adel Shaker, M.D., known to me by: (state the identification; i.e. personally known to notary; driver's license)

March 30, on _____, 2021.

MINERVA RIOS
Notary Public, State of Texas
Comm. Expires 09-17-2021
Notary ID 4555136

Minerva Rios

Notary Public for the State of Texas
Residing at Nueces County
My Commission expires 9-17-2021

ADEL SHAKER, MD, LLB, FCAP, FNAME

EMAIL: AShakerMD@hotmail.com
MOBILE: (814)-244-1916

Curriculum Vitae [RÉSUMÉ]

EDUCATION:

GRADUATE AND POST GRADUATE MEDICAL & LAW STUDIES:

1977 To 1984: M.B.B.Ch., Assiut University Faculty of Medicine, Egypt.

1995: License of Law Baccalaureate **LLB.** (Equivalent to Juris Doctorate (JD) degree)
My Medical and Law degrees are evaluated by the International Education Research Foundation Inc. at California, USA.

****American Board Certified Anatomic & Forensic Pathologist****

****American Board Certified Independent Medical Examiners****

EXPERIENCE:

08/2020-NOW Chief Medical Examiner
Nueces County Medical Examiner's Office, Texas

06/2014-07/2020 Chief Deputy Medical Examiner
Nueces County Medical Examiner's Office, Texas

12/2011-05/2014 Consulting Medical Examiner, Huntsville, AL, Nueces County, TX
Sonoma County, CA, Kern County, CA

11/2010-11/2011 State Medical Examiner/Forensic Pathologist
Jackson, Mississippi

08/2005-10/2010 State Forensic Pathologist/Medical Examiner
Montgomery, Alabama

01/2005-02/2007 RCLO (Regime Crime Liaison Office)-Mass Graves in Iraq working with USACE (US Army Corps of Engineers) and attached to the department of Justice involved with the IST (Iraqi special Tribunal); the former regime of Saddam Hussein.

2004-2005 : Fellow at the Allegheny County Coroner's Office, Pittsburgh, PA

2001-2004 : Resident at Memorial Medical Center in the Dept. of Pathology

2000-2001 : Pathologist Assistant at JFK Medical Center, NJ USA. (Training)

2000-2001 : Histopathology technologist at Quest Diagnostic Inc., NJ USA

2000-2001 : Instructor at American Business Academy, USA. (Part Time)

1992-1999 : Physician working with National Health Insurance Corporation, Egypt

1991-1992 : Medical Examiner in Ministry of Justice in Egypt

1988-1991 : Forensic Pathologist attached to The Office of The President of Kenya in Nairobi

1990-1991 : Expert in The Medico-Legal Department,
Seconded by the Egyptian Ministry of Foreign Affairs
(The Egyptian Fund for Technical Co-operation in Africa)
Attached to the office of the President, working with
National Public Health Labs in Nairobi, Kenya

1988-1990 : MD in Charge of Park Road Nursing home in both General clinical Practice, Radiology, and Toxicology "part time"

1987-1988 : Volunteer MD & Administrator at Coptic Church Clinic, Kenya

1985-1987 : Medical Examiner in the Ministry of Justice in Egypt

1984-1985 : Internship at Assiut University Hospitals, Egypt.

MEDICAL LICENSES, CERTIFICATIONS, LEADERSHIP AND REGISTRATION BY MEDICAL BOARDS & AWARDS:

I have full licenses to practice Medicine and Surgery in AL, CA, MS, PA, TN & TX

1. Diplomate & Certified by the American Board in Anatomic and Forensic Pathology.
2. Member of the American Medical Association.
3. Fellow of College of American Pathologists (FCAP).
4. Member of the CAP House of Delegates.
5. Fellow of the American Society of Clinical Pathologists (FASCP).
6. Fellow of the National Association of Medical Examiners (NAME).
7. Member in the United States and Canadian Academy of Pathology.
8. Member of TASA (Technical Advisory Services for Attorneys) in USA.
9. Fellow of the American Board of Forensic Medicine. Diplomate of The American College of Forensic Examiners, since 1996.
10. Associate Member of The American Academy of Forensic Sciences, USA.
11. Member of The Egyptian Medical Syndicate, since March 1985, Egypt.
12. Member of The Kenya Medical Association and Registered by The Kenya Medical Board of Medicine and Surgery, since 1988.
13. Unrestricted License to practice in the Medical Profession with The Egyptian Ministry of Health since 1985.

PROFESSIONAL, RESEARCH & PUBLICATION ACTIVITIES:

- Instructor, Pathology & Medicolegal Investigation, Texas A&M University
- Speaker at National Radiology Technology; "The Pivotal Role of Radiology in Modern Mass Graves," Bakersfield, CA November 2012
- Speaker at Trials, Tribulations & Trauma Conference; "Modern Approach to Global Mass Graves," Huntsville, AL October 2012
- Pakula, A MD, MPH. Shaker, A MD. Martin, M MD. Skinner, R MD. "High Risk Behavior Commands Deadly Driving Patterns: Evaluation of CNS Fatalities in a Large Coroner's Series." September 2012
- Guest Speaker at Mississippi Association of Coroners, Gulfport, MS June 2011
- Presenting speaker at Society of Historical Archeology Symposium; "The role of Forensic Pathology in Modern Mass Graves Analysis" Albuquerque, NM Jan. 2008.
- Telepathology; Mass Graves of the former Iraqi Regime
- Clinical Pathological Conferences, Departments of Internal Medicine & Pathology, Memorial Medical Center
- Tumor Board Conferences, Trauma Conferences and Mortality & Morbidity Conferences, Departments of Surgery & Pathology, Memorial Medical Center
- Checkpath, Checksamples, PIP, California Tumor Tissue Registry
- Involved in CAP inspection of the laboratory

LANGUAGE ABILITIES:

1. ENGLISH : Excellent
2. FRENCH : Fair
3. ARABIC : Excellent; All dialects
4. KISWAHILI* : Good Spoken, Fair written

*It is an African Language Spoken by nearly 80 million of Africans in Kenya, Uganda and Tanzania.

PERSONAL INFORMATION:

NAME	:	ADEL SHAKER
SEX	:	MALE
MARITAL STATUS	:	MARRIED
CITIZENSHIP	:	US CITIZEN
PERSONAL HOBBIES	:	MUSIC, TEACHING, AND MEDITATION

MONTANA EIGHTEENTH JUDICIAL DISTRICT COURT

GALLATIN COUNTY

Stephanie Mooring, Individually, and as Personal Representative of the Estate of Eryon Barnett, Deceased, et al., Plaintiffs, v. Bozeman Deaconess Health Services d/b/a Bozeman Deaconess Hospital a/k/a Bozeman Health Deaconess Hospital, and Bozeman Health Deaconess Hospital Emergency Services, et al., Defendants.	Cause No. DV-18-235B Affidavit of James T. O'Donnell, PharmD in Support of Plaintiffs' Motion for Partial Summary Judgment on Liability and Causation

STATE OF ILLINOIS)

:ss.

COUNTY OF COOK)

On this day, James T. O'Donnell, PharmD., appeared before me, the undersigned notary public. After I administered an oath to him, upon his oath, he stated that this Affidavit, the facts and opinions stated herein, are within his personal knowledge and are true and correct.

1. My name is James T. O'Donnell. I have been asked by the Plaintiffs to assist the trier of fact by providing scientific, technical or other specialized knowledge to help the trier of fact understand the evidence and determine facts in issue in this hospital negligence wrongful death case. In this regard, I will offer opinions concerning liability and causation based upon my experience, education and training in

EXHIBIT 3

pharmacy and pharmacology to primarily show the pharmacologic properties of IV Dilaudid, IV Valium that were administered to Eryon Barnett, the Dilaudid blood levels detected, and the pharmacokinetic analysis performed, by which my partner and son, Professor James John O'Donnell, plotted the calculated accumulated Dilaudid and Valium levels based upon Defendant Dr. Hoge's Table of Drug Administration. I will also help the trier of fact understand the properties and effectiveness of opiate reversal ("antidote") agents such as Narcan (Naloxone); and the properties and effectiveness of continuous monitoring that would have allowed reversal agents to be effectively administered to save Eryon's life.

2. I have attached a copy of the expert disclosure report I have written in this case, which is a copy of the report that was attached to Plaintiffs' original expert disclosure as Exhibit 3, incorporated herein. The defendants in this case have already taken my deposition and have referred to my report at the time they took my deposition. I have attached the same report here to illustrate to the Court the methodology for arriving at my opinions.

Qualifications in General:

3. I am a Doctor of Pharmacy (PharmD). I received my degree in 1971. I was assistant director of pharmacy at Rush University from 1976 through 1988 and although I do not practice as a pharmacist currently, within the last 5 years I have instructed and continue to instruct pharmacy and other students in accredited health professional schools related to the administration of opiates, the risk of respiratory depression, and the use and effectiveness of opiate reversal agents (such as Narcan). Specifically, within the last five years I have instructed students at Roosevelt University, College of Pharmacy and Rush University, both accredited health professional schools, on topics relating to the diagnosis or condition of respiratory depression as it relates to opioids.

4. I am currently an associate professor, department of Cell & Molecular Medicine at Rush Medical College. I teach in the graduate school, serve on the institutional review board and the medical college admissions committee, and I serve on the graduate committee for four graduate students. By virtue of my education, training, knowledge, and experience in the evaluation, diagnosis or treatment of persons receiving opiates and other sedatives, narcotic-induced respiratory depression, and its reversal, I am thoroughly familiar with the pharmacology of IV Dilaudid, as shown in more detail below. Additionally, I had a clinical practice in hospitals for nearly 20 years in large acute-care hospitals where one of the primary concerns was drug toxicity.

5. I have reviewed medical-legal cases for well over 20 years. My first expert testimony was in 1976, but I began consulting and testifying for medical-legal matters more frequently in the 1980s. I testify in mostly civil cases, and I also testify in criminal matters, which comprise anywhere from 10 to 20% of my work. Of my civil work, the breakdown of the time I spend on defense and plaintiffs work is approximately equal. I end up testifying more frequently for the plaintiff at deposition and trials because many times defendants ask me not to testify, and it is the plaintiff that bears the burden of proof.

6. I have reviewed hundreds of cases across the United States, and have reviewed other cases in Montana, including cases for the Garlington Lohn law firm, the law firm that represents Defendant Sarah Donahue, MD in this lawsuit.

Qualifications to Testify as a Pharmacologist:

7. In addition to my background and experience as a hospital pharmacist, I have knowledge, skill, experience, training, and education concerning the pharmacologic properties and pharmacologic effects of the primary drugs involved in this case – Dilaudid and Valium, and the FDA Warnings associated with these drugs, and I was appointed to instructor in pharmacology in the Rush Medical College in 1979.

8. Pharmacology is a branch of science that deals with the study of drugs and their actions on the body. It is the study of how drugs work in the body and how the body responds to the drugs, including side effects. Pharmacologists study how drugs are broken down, absorbed, and spread throughout the body. Although pharmacologists can be medical doctors, for the most part pharmacologists are medical scientists with Ph D or Pharm D degrees (Doctor of Pharmacy), which is my underlying degree. Advanced degrees in pharmacology are not necessary to be a pharmacologist.

9. A main branch of pharmacology is pharmacodynamics, which studies the effect of a drug on the body, including absorption, distribution, metabolism and excretion. This is what I do on a regular basis, and it is what I did in this case, together with my son and associate, Professor James John O'Donnell,[1] who conducted the pharmacokinetic

[1] James John O'Donnell has a Ph.D. in pharmacology, an M.S. in chemistry, and consults in pharmacology and analytical toxicology. He is currently Assistant Professor at Rosalind Franklin University of Medicine and Science in the Department of Foundational Sciences and

analyses[2], to determine the effects of the known doses and times of administration of IV Dilaudid and IV Valium had on Eryon Barnett. The doses and times and administration were taken from the admitted doses and times of administration as testified to by defendant Dr. Jessica Hoge and supported in the Bozeman Deaconess Hospital medical records.

10. I have been employed in a consulting capacity or have been appointed to projects as a pharmacologist and have provided opinion testimony in hundreds of cases and have been allowed to testify as a pharmacologist to assist the fact-finder in understanding the effects of drugs, including their contribution to death. Here, I have extrapolated dosage information from toxicology and autopsy results to show amounts of these drugs in Mr. Barnett's blood when he was discovered already dead.

11. In my job as a pharmacological consultant, it is commonplace for me to educate the fact-finders in lawsuits, criminal and civil, about a drug's properties and how the drug works, which includes how it can benefit people and how it can cause harm, including death. My opinions on causation are also consistently allowed by courts based upon reliable data and methodology.

12. The Court should find my methodology reliable because it is based on State of Montana toxicology levels and the drug administration table admitted by Mr. Barnett's attending physician, Jessica Hoge, MD. Specifically, my methodology is based on the following admitted time and dosage of the drugs in question:

Humanities, Discipline of Cellular and Molecular Pharmacology, Chicago Medical School, and the Department of Pharmaceutical Sciences, College of Pharmacy.

[2] *See*, for example, the tables and graphs included at pages 10-11 in my attached expert disclosure report, incorporated.

Table of Administration of Opioids, Sedatives, and Drugs with Sedating Qualities		
July 2, 2015 (Eryon's Admission to Hospital)	July 3, 2015	July 4, 2015 (Eryon's Death)
1151: 4 mg Zofran (MMLP 21) 1151: 1 mg Dilaudid (MMLP 21) 1244: 1 mg Dilaudid (MMLP 21) 1323: 0.1 mg Fentanyl (MMLP 21) 1425: 4 mg Zofran (MMLP 49) 1500: 2 mg Dilaudid (MMLP 49) 1759: 3 mg Dilaudid (MMLP 50) 1931: 4 mg Zofran (MMLP 49) 1931: 4 mg Valium (MMLP 51) 2123: 2mg Dilaudid (MMLP 50) **Total** Zofran = 12 mg **Total** Valium = 4mg **Total** Dilaudid = 9mg **Total** Fentanyl = .1mg	0005: 3 mg Dilaudid (MMLP 53) 0137: 4 mg Valium (MMLP 58) 0344: 2 mg Dilaudid (MMLP 53) 0443: 4 mg Zofran (MMLP 53) 0601: 3 mg Dilaudid (MMLP 54) 0839: 2 mg Dilaudid (MMLP 55) 0839: 4 mg Zofran (MMLP 53) 1114: 3 mg Dilaudid (MMLP 55) 1403: 2 mg Dilaudid (MMLP 56) 1403: 4mg Zofran (MMLP 53) 1730: 3 mg Dilaudid (MMLP 56) 2058: 3 mg Dilaudid (MMLP 57) 2351: 4 mg Valium (MMLP 58) **Total** Zofran= 12 mg **Total** Valium = 8mg **Total** Dilaudid = 21 mg	0035: 30 mg Toradol (MMLP 62) 0100: 3 mg Dilaudid (MMLP 60) 0307: 3 mg Dilaudid (MMLP 60) 0525: 3 mg Dilaudid (MMLP 61) 0737: 30 mg Toradol (MMLP 62) 0738: 2 mg Dilaudid (MMLP 61) **Total** Dilaudid D= 11 mg **Total** Toradol = 60 mg

Jessica Hoge, MD

EXHIBIT 52

13. As shown in the attached report, our opinion was premised on an accepted technique, embodied a methodology that has significant support in the relevant universe of scientific literature, and was expressed to a reasonable degree of pharmacological certainty and we have arrived at our conclusions in a scientifically-sound and methodologically-reliable fashion.

Pharmacological Causation:

14. My testimony in this case will assist the jury in determining general and specific causation. My opinions regarding general causation are that IV Dilaudid is capable of causing respiratory depression and is known to cause respiratory depression– indeed it is the major risk associated with the drug. I have taught doctors, nurses and pharmacists about the foreseeable and predictable risks of opiates causing respiratory depression which, if not monitored and reversed, can lead to death. There is a plethora of reliable data to support my causation opinion; I have noted peer reviewed journal articles and studies in the endnotes to my attached expert report, which I have incorporated.

Probably the most notable and accepted information for the propensities of Dilaudid to cause respiratory depression and death is the Dilaudid label itself [Tab 1]:

C-II
For intravenous, intramuscular and subcutaneous use
Initial U.S. Approval: January 1984

WARNING: RISK OF RESPIRATORY DEPRESSION, ABUSE, AND MEDICATION ERRORS
DILAUDID-HP® INJECTION IS FOR USE IN OPIOID-TOLERANT PATIENTS ONLY
See full prescribing information for complete boxed warning.

- **Do not confuse DILAUDID-HP INJECTION with standard parenteral formulations of DILAUDID or other opioids, as overdose and death could result.** (5)
- **Hydromorphone is a potent Schedule II opioid agonist. Schedule II opioid agonists have the highest potential for abuse and risk of producing respiratory depression. Ethanol, other opioids, and other central nervous system depressants can potentiate the respiratory-depressant effects of hydromorphone and increase the risk of adverse outcomes, including death.** (5.1, 7.1)

15. My testimony regarding specific causation is that the Defendants' administration of high-dose Dilaudid to Eryon Barnett in combination with Valium, a benzodiazepine, induced Eryon's respiratory depression which stopped his heart and ended his life. My opinion is based on the pharmacokinetic analyses I conducted which show, based on the documented amount of dosage, and the documented time of administration, how much Dilaudid and Valium Eryon would have still had in his system when he was discovered already "cool to the touch."

16. The Coroner notes show that Eryon was found "cool to the touch" at approximately 2:45 pm on July 4, 2015 [Tab 3]. Eryon's mother, Stephanie Mooring, described him at deposition as being "cold and rigid" when she was allowed in his room at about 3:30 pm on July 4, 2015 after his death had been officially called

[Tab 4]. Because Eryon was found already dead and was already "cool to the touch" when found at 2:45 in the afternoon of July 4, 2015, it is certain that he had been dead

for quite some time before he was discovered, so that his death occurred much earlier than 2:45 pm on July 4, 2015.

17. The pharmacokinetic analyses we performed show that even many hours after death, when the Coroner took his femoral blood samples, Eryon still had a substantial amount of Dilaudid in his blood. Toxicology levels show what is a significant, toxic, amount which is verified by our pharmacokinetic analyses.

18. Eryon did not die at 2:45 pm because he was already cool to the touch with signs of rigor mortis; but because he was unmonitored when he died, we do not have an exact time of death and we have used that time, 2:45 pm, as the time of death for purposes of our analysis. The amount of Dilaudid detected assuming a 2:45 pm time of death is significant in and of itself; however, that amount becomes even more significant, evidencing a higher level of toxicity for each hour back in time from 2:45 pm to the time that Eryon actually died. Therefore, we can conclude that if Eryon died anywhere from 6 to 8 hours before 2:45 pm as Dr. Shaker concludes, then the level at death would be even more significant. Under any scenario, the amount detected in Eryon's blood is enough to have caused him to fall into respiratory depression and die.

Lost Chance to Administer Narcan and Save Eryon's Life:

19. Respiratory depression is a predictable risk associated with Dilaudid. This risk increases exponentially when combined with Valium. This is why it is not acceptable for a nurse or nurse assistant to merely check in on the patient every several hours because a patient could begin experiencing respiratory depression or succumb to respiratory depression at any time in between those every four or eight hour intervals.

20. There is another reason why intermittent visits with a patient like Eryon who is receiving high-dose Dilaudid in combination with Valium is not sufficient, and that is because, as I explain in my report, respiratory depression is an insidious and gradual build-up process. Sub-critical levels of hypoxia do not prevent patients from responding to verbal commands, or answering questions. Therefore, unless there is monitoring of a patient's vitals and oxygen saturation and the use of capnography, these early signs of hypoxia can go unnoticed even by nurses and doctors who visit, and even speak with, the patient.

21. Had the Hospital used continuous electronic monitoring on Eryon, the monitors would have detected Eryon's early signs of hypoxia and respiratory depression. The monitors are such that they sound an alarm, alerting staff to the critical event. So even if a patient

is left alone in his hospital room, as Eryon was in this case, the staff will still be notified of his condition remotely.

22. Had the alarms sounded, it is more likely than not that hospital staff would have responded to the alarm and Narcan (Naloxone) could have been timely administered to Eryon. Narcan is an opioid reversal agent. The hospital had Narcan because they used it at the time of the Code [**Tab 5**].

23. With adequate and timely resuscitative efforts which would have included Narcan (administered to Eryon while he was alive), it is more likely than not that Eryon's opioid toxicity and respiratory depression would have been reversed, and Eryon's death would have been avoided.

24. But for the Defendants' failing to appropriately and continuously monitor Eryon, they lost the chance to save Eryon's life and Eryon lost his chance to live.

James T. O'Donnell

SWORN TO and SUBSCRIBED before me by James T. O'Donnell, known to me by: (state the identification; i.e. personally known to notary; driver's license) IL D.L., on March 30th, 2021.

OFFICIAL SEAL
KEVIN H KELEHER
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:08/06/22

Notary Public for the State of Illinois

Residing at 1304 Lake Shore Dr. N. Barrington, IL 60

My Commission expires 8/06/2022

PHARMACONSULTANT INC.

PHARMACOLOGY TOXICOLOGY CHEMISTRY PHARMACY NUTRITION

James T. O'Donnell PharmD MS FCP James J. O'Donnell III MS PhD.

Dr. James Thomas O'Donnell

Associate Professor
of Pharmacology
Rush University
Medical Center

Diplomate-American Board
of Clinical Pharmacology

Dr. James John O'Donnell

Assistant Professor
Rosalind Franklin University
of Medicine and Science

Member – American College
of Clinical Pharmacology

Member – American
Academy of Clinical
Toxicology

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E. Casey Magan
WADDELL & MAGAN, PC
708 Evening Star Lane
Bozeman, MT 59715
ecm@bozemanlawyer.com

RE: ERYON BARNETT, DECEASED

Ms. Magan:

QUALIFICATIONS

I, James T. O'Donnell, am an Associate Professor of Pharmacology at the Rush Medical College. I earned my Bachelor and Doctorate degrees in Pharmacy from the Universities of Illinois and Michigan respectively, and earned a master's degree in Clinical Nutrition from Rush University. I completed a residency in Clinical Pharmacy at the University of Illinois Research Hospitals. I have also served as Clinical Associate Professor at the University of Illinois College of Pharmacy, and as an Instructor/Preceptor for the Purdue University College of Pharmacy. I am the Founding Editor of the *Journal of Pharmacy Practice*, a Diplomate of the American Board of Clinical Pharmacology, Fellow of the American College of Clinical Pharmacology, Fellow of the American College of Nutrition, and member of several professional societies. I am a co-editor of *Pharmacy Law: Litigating Pharmaceutical Cases*, editor of *Drug Injury: Liability, Analysis, and Prevention*, First, Second, and Third Editions., and a co-editor of *O'Donnell's Drug Injury*, Fourth Edition. My books and publications include extensive discussions about opiate pharmacology, toxicity, and uses. I have published, consulted, testified, and lectured widely on opiate use and toxicity. I teach the mechanisms of drugs to medical students in their training to become physicians. I have reviewed hundreds of package inserts and have authored package inserts for pharmaceutical companies. Further, I have sat on multi-disciplinary committees to develop evidence-based safe medication practices to be adopted by hospital pharmacy and therapeutics committees and the pharmacies themselves to support the overarching goal of patient safety.

I have also participated as an Assistant Director of Pharmacy at two large teaching hospitals, where I was responsible for formulating, developing, refining, promulgating, executing and enforcing safe medication policies and procedures throughout the hospitals, the very function and responsibility of hospitals and their pharmacies.

I have attached my Curriculum Vitae (CV), which I incorporate here, and which further details the course of my career and expertise.

I, James John O'Donnell, am an Assistant Professor (Pharmacology) at the Rosalind Franklin University of Medicine and Science. I earned a PhD in pharmacology from Rush University and a master's degree in chemistry from University of Wisconsin-Madison. I also hold a bachelor's degree in electrical engineering and computer science from Massachusetts Institute of Technology (M.I.T.) I was further trained in chemistry as a special student at Northwestern University and conducted research in the chemistry department. I was a NIH T32 Postdoctoral Fellow at the University of Chicago on a Respiratory Biology Training Grant and also served as postdoctoral fellow at the Indiana University School of Medicine—South Bend (IUSM-SB). I have published [i],lectured, and consulted on areas of opiates and pharmacokinetics. I am a co-editor of *O'Donnell's Drug Injury*, 4th Edition and Chief Editor of *Drug Development and Discovery*, Third Edition.

I have attached my Curriculum Vitae (CV), which I incorporate here, and which further details the course of my career and expertise.

MATERIALS REVIEWED

1. Bozeman Deaconess Hospital (BDH) records for Eryon Barnett; MMLP records (1 – 1115); CVS Pharmacy records;
2. Hospital billing records for 7/2/15 admission;
3. Coroner's records, autopsy/toxicology reports, Criminal Justice Information, including toxicology reports and lab documents;
4. Court Filings - Legal Complaint; First Amended Complaint;
5. Discovery responses and documents produced by Plaintiffs and Defendants;
6. Depositions and exhibits - Stephanie Mooring, Karyn Milledge, Sarah Woolard, Adrienne Aimes, Cristal North, Rich Russell, Dr. Hoge, Dr. Donahue, Whitney DeVries, RN, Chaplain Brown, Elizabeth Smalley;
7. Table of Opioids, Sedatives, and Drugs with Sedating Qualities (Exhibit 52);
8. BDH Safety videos;

9. Literature on the pharmacology, pharmacokinetics, and toxicology of hydromorphone and diazepam, topics of risks and monitoring requirements for safe opiate use, warnings and precautions for use of hydromorphone in patients with pancreatitis as well as effects of opiates on the sphincter of Oddi, and the topic of analgesic induced headaches.

FACTS OF THE CASE

Eryon Barnett (Barnett) presented to the Emergency Department of Bozeman Deaconess Hospital at approximately 11 a.m. on the morning of 7/2/15 with complaints of abdominal pain and a history of nausea without vomiting. He was admitted to the hospital with a diagnosis of acute pancreatitis. He had a history of pancreatitis. His serum Lipase was significantly elevated (30,000), which significantly decreased / resolved during his ~ 52 hours stay until he was found PEA. He was administered two doses of 1 mg Dilaudid in the emergency room and when moved to the medical floor, he was prescribed Dilaudid (Hydromorphone), first at 2 mg every 2 hours, and Dr. Donahue subsequently increased his dose to 3 mg every 2 hours (MMLP 32) and administered 2 -3mg Dilaudid every 2 / 3 hours. The second hospitalist (Dr. Hoge) who attended Mr. Barnett, described the Dilaudid dose (3 mg q 2 hours) as "exorbitant" (MMLP 27).

During the ~ 52 hours until he was found unresponsive and pulseless (PEA), he continued to complain of (unacceptable/ineffective) pain relief, including new onset headache. During the ~ 45 hours, (1100 am 7/2 – 0738 am 7/4), Barnett was administered ~ 41 mg intravenous (IV) Dilaudid for pain (Hoge Ex. 52), plus a few doses of Toradol (within 7 hours early 7/4) for pain relief. He was discovered unresponsive (cold and stiff) at 1445 pm on 7/4. A Code was called, resuscitative efforts were implemented but were not successful.

Notably, there was no monitoring by machine or continuous in-room person monitoring. Eryon was never placed on continuous pulse-oximetry or telemetry and there are only a few (pulse-oximetry) oxygen saturation records in the hospital records. One notably is an 80% O2 saturation at ~ 12:42 a.m. (0042) on 7/4 (MMLP 183). Eryon was given an oxygen nasal cannula, 2 L, at that time which brought his O2 saturation up to 92. Oxygen administration was sporadic. No O2 is recorded at 0158 or any time after until 0717, and no O2 is reported at 0918-0920 on 7/4. (MMLP 189). The nurse reports him to be dozing at 1145 and awoken on command. No other nursing notes are made until Eryon is found unresponsive at 2:45 pm on July 4th, and code was called. (MMLP 191). Further, the

policy for clinical monitoring by nurses specifies only 8-hour monitoring for Medical patients after the first 24 hours.

The only policies and procedures Bozeman Deaconess Hospital has concerning the ordering, administration and use of oxygen is for respiratory therapists who require a physician's order (RFP 2-6:1-4). Bozeman Deaconess Hospital has no routine policies concerning opiate monitoring, which would logically include policies on the use of pulse-ox and continuous pulse ox or capnography with opiates; the hospital does not even have policies on the necessity of Naloxone / Narcan availability and administration with the administration of opiates. Nor were the hospital deponents aware of any investigation into Eryon's death, or that a Sentinel event report, adverse event report or any Quantros safety report was ever made related to the death of Barnett while receiving high dose Dilaudid.

While being treated for his pancreatitis pain, the pain (subjective) reports of the patient were recorded as low as 4/10 yet no change was made to Dilaudid administration. During his treatment on July 3 and 4, 2015, (e.g., MMLP 187), he complained of headache pain beginning on the afternoon of July 3rd.

The autopsy report indicates there is evidence of a recent myocardial infarction (36 to 72 hours onset). Heavy lung weights (consistent with respiratory toxicity[ii]), a full bladder, and cerebral edema (consistent with hypoxia) are also noted, which are not related to any acute coronary artery event.

Of note, several 3mg Dilaudid doses were administered, at ~ 2-hour intervals on July 4, the date of his death. There are no vitals noted between 0717 and the time he was discovered unresponsive at 2:45 pm (MMLP 187-191).

The hospitalist in charge of Eryon's care at the time of his death testified that she did not know if there were policies or procedures at the hospital that would trigger a rapid response team (Dr. Hoge at 166) and did not know if a low oxygen sat would trigger a rapid response team. (Dr. Hoge at 166). Nor was she aware of machine monitoring (pulse oximetry or capnography) policies at the hospital (Dr. Hoge at 294). Of further note, at the time of Eryon's death, Dr. Hoge was not aware, and over 5 years after Eryon's death is not now aware, of any policies and procedures at the hospital concerning the administration of opioids. Nor is she aware of any changes at the hospital regarding opiate administration since Eryon's death. (Dr. Hoge at 292). She was and is also not aware of any hospital policies and procedures regarding machine monitoring of patients on opioids for pain, (Dr. Hoge at 293), and she does not know if there has been a change

in machine monitoring since Eryon's death. (Dr. Hoge at 294). During Eryon's final hospitalization (July 2-4, 2015), Dr. Hoge testified that no diagnostic equipment was used on Eryon to check his respiratory rate, and that instead, "I [Dr. Hoge] would use my diagnostic brain." (Dr. Hoge at 336). Dr. Donahue was present for the entirety of Dr. Hoge's deposition and she did not disagree with anything Dr. Hoge testified to. (Dr. Donahue at 7).

Dilaudid (hydromorphone), Valium (diazepam) and other sedating drugs (Zofran & Toradol) intravenous doses were administered as follows:

Table of Administration of Opioids, Sedatives, and Drugs with Sedating Qualities

July 2, 2015 (Eryon's Admission to Hospital)	July 3, 2015	July 4, 2015 (Eryon's Death)
1151: 4 mg Zofran (MMLP 21) 1151: 1 mg Dilaudid (MMLP 21) 1244: 1 mg Dilaudid (MMLP 21) 1323: 0.1 mg Fentanyl (MMLP 21) 1425: 4 mg Zofran (MMLP 49) 1500: 2 mg Dilaudid (MMLP 49) 1759: 3 mg Dilaudid (MMLP 50) 1931: 4 mg Zofran (MMLP 49) 1931: 4 mg Valium (MMLP 51) 2123: 2mg Dilaudid (MMLP 50) **Total** Zofran = 12 mg **Total** Valium = 4mg **Total** Dilaudid = 9mg **Total** Fentanyl = .1mg 0.8571428571428571 mg Dilaudid/hr	0005: 3 mg Dilaudid (MMLP 53) 0137: 4 mg Valium (MMLP 58) 0344: 2 mg Dilaudid (MMLP 53) 0443: 4 mg Zofran (MMLP 53) 0601: 3 mg Dilaudid (MMLP 54) 0839: 2 mg Dilaudid (MMLP 55) 0839: 4 mg Zofran (MMLP 53) 1114: 3 mg Dilaudid (MMLP 55) 1403: 2 mg Dilaudid (MMLP 56) 1403: 4mg Zofran (MMLP 53) 1730: 3 mg Dilaudid (MMLP 56) 2058: 3 mg Dilaudid (MMLP 57) 2351: 4 mg Valium (MMLP 58) **Total** Zofran= 12 mg **Total** Valium = 8mg **Total** Dilaudid = 21 mg 0.875 mg Dilaudid/hr	0035: 30 mg Toradol (MMLP 62) 0100: 3 mg Dilaudid (MMLP 60) 0307: 3 mg Dilaudid (MMLP 60) 0525: 3 mg Dilaudid (MMLP 61) 0737: 30 mg Toradol (MMLP 62) 0738: 2 mg Dilaudid (MMLP 61) **Total** Dilaudid D= 11 mg **Total** Toradol = 60 mg 1.5714 mg Dilaudid/hr = 1.8 x the dose/hr of the prior two days **and** over three times the max label rate

Dilaudid dose (norm) is (per label) 0.2 to 1 mg every 2-3 hours
= 0.1 to 0.5 mg/hour (if the hospital is spotted the q2 hour norm)

Jessica Hoge, MD

EXHIBIT 52

CUMULATIVE TOTAL DILAUDID 41 MG (1151 7/2 – 0738 7/4 = 44 HOURS) = 0.9318181/hr

We have asked to see "wastage" and dispensing records, but have been advised that the Dilaudid wastage has not been produced and that the Omnicell dispensing records for Mr. Barnett's hospitalization have been destroyed.

OPINIONS

1. Eryon Barnett suffered a cardio-pulmonary arrest caused by the admitted "exorbitant" dosing (MMLP 27/ Dr. Donahue at 80) of Dilaudid combined with therapeutic levels of diazepam administered to him in an unmonitored setting. The pulmonary weights (edema) and cerebral edema are pathologic effects of hypoxia, indicating Mr. Barnett was oxygen deprived for a substantial period of time.

2. Eryon Barnett was an opiate-naïve patient and he was not a chronic opiate user. The 2011 FDA approved Dilaudid package insert recommends (naïve) opiate patients receive initial doses of 0.2 – 1mg IV. [iii]

3. 2-3mg Dilaudid every 2-3 hours is a very high ("exorbitant") dose, at very short intervals, predictably leading to accumulation of high Dilaudid blood levels, placing the patient at predictable risk for opiate induced respiratory depressant effects[iv] [v] [vi], which in Eryon Barnett led to a respiratory arrest due to the predictable effects of Dilaudid. The prescribing information recommends "Monitor patients closely for respiratory depression, especially within the first 24-72 hours of initiating therapy." Further, the prescribing information states a dosage of "0.2 – 1 mg every 2-3 hours." The actual dose of Dilaudid administered to Eryon Barnett was 0.85mg/hour on July 2, 0.875mg/ hour on July 3, and 1.57mg/hour on July 4, 60% above the recommended limit on July 2 and 3, and triple the recommended dose on July 4.

4. Barnett was administered high dose Dilaudid in a clinical setting of several circumstances that are described in the Warnings section of the Dilaudid FDA label:

    a. Combination with diazepam – increases respiratory depressant risk of Dilaudid;
    b. In a setting of pancreatitis – pain can be worsened as a result of the well-known increase in pressure (and thus spasms) of the Sphincter of Oddi;[vii] [viii]
    c. Administration of Dilaudid in an unmonitored (or inadequately monitored) setting.

5. Eryon Barnett's development of headache pain (noted at 1530 on 7/3 and increasing in severity at 2335 on 7/3 (MMLP 38)), which prompted the hospital's higher and

more frequent Dilaudid dosing, was not related to any pancreatic issues. The headache therefore was most likely analgesic induced headache, which is caused by neurotoxicity of metabolites of opiates/opioids, including hydromorphone.[ix] The recommendation is to select another analgesic, such as Toradol, which is not associated with such neurotoxic metabolites. Eryon's treating physicians (Hoge and Donahue) did not consider, recognize, or take corrective actions on this issue, which would have removed the dangerous ("exorbitant") Dilaudid dosing and predictable risks.[x]

6. Mr. Eryon Barnett was inadequately monitored for the toxic respiratory depressant effects of high dose Dilaudid. Based upon the "exorbitant" Dilaudid dosing and concomitant use of Valium, he should have had more frequent observation and recording of vital signs, supplemental oxygen, continuous pulse oximetry monitoring, and capnography. [xi] [xii] [xiii]

7. Occasional/episodic or intermittent pulse oximetry readings, even in the setting of supplemental oxygen, will not prevent hypoxia and respiratory depression and respiratory/cardiac arrest.[xiv]

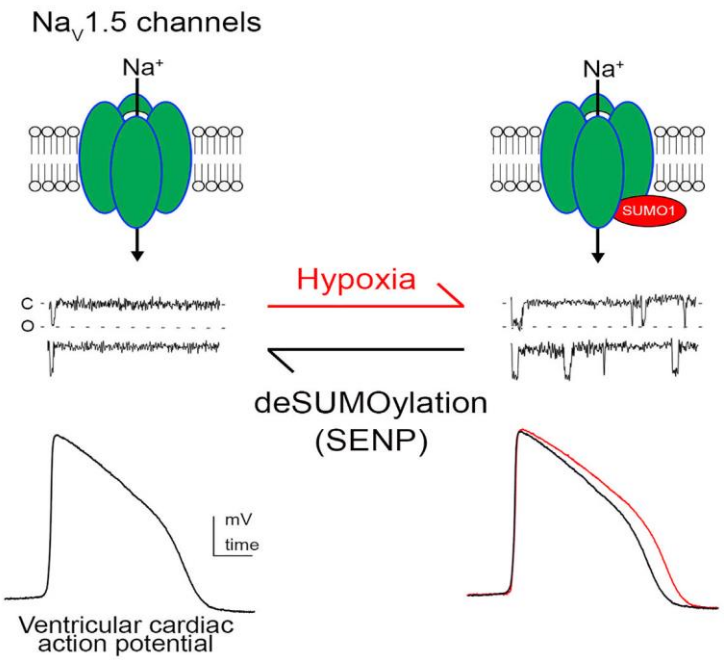
8. Hypoxia from respiratory depressive insult lasts for several hours through its own pathophysiological process, and the insult continues as long as sufficient (therapeutic) Dilaudid and Valium are present (and even beyond once the pathologic process begins) to cause the respiratory depressant effect. Respiratory depression is usually an insidious gradual building up process. Biochemical changes associated with drug induced (or any) hypoxia are described and referenced.[xv] [xvi] [xvii] Sub-critical levels of hypoxia would not prevent a patient (Eyron) from responding to verbal requests from a nurse and answering questions. Unless vitals were taken and pulse ox and capnography, the hypoxia would be (and was) unnoticed and thus undetected.

9. The Standard of Care for Pharmacists is to review each drug order for safety. The BDH pharmacist(s) who reviewed and entered the "exorbitant" Dilaudid doses departed from the standard of care of reasonable and prudent pharmacists in not contacting either hospitalist and advising against the high doses of Dilaudid. BDH pharmacy policy, Montana Board of Pharmacy Rules, and standards of Practice for the Profession of Pharmacy all describe the duty of the pharmacist to monitor for safe dosing.[xviii] [xix] [xx] [xxi]

10. The Montana Crime Lab toxicology reports document a hydromorphone level of 20.4ng/ml. Lab Supervisor Elizabeth Smalley testified that this report is a

‘qualitative’ report, not ‘quantitative’, despite the wording on the heading of the report “QUANT”. Based upon our extensive experience of reviewing toxicology reports and assessing accuracy of the data and procedures, this report appears to be quantitative, not qualitative. Upon closer examination of the laboratory chromatograms, standard curves, and notes, this opinion may be amended at a future time. Nevertheless, for purposes of this report, we are treating this as a ‘qualitative’ report. The Dilaudid blood levels would have been substantially higher for a prolonged period of time based upon the frequent and high dosing. (See the Dilaudid blood level kinetic graph below.) The hydromorphone levels would have been substantially higher than any level at death following the dose administration peaks and cumulative inter-dose levels for ~ 36 hours preceding the last dose of hydromorphone at 7:38am on July 4, 2015.

11. The autopsy lung weights and presence of cerebral edema are consistent with opiate induced respiratory depression[xxii] and indicate a prolonged period of hypoxia; during this period (and before), the Dilaudid level would be metabolized, thus lowering the blood level from its peak to the level found by the Crime Lab.



The longer the period of respiratory depression and ongoing hypoxia, with higher levels of carbon dioxide, the more the biochemical milieu becomes pathologic, and the greater the arrhythmia risk.[xxiii] This figure demonstrates the arrythmia associated with hypoxia.

Hypoxia Causes Arrythmia

Evidence of this ongoing process is the (heavy) elevated lung weights – caused by pulmonary edema caused by hypoxia, and cerebral edema caused by hypoxia. These edema phenomena are not spontaneous, they require time to develop.

12. Eryon Barnett received 3 doses of Valium (4mg), which, with a very long half-life ($T^{½}$ = 43 +/- 13 hours[xxiv]), would have added to the respiratory depressant and risk of Dilaudid. The FDA prescribing information states:

    > Profound sedation, respiratory depression, coma, and death may result from the concomitant use of Dilaudid injection with benzodiazepines or other CNS depressants (e.g., non-benzodiazepine, sedatives/hypnotics, anxiolytics, tranquilizers, muscle relaxants, general anesthetics, antipsychotics, other opioids, alcohol). Because of these risks, reserve concomitant prescribing of these drugs for use in patients for whom alternative treatment options are inadequate.

13. Eryon Barnett should have been placed in a "monitored setting", including cardiovascular and respiratory monitors (continuous pulse oximeters), and capnography, given the very high and risky dose of Dilaudid and use of Valium he was subjected to. Instead, the hospital provided only occasional nursing assessments with gaps as great as four hours or more.

14. Dilaudid 3mg every 2 hours exceeds the FDA approved manufacturer's package insert dosing recommendation for Dilaudid.[xxv]

15. The hospital pharmacist and nurses should have recognized this high dose and thus the high probability of injury to the patient and consulted with the attending physician about protective and increased clinical monitoring to detect and prevent the patient from serious Dilaudid and Valium toxicity and tragic morbidity and mortality.[xxvi] [xxvii] [xxviii]

16. Omnicell (ADC) and Controlled Substance dispensing and audit records, while not part of the hospital 'chart', nonetheless are business records that are part of the hospital computer files for each patient. Indeed, the Controlled Substances Act (CSA) requires that Controlled Substance records be maintained for at least 2 years.[xxix]

17. A pharmacokinetic analysis plotting the calculated Dilaudid levels demonstrate the Dilaudid levels. Thus, the level (peak) following the last administration of Dilaudid at 0738, considering the previous Dilaudid administrations and potential accumulation, would have been substantially higher than any extrapolated at the time of death.

I. Model for predicting Hydromorphone and Diazepam Concentrations

Assumptions: All doses were IV. Crime Lab toxicology blood Dilaudid level was the same as concentration at time of death. Although Eryon was dead for some time before he was discovered, we used the time of death as 1445 on 7/4, the time the records show the decedent was found unresponsive (14:45 military time, 7/4/2015), not prior to when he was found. First order elimination kinetics were assumed for hydromorphone and diazepam.

Table of Pharmacokinetic Parameters (from Goodman & Gilman, *the Pharmacological Basis of Therapeutics*. 12th Ed.) V_d = volume of distribution T ½ = half-life

DIAZEPAM

	AVERAGE		LOWER BOUND (high Vd, low t1/2)	UPPER BOUND (low Vd, high t1/2)
V_d:	1.1	(+/- 0.3 L/kg)	1.4	0.8
$t^{1/2}$:	43	(+/- 13 hr)	30	56

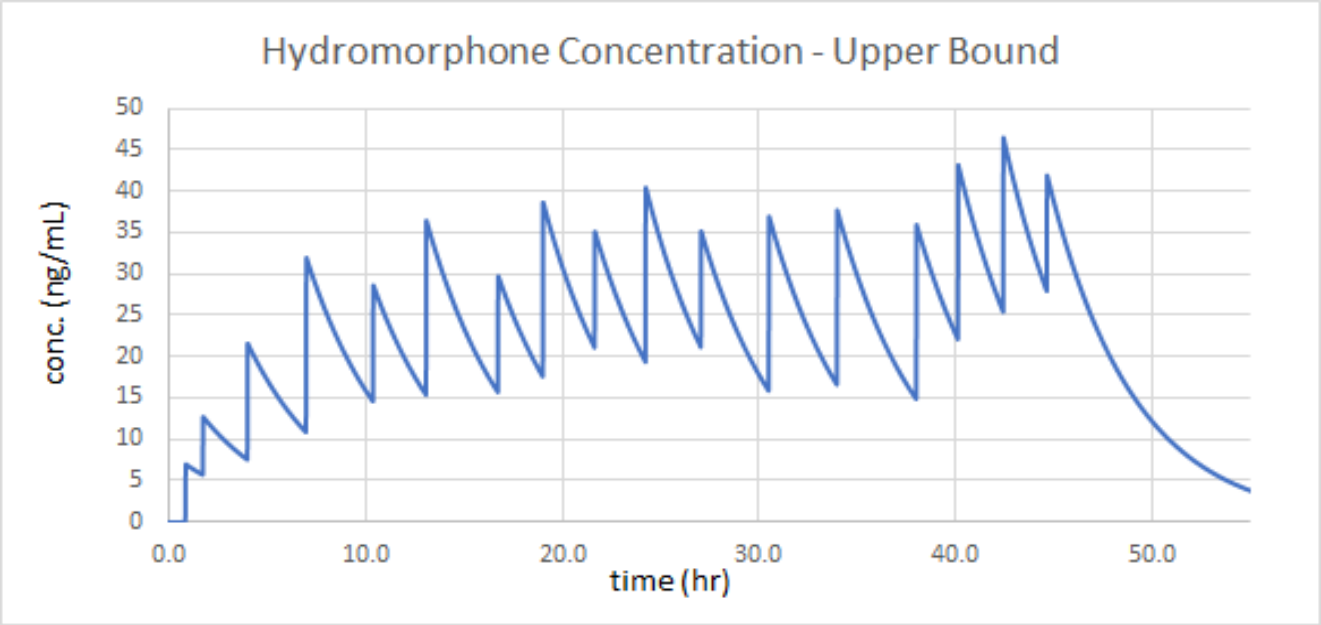
HYDROMORPHONE[xxx]

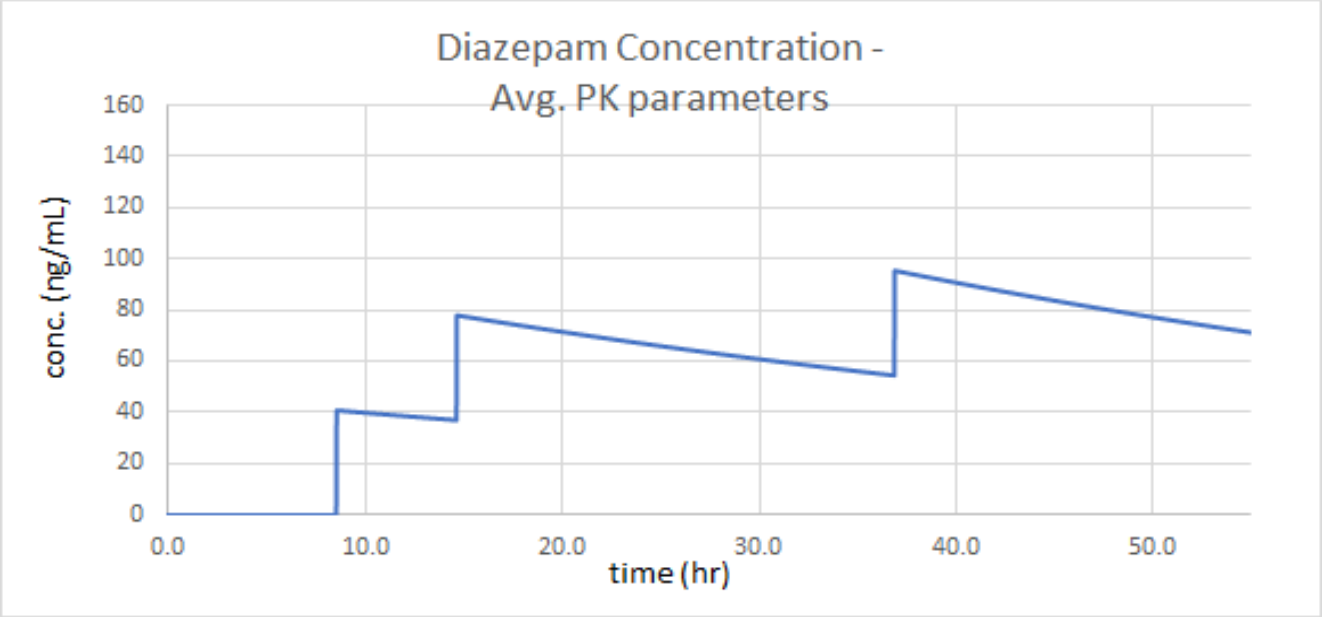
			LOWER BOUND (high Vd, low t1/2)	UPPER BOUND (low Vd, high t1/2)
V_d:	2.9	(+/- 1.31 L/kg)	4.21	1.59
$t1^{/2}$:	2.4	(+/- 0.6 hr)	1.8	3

II. Prediction of Concentration Based on Dosing Regimen

Concentrations of hydromorphone or diazepam were predicted based on dosing regimen and average pk parameters. Lower and upper bounds for concentration curves are also predicted using the high or low end of the range listed in G&G for that parameter. A lower bound concentration was calculated using high V_d and low $t^{1/2}$, whereas the upper bound was calculated using low V_d and high $t^{1/2}$. "Upper bound" pharmacokinetics were

selected for the plotting of Dilaudid levels as these are the best fit for the data. Average pharmacokinetic parameters are selected for Diazepam (Valium), as no 'quantitative' levels were reported by the Crime Lab.





SUMMARY AND CONCLUSION

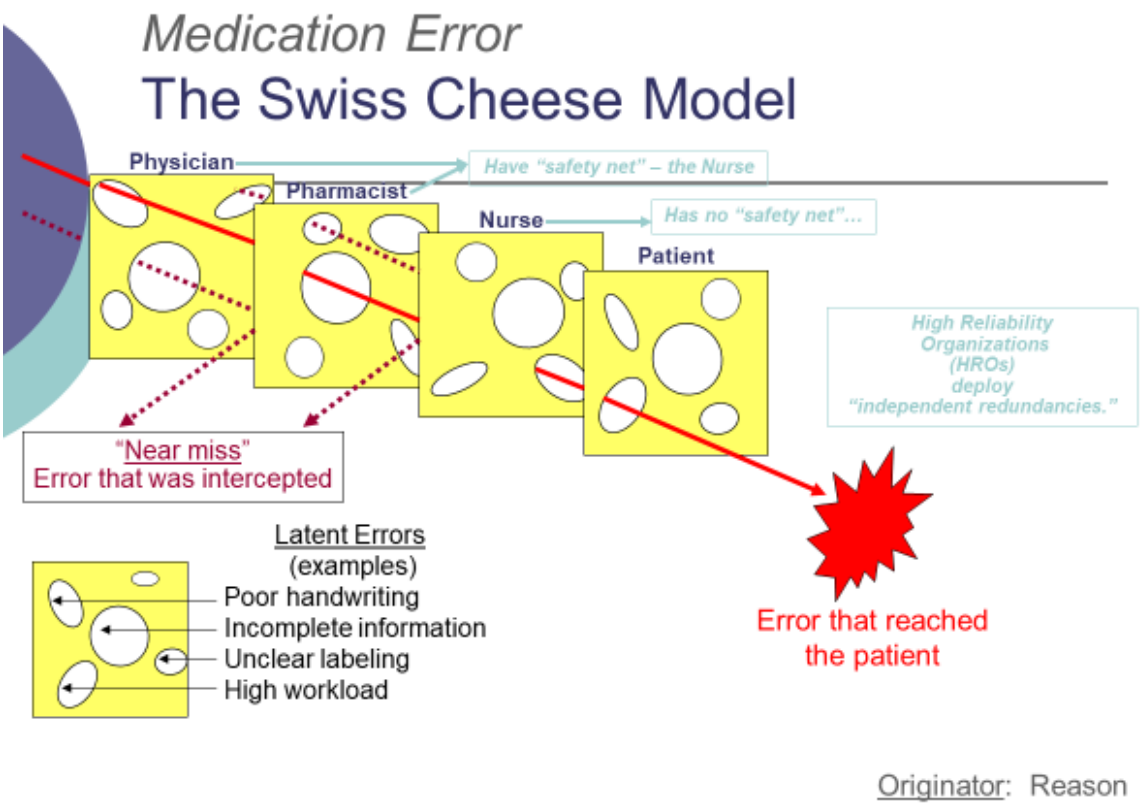
Eryon Barnett died from multiple drug intoxication (Dilaudid and Valium). He received excessive and too frequent Dilaudid doses while deliberately and inadequately monitored in a hospital with no opioid monitoring program. If the high dose was necessary for controlling his pain, he should have been more closely monitored to detect respiratory depression, including continuous pulse oximetry and capnography. Had a respiratory alert been alarmed, adequate and timely resuscitative efforts, including Narcan, would most likely have reversed his opiate toxicity. With proper care, reasonable dosing, and proper monitoring, his death would have been avoided. Unmonitored, he succumbed to opiate toxicity. The opioid (Dilaudid) toxicity was accelerated/worsened by the simultaneous Valium effects, which is notorious for enhancing the respiratory depression risk of opiates.

This death was a preventable tragedy. Eryon's attending Physicians, the hospitalists Jessica Hoge MD and Sarah Donahue MD knew that Eryon was receiving "exorbitant" amounts of Dilaudid yet consciously changed nothing in response to that knowledge, and indeed have testified that looking back, they would have done nothing different. At the same time, they were unaware of opioid, pulse oximetry or capnography policies (Hoge), and BDH did not provide such policies. Thus, they do not exist. It is known, however, that continuous pulse oximetry and capnography were available and used at BDH when Mr. Barnett died. Continuous pulse oximetry was indeed ordered for Eryon during a previous BDH hospitalization (MMLP 537; 8/14/14). Physicians were aware of the high dose; nurses did not contact physicians with an alarming and ominous 80% pulse oximetry. This was a Sentinel Event, yet the hospital denies having a Sentinel event policy. (BDH Resp. to RFP 3-17 "Bozeman Health does not have a policy pertaining to "sentinel events."…Bozeman Health does not have a policy on clinical monitoring of patients on opiates.").

Dilaudid (and parenteral opiates) are dangerous[xxxi] HIGH ALERT drugs (per The Joint Commission (TJC) and the Institute for Safe Medication Practices (ISMP))[xxxii], yet BDH failed to classify them as such (only 'pump administered'). The cited literature and references abound with warnings about high dose Dilaudid, but 'exorbitant' doses of Dilaudid were prescribed and administered, and the cause of Eryon's new pain could indeed have been caused by the high dose Dilaudid (analgesic headache / sphincter spasms). Eryon's exorbitant Dilaudid dose risk was exacerbated by a concomitant exposure to Valium (diazepam), which enhances the respiratory depressant effect of Dilaudid, admitted by Drs. Hoge and Donahue, and was a dangerous risk that was

specifically warned about and known in 2015. Indeed, the combination Warning is subject to a **Black Box Warning.** Well publicized safety policies for safe opiate administration were absent or ignored. BDH pharmacists had a duty to review each order for safety, yet no safety alerts were directed toward the physicians directing Eryon's care.

BDH's safety video (2011 "Safety Starts With Me") espouses a culture of safety, a 'swiss cheese model' of several actions to prevent error, to follow rules, to keep the safety of the patient paramount. Policies and procedures are rules that are to be followed; they are rules, they are not discretionary. Those rules, policies and procedures are critical because there are many circumstances that present a high probability of injury to a patient. But these stated practices, policies and procedures that BDH extols in its safety video were mere lip service in Eryon's tragic deadly care, where the hospital and its employee doctors and nurses acted with indifference to the high probability of injury and death that their actions created. Prescribers ignored taking necessary safety steps, even though they knew Eryon was facing a high-risk situation. Nurses and pharmacists did not question the dosing or recommend additional safety precautions. BDH did not establish and enforce well documented, required (TJC), and available safety policies and procedures.

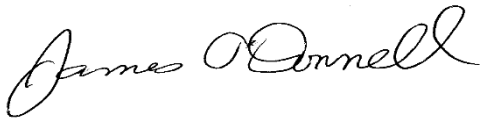


The combination of repeated safety rule omissions and violations while willfully ignoring warnings and signs of toxicity in a relatively short hospitalization demonstrates a blatant disregard for Eryon's safety that placed him at a predictably high risk that indeed resulted in this death. As stated earlier, this drug induced death was avoidable had the physicians, nurses, pharmacists and the hospital adopted, enforced and embraced extant or available safety policies, procedures and precautions. Given all the knowledge (training, admission, literature, regulation, policies), the failure to provide Eryon with safety protections was a conscious, deliberate disregard for his safety, and, in my opinion, reckless behavior. To subject Eryon to high risk treatment without appropriate protections exposed him to a 'high probability of injury'.

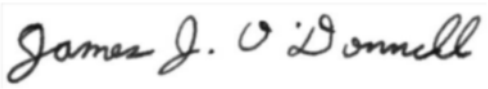
In this case, all the players allowed the holes in the "swiss cheese model" to line up to deliberately and predictably cause serious harm and the preventable and avoidable death of Eryon Barnett.[xxxiii] If called as an expert witness at trial, either of us would so testify.

We reserve the right to amend or supplement my opinions based upon new information provided.

Very truly yours,



James T. O'Donnell PharmD MS FCP ABCP FACN RPh



James J. O'Donnell III MS PhD

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[i] O'Donnell JT and O'Donnell JJ. Alcohol. In O'Donnell's Drug Injury, Fourth Edition. L&J Publ., Tucson, 2016.
[ii] Duberstein JL and Kaufman DM. A Clinical Study of an Epidemic of Heroin Intoxication and Heroin-Induced Pulmonary Edema. *American Journal of Medicine.* Vol 51, December 1971.
[iii] Exhibit 56. Dilaudid 2011 FDA Label.
[iv] Marcus H. Dilaudid-Related Morbidity and Mortality from Respiratory Depression. The Doctor's Company TDC Group. https://www.thedoctors.com/articles/dilaudid-related-morbidity-and-mortality-from-respiratory-depression/
[v] Wallage HR and Palmentier J-PFP. Hydromorphone =-Related Fatalities in Ontario. J Anal. Tox. Vol. 30, April 2006.
[vi] Herzig SJ, Rothberg MB, Cheung M, Ngo LH, and Marcantonio ER. Opioid Utilization and Opioid-Related Adverse Events in Nonsurgical Patients in US Hospitals. *J Hosp Med*. Vol 9, No. 2; February 2014.
[vii] Helm JF, Venu RP, Geenen JE, Hogan WJ, Dodds WJ et al. Effects of morphine on the human sphincter of Oddi. *Gut*, 988, 1402-1407.
[viii] Singh VP. High on Drugs: Lessons from Opiates in Pancreatitis. Sarr MG. April 2018 Vol 67 No 4
[ix] Johnson JL, Hutchinson MR, Williams DB, and Rolan P. Medication-overuse headache and opioid induced hyperalgesia: A review of mechanisms, a neuroimmune hypothesis and a novel approach to treatment. Cephalagia. 2013 Jan;33(1):52-64.
[x] Paulozzi LJ, Budnitz DS, Xi Y. Increasing deaths from opioid analgesics in the United States. *Pharmacoepidemiology and Drug Safety* 2006; 15: 618–627

[xi] Pasero C and McCaffery M. Pain Control: Monitoring Sedation. It's the key to preventing opioid-induced respiratory depression. AJN Feb 2002 Vol 102, No. 2: 67 – 69.
[xii] https://www.myamericannurse.com/case-capnography-patients-receiving-opioids/
[xiii] https://www.capnography.com/capnography-introduction/why-capnography
[xiv] Pandya NK and Sharm S. Capnography and Pulse Oximetry. StatPearls – NCBI Bookshelf / National Institutes of Health. https://www.ncbi.nlm.nih.gov/books/NBK539754/
[xv] https://www.sciencedaily.com/releases/2020/02/200218152310.htm.
[xvi] Sarkar M. Niranjan N and Banyal PK. Mechanisms of Hypoxemia. *Lung India*. 2017 Jan-Feb;341(1): 47 – 60.
[xvii] Macdonald WA and Hool LC. The Effect of Acute Hypoxia on Excitability in the Heart and the L-Type Calcium Channel as a Therapeutic Target. Current Drug Discovery Technologies, 2008, 5, 302-311.
[xviii] Kalman SHZ and Schlegel JF. Standards of Practice for the Profession of Pharmacy. *American Pharmacy.* NS19, No. 3: Mar.1979/133.
[xix] O'Donnell JT and Vogenberg FR. Use of Regulations, Laws, Standards, and Best Practices when Prosecuting and Defending Hospitals in Drug Injury Lawsuits. *P & T* (Pharmacy and Therapeutics). Vol 43, No. 2: December 2018. 747/741.
[xx] Montana Board of Pharmacy Rules. 24.174.1104; 24.174.902. *mtrules.org*.
[xxi] O'Donnell JT. Standards of Practice for the Profession of Pharmacy. J Pharm Prac. Vol 1, No. 1, August, 1988.
[xxii] Duberstein JL and Kaufman DM. A Clinical Study of an Epidemic of Heroin Intoxication and Heroin-Induced Pulmonary Edema. *American Journal of Medicine.* Vol 51, December 1971.
[xxiii] Plant LD, Xiong D, Romero J, Dai H, and Goldstein SAN. Hypoxia Produces Pro-arrhythmic Late Sodium Current in Cardiac Myocytes by SUMOylation of NaV1.5 Channels. *Cell Reports* 30, 2225-2236, February 18, 2020. https:/doi.og/10.1016/j.celrep.2020.01.025.
[xxiv] Brunton, Chabner, Knollman, eds. "Goodman and Gilman's, The Pharmacological Basis of Therapeutics, 12th ed. 2012, McGraw Hill, Ny.
[xxv] Dilaudid Prescribing Information. https://www.accessdata.fda.gov/drugsatfda_docs/label/2016/019891s024,019892s029lbl.pdf. Accessed 4/22/19.
[xxvi] Dy SM, Shore AD, Hicks RW and Morlock LL. Medication errors with opioids: Results from a National Reporting System. *J Opioid Manag*. Jul-Aug 2007;3(4):189-94. doi: 10.5055/jom.2007.0004.
[xxvii] Poirer RH, Brown CS, Baggenstos YT, Walden SG, Gann NY, et al. Am J Health-Syst Pharm. 2019;76: 17 – 25.
[xxviii] Lowe A, Hamilton M, Greenall J, Ma J, Dhalla I, Persaud N. Fatal overdoses involving hydromorphone and morphine among inpatients: a case series. *CMAJ OPEN*, 5(1); 2017.
[xxix] https://www.deadiversion.usdoj.gov/mtgs/pharm_train/conf_2016/april_2016/presentations_2016/gallagher_2.pdf#search=record,at page 10. Accessed 4/22/19.

[xxxii] Anonymous. Top 10 Drugs Reported as Causing Harm through Medication Error. *ISMP Canada Safety Bulletin*. Vol 6, #1; February 24, 2006.
[xxxiii] Anonymous. Multiple Latent Failures Align to Allow a Serious Drug Interaction to Harm a Patient. *ISMP.ORG*. May 5, 2011

JAMES THOMAS O'DONNELL
117 S. Cook Street, #353, Barrington, IL 60010
847-304-0333 Fax: 847-304-4440
jim@pharmaconsultantinc.com
www.pharmaconsultantinc.com

PRACTICE

Private Consultant in Pharmacology, Pharmacy, Nutrition, and Toxicology to Health Care, Education, Publishing, Industry, Government and Law.

EXPERIENCE

Rush University Medical Center

Rush Medical College

Associate Professor (Pharmacology)

Department of Cell & Molecular Medicine (2004 – Present)

Course Director - Medical Pharmacology (2009 – 2015)

Rush University

Member of the Graduate College

Member – Institutional Review Board

Assistant Director of Pharmacy (October, 1976 - January, 1988)

Cook County Hospital, Chicago

Assistant Director of Pharmacy (1971-1976)

BOARDS

Diplomate - American Board of Clinical Pharmacology

Certificate #92133

September, 1992

www.abcp.net

Diplomate - Board of Nutrition Specialists

Certified Nutrition Specialist

Certificate #00326

1994 – 2010; Emeritus 2010 - present

FELLOW

American College of Clinical Pharmacology, 2002

American College of Nutrition, 2004

EDUCATION

GRADUATE

Rush University, Chicago, IL

Master of Science, Clinical Nutrition — August, 1982

University of Michigan, Ann Arbor, MI

Doctor of Pharmacy (Pharm.D.) — August, 1971

UNDERGRADUATE

University of Illinois College of Pharmacy

Bachelor of Science in Pharmacy — June, 1969

ADVANCED TRAINING

Residency in Hospital Pharmacy, University of Illinois Research Hospitals.
July, 1969-August, 1970.

PROFESSIONAL ORGANIZATIONS

American College of Clinical Pharmacology

American Academy of Clinical Toxicology

American College of Nutrition

American Society of Pharmacy Law

LICENSURE

Registered Pharmacist - Illinois (51 27990)

FACULTY AND TEACHING EXPERIENCE

Rush University Medical Center / Rush Medical College, Chicago, IL

Instructor in Pharmacology	1979
Assistant Professor of Pharmacology	1983
Associate Professor of Pharmacology	2004
Facilitator Alternative Curriculum	1985-1999
Course Director - Medical Pharmacology	2009–2015

University of Illinois College of Medicine Rockford, Il

Lecturer, Department of Medicine	2000 – 2014

Roosevelt University College of Pharmacy, Schaumburg, IL

Adjunct Faculty - Pharmacology	2018 - 2019

American College of Clinical Pharmacology

Chicago Medical School Intensive Board Review Course	1993
Intensive Board Review Course	1994
Clinical Pharmacology, private tutorials	1995

Meharry Medical College Department of Clinical Pharmacology, Nashville, TN

Visiting Professor	1994

John Marshall Law School, Chicago, IL

Food and Drug Law Guest Lecturer	1988-1995, 1998

University of Illinois College of Pharmacy

Clinical Instructor	1974-1976
Guest Lecturer	1988-1990
Clinical Associate Professor	2007–2014

Purdue University

Co-Preceptor, Graduate Residency Program	1972-1974

Mercer University, College of Pharmacy

Guest Lecturer, Drug Misadventures Course	1998-2002

Rush Presbyterian St. Luke's Medical Center

Coordinator, Pharmacy Residency 1977-82, 1985-86

Oakton Community College, Morton Grove, IL

Course Director-Pharmacology for Nurses 1976-1984

Northern Illinois University - Department of Home Economics

Course Director Graduate Level Extension Faculty Pharmacology and Nutrition 1981,1984

Northwest Community Hospital, Arlington Heights, IL

Adjunct Faculty-Nursing Pharmacology 1976-1984

Chicago Board of Health

Pharmacology Update Course Director 1983-1984

Arc Ventures, Chicago, IL

Medical Board Review Course, Lecturer in Pharmacology 1989

Rosalind Franklin University

Basic Pharmacology for Physical Therapists, 8 hours 2014, 2015

APPOINTMENTS

Consultant / President 1977 - present

Pharmaconsultant, Inc.

(Formerly Associated Pharmacist Consultants 1977-1994)

Consulting firm serving government, industry, educational and health care institutions, publishers, professionals, attorneys and individuals in areas of pharmacology, pharmacy practice, and nutrition.

Pharmacist / Pharmacologist 2007 - 2010

The Sullivan Group, Oak Brook Terrace, IL

Risk Management, Consulting and Education.

Pharmacologist 1977 - 2005

Illinois Department of Public Health, Generic Drug Technical Advisory Council.

Evaluate generic equivalency for submissions to Illinois Drug Substitution Formulary.

Pharmacist Consultant March 2006

Martin Avenue Pharmacy, Naperville.

Consultant 2002 – 2006, 2011

Alva-Amco Pharmacal Companies, Inc. Niles, IL

Pharmacist Consultant 2003 - 2005

Damer & Cartwright Pharmacy, Chicago.

Pharmacist / Staff 1988 – 2010

Staff Pharmacist provided by staffing agencies for pharmacies throughout Illinois; Medical Staffing Network, CoverageRx, Advocate Rx, Pharmaid

APPOINTMENTS

Home Care Pharmacist 2003 - 2004

Loyola Home Care Pharmacy. Hickory Hills, IL

Consultant 1995 - 2010

Institute for Safe Medication Practices (ISMP). Warminster, PA.

Consultant 1978 - 1990

Patient Prescription Information. *Call Our Pharmacist*, Bensenville, IL

Proprietary Drug Information Company providing commercial drug information to the public, law enforcement, Poison Control Centers.

Senior Scientist 1986 - 1996

Triodyne Engineering, Niles, IL

Forensic Pharmacology, Pharmaceuticals, and Drug Testing

Surveyor 1990 - 1991

Quality Healthcare Resources (subsidiary of Joint Commission on Accreditation of Health Care Organizations) Oakbrook Terrace, Il.).

Pre-survey consultations in Home Care Clinical Pharmacy Services.

Consultant 1990 - 1991

Pharmacy Management Systems. St. Louis, MO.

Drug Utilization Review.

Consultant Pharmacologist 1987

Merrell Dow Pharmaceuticals

Marketing, Education, and Public Aid Formulary Issues.

APPOINTMENTS

Pharmacologist 1984- 1986

United Mine Workers of America, District 12.

Assess effects of drugs on mine workers.

Director 1983 - 1984

Chicago Center for Clinical Studies, Inc (subsidiary of Pharmakinetic Labs).

Established and directed activities in a contract ambulatory clinical pharmacology research center.

Consultant.

Medipak, Inc. (Winchester, VA.) 1991-2006

Product development, Marketing, Advertising, Regulatory Affairs, Testing

Member 1983 -1984

Committee on Pharmacology Education. City of Chicago, Department of Health

Evaluation of minimum didactic and clinical pharmacology requirements for nurses.

Committee on Opiates in Surgery. American College of Surgery 2017

Consultant 1982-1983

Carstens Health Industries, Chicago, IL.

Forms and Drug System Development.

Consultant 1979- 1984

LyphoMed, Inc., Melrose Park IL

Technical Consultations in prescription drug development, marketing, packaging, labeling, adverse reaction evaluations, and scientific information support.

APPOINTMENTS

Consultant 1985- 1989

Quad Pharmaceuticals, Indianapolis, IN.

Technical Consultations in prescription drug development, marketing, packaging, labeling, adverse reaction evaluations, and scientific information support.

Advisor 1985, 1986

Quality Assurance Panel, Upjohn Home Health Care. Chicago, IL

Consultant

Evangelical Services Corporation, Intertech Pharmacy Services. 1984- 1990

Professional Relations, Marketing, Clinical Consulting, Home Care, Long Term Care.

Member

American Pharmacists Association. Standards of Practice Committee. 1988- 1990

Consultant 1987, 1992

Drug Enforcement Agency (DEA). United States Attorney, Northern District, IL. Pharmacology and Drug Prescribing

Consultant 1989- 1990

Pharmaceutical Card System (PCS) Drug Utilization Review Protocol Development.

Consultant 1991, 1996, 2009

McHenry County (IL) States Attorney

Pharmacology and Drug Testing

Consultant 1993

Village of Gurnee, IL Prosecutor.

Pharmacology and Alcohol Toxicology.

APPOINTMENTS

Consultant 1989, 1990

DuPage County (IL) States Attorney Office.

Pharmacology and Drug Testing

Consultant 1987, 1988, 2011

Cook County (IL) States Attorney Office.

Pharmacology and Drug Testing

Consultant 1987

Chicago Police Department, Drug Diversion Unit.

Pharmacology and Drug Prescribing

Consultant 1985, 1990

Chicago Transit Workers Amalgamated Engineers & Maintenance Workers Union

Pharmacology and Drug Testing

Consultant 1987

Doretti Pharmacies, Mt. Prospect, IL

Long Term Care Facilities and Planning

Consultant 1984 - 1987

Peiser's Inc., Hillside, IL

Professional, Clinical and Marketing Affairs for HiTech Home Care Supplier.

Consultant 1987 -1988

Dermalab, Bensenville, IL.

Pharmacology, Regulatory Affairs, and Marketing.

Consultant 1985, 1987

Becton Dickinson, Fairfield, New Jersey.

Clinical Research and Testing, Drug Delivery Devices. Professional Education.

APPOINTMENTS

Consultant 1985, 1986

C.R. Bard.

Marketing and Product Development, Drug Delivery Devices.

Consultant 1986, 1988, 1993

Illinois Attorney General (Chicago).

Prescription Fraud. Alcohol Toxicology.

Consultant 1986 - 1988

Baxter Labs , American Edwards Division.

Clinical Research

Consultant 1976 - 1979

Illinois Department of Mental Health

Survey pharmacy services state mental health facilities.

Consultant 1976, 1980, 1995, 1996, 2017

Illinois Department of Professional Regulation.

Consultant and Expert Witness for State in Controlled Substance Prescribing and Dispensing, Medical and Pharmacy Disciplinary Cases.

MEMBER

American College of Surgeons, Opioid Task Force 2017 - present

EDITORIAL AND PUBLISHING

Editor in Chief / Founding Editor 1987 - 2000

Journal of Pharmacy Practice.

Contributing Editor 2002 - 2006

Pharmacy Practice News. McMahon Publishing Group, New York

Author of monthly column analyzing pharmacist errors resulting in litigation.

Consulting Editor 2000 - 2002

Technomic Publishing, Lancaster, PA.

Identify, recruit, and review book manuscripts in the area of Pharmacotherapy and Pharmacy Practice.

Contributing Editor 1994 - 1995

Nursing Drug Alert. Critical Care.

Articles on how to identify and avoid adverse drug reactions. Directed towards critical care nurses.

Editorial Board 1993 -1995

Journal of Clinical Pharmacology. JB Lippincott Co.

Editorial Board 1994 - 2015

American Journal of Therapeutics.

Editorial Board 2004 - 2005

Hospital Pharmacy Regulation Report, HcPro. Marblehead, MA.

Editor 1985 - 1990

Infusion (Adverse Reactions Column). Shugar Publications, New York NY

Editor 1987 - 1990

Illinois Council of Hospital Pharmacists.

Keep Posted Newsletter.

EDITORIAL AND PUBLISHING

Editor 1980 - 1984

Lyphomed Nutritional Newsletter.

Editor 1983 - 1985

Perspectives in Pharmacy. MacMillan Professional Journals. Chicago, IL.

Editorial Board 1988, 1993

Medical Malpractice Verdicts, Settlements and Experts. Nashville, TN.

Contributing Editor 1989 - 2002

Drug Topics Suppl (Hospital Pharmacist Report). Medical Economics.

Referee 1989

The Annals of Pharmacotherapy

Referee 2004

Neuroscience

Referee 1987, 1990

Hospital Drug Therapy Journal: The Journal for Pharmacy and Therapeutics Members.

Referee and Contributing Editor 1992

Hospital Pharmacy, Lippincott.

Referee 2007

American Journal of Psychiatry

Special Contributor 1988- 1990

American Medical Association, *Drug Evaluations*.

AWARDS

American Society of Pharmacy Law March, 2001
Larry Simonsmeier DuPont Legal Writing Award

"The NABP Produces Mixed Results: A Legal and Clinical Analysis Concerning The Recent NABP Model Act And Rules Initiative Towards Pharmacy Technicians." American Pharmacists Association Annual Meeting.

PUBLICATIONS

1. O'Donnell JT. Standardized Total Parenteral Nutrition Formula. I.V.Topics *Infusion* 1:1 September,1976.
2. O'Donnell JT, Roberts LW, and Stinebaugh E Pharmacy Based Special Infant Formula Service. *American Journal of Hospital Pharmacy* 33:1018-1020 (Oct,1976).
3. O'Donnell JT, Roberts LW, and Stinebaugh E. Pharmacy Assisted Skin Bank Program. *American Journal of Hospital Pharmacy* 34:1353-1354, (Dec) 1977.
4. O'Donnell JT. Increasing the Awareness of the Consultant Pharmacist to the Use of Therapeutic Nutritional Products. *Contemporary Writing in Long Term Pharmacy.* 1:1, 78-85, (Oct) 1978. American Society of Consultant Pharmacists, Alexandria, VA.
5. Muno F and O'Donnell JT. Patient Prescription Information. Consultant/Author/Editor. Chicago, IL 1978.
6. Ebersman DS and O'Donnell JT. Essential Trace Elements. *Lyphomed Nutritional Newsletter*. Vol. l No. l, Chicago, IL. November, 1980.
7. O'Donnell JT. Total Parenteral Nutrition and the Pharmacist. *Illinois Journal of Pharmacy* Vol. 42 No. 3,27-32 (March,1980).
8. Ebersman DS and O'Donnell JT. Drug Regulatory Issues and Their Effect on Parenteral Vitamin Marketing. *Lyphomed Nutritional Newsletter.* Vol. l No. 2, Chicago, IL. (Feb) 1981.
9. O'Donnell JT. Drug Regulatory Issues and Their Effect on Parenteral Vitamin Marketing. *Illinois Journal of Pharmacy* Vol. 43 No. 5, (May, 1981).
10. Ebersman DS and O'Donnell JT. Significant Drug Nutrient Interactions. *Lyphomed Nutritional Newsletter.* Vol.1 No. 3, Chicago, IL. May,1981.
11. O'Donnell JT. Drug Regulatory Issues and Their Effect on Parenteral Vitamin Marketing *Infusion*. Vol. 5 No. 3, (May) 1981.
12. O'Donnell JT. Intravenous Potassium Administration and Therapeutic Guidelines. *Infusion*. Vol. 5 No. 4, p.89 (July-August) 1981.
13. O'Donnell JT. Continuing Controversy on Intravenous Diazepam and Phenytoin Administration. *Infusion.* Vol. 5 No. 5, p.122 (Sept/Oct) 1981.
14. O'Donnell JT. Vitamin K Intravenous Administration, Indications, Adverse Reactions, and Contraindications. *Infusion*. Vol. 5 No. 6,154-155, (Nov/Dec) 1981.
15. O'Donnell JT and Ebersman DS. Standardized Parenteral Nutrition Solutions. *Lyphomed Nutritional Newsletter.* Vol. 2 No. l, Chicago, IL. Winter, 1981.
16. O'Donnell JT. Significant Drug Nutrient Interactions for the Pharmacist. *Illinois Journal of Pharmacy* Vol. 44 No.2,10-11, (Feb)1982.
17. O'Donnell JT. Intravenous Insulin in the Diabetic Surgical Patient. *Infusion*. Vol. 6 No. 2, p. 48-50, March/ April,1982.

18. Ebersman DS and O'Donnell JT. Selenium. *Lyphomed Nutritional Newsletter* Vol. 2 No. 3, Chicago Summer,1982.
19. O'Donnell JT and Millman L. Effect of Light on Vitamin Stability in IV Solutions. *Lyphomed Nutritional Newsletter* Vol. 2 No. 4, Chicago, Fall,1982
20. O'Donnell JT. Light Sensitivity of Intravenous Drug*s. Infusion*. Vol. 6 No. 5, p.155-156, Sept/Oct,1982.
21. O'Donnell JT and Ebersman DS. Molybdenum. *Lyphomed Nutritional Newsletter* Vol. 3 No.1, Chicago, December,1982. Antibiotic Prophylaxis in Surgical Infection. *Heart and Lung.* Vol.12 No.1. pp 20-22. Jan.1983.
22. O'Donnell JT. Selenium. *Gastroenterology*. March, 1983. (Letter to Editor).
23. O'Donnell JT and Ebersman DS. Selenium and Molybdenum. *Therapeutic Newsletter.* Rush Presbyterian-St. Luke's Medical Center, Chicago, IL. March, 1983.
24. O'Donnell JT and Ebersman DS. Selenium and Molybdenum. New Trace Elements for Intravenous Additive use. *Infusion.* Vol. 7 No. 2. Mar/Apr, 1983.
25. O'Donnell JT. Chymopapain: A New Therapeutic Agent. *Infusion*. Vol. 7 No.3, June/July,1983.
26. O'Donnell J and Millman L. Vasopressin-Intravenous Administration Guidelines. *Infusion.* Vol. 7 No.4, Aug/Sept,1983.
27. O'Donnell JT. Electrolytes in Parenteral Nutrition. *Lyphomed Nutritional Newsletter*. Vol.3 No.2, Summer,1983.
28. O'Donnell JT and Rothman J. Guidelines for Extravasation of Intravenous Drugs. *Infusion.* Vol. 7 No.4, Sept/Oct,1983.
29. O'Donnell JT. Selenium in Total Parenteral Nutrition: Clinical Experience in Two Medical Centers. Lyphomed Inc Chicago, December,1983.
30. O'Donnell JT. Intravascular Lidocaine-Proceed with Caution. *Infusion*. Vol.8 No. l, Jan/Feb,1984.
31. O'Donnell JT. Trace Elements, Past, Present and Future. *Lyphomed Nutritional Newsletter*. Vol.3 No.2, Spring,1984.
32. O'Donnell JT. Quality Assurance for Hospital Pharmacy Strategies and Techniques. *Legal Aspects of Medical Practices.* (Book Review) Vol.12 No.6, Pharmaceutical Communications Inc, Long Island City, NY June,1984.
33. O'Donnell JT. Pharmacy Malpractice: An Avoidable Hospital Cost. *Perspective in Pharmacy* Vol. l, No.2, MacMillan Professional Journals, Chicago, IL. (June) 1984.
34. O'Donnell JT. Toxicity and Allergenicity of Antimicrobial Preservatives in Parenteral Products. *Lyphomed Nutritional Newsletter*. Vol.4, No. l, Summer,1984.
35. O'Donnell JT. White Paper Users Evaluation of Mini-Infusion Devices. Associated Pharmacist Consultants, Inverness, IL.1984,1985.
36. O'Donnell JT. Lidocaine Use in Placing IV Cannula's, *Journal of The National Intravenous Therapy Association*. Vol. 8, No.1, 69-71. Jan/Feb 1985.
37. O'Donnell JT. In Support of Mandatory Continuing Education for Pharmacists. *Illinois Pharmacist* March, 1985. (letter).
38. O'Donnell JT. Controlling Costs Through Old and New Methods. Editorial. *Perspectives in Pharmacy*. Vol. 2, No. 2, Spring 1985, MacMillan Professional Journals, Chicago, IL.
39. O'Donnell JT. Drug Injuries Resulting in Malpractice Suits. *Malpractice Newsletter.* NY April 1985
40. O'Donnell JT. Introduction to Adverse Drug Reactions. *Infusion,* Vol. 9 July,1985 p.112-115.
41. O'Donnell JT. Monitoring and Reporting Adverse Drug Reactions. (Editorial) *Infusion*, Nov/Dec,1985.

42. O'Donnell JT. Toxicity and Deficiency of Micronutrients in a TPN Patient. *Lyphomed Nutritional Newsletter*, Vol. 5 Number 3,1985.
43. O'Donnell JT and Baumgartner T. Is Pharmacy Malpractice an Avoidable Cost? *Florida Journal of Hospital Pharmacy*, Vol.5, July, 1985, p. 35-59.
44. O'Donnell JT. Iron Toxicity, Treatment and a Case of Iatrogenic Poisoning. *Infusion*, Vol. 10, Number 1, Jan.1986.
45. O'Donnell JT. The Role of The Clinical Pharmacist in Risk Management. *Topics in Hospital Pharmacy Management,* Vol. 6 No.2, 37-45. Aug.1986.
46. O'Donnell JT. Medication Review Form for Assessing the Developmentally Disabled. *The Consultant Pharmacist* 1986, p. 86 (Letter).
47. Aminoglycoside Ototoxicity (editorial). *Infusion*, Vol. 10, No.3,1986. pp.52-57.
48. O'Donnell JT and Baumgartner T. Analysis of Hospital Pharmacy Pricing Methods in the 305 Area Code Region (Greater Miami). *Florida Journal of Hospital Pharmacy* 7(1):1-9, January,1987.
49. O'Donnell JT. The Toxicity and Allergenicity of Antimicrobial Preservatives in Parenteral Pharmaceuticals. *Infusion*, Vol. 101, No. 6,1987,100-104.
50. O'Donnell JT, Vohra S, Agarwaal P. Monoclonal Antibodies-Orthoclone OKT. *Infusion*. Vol. 11, No. 5,1987. pp. 77-79.
51. Protamine Adverse Reactions. *Infusion*, Vol. 11, No.1,1987,11-12.
52. O'Donnell JT. Introduction to Adverse Drug Reactions. *New Jersey Trial Lawyers Journal*, Fall,1987.
53. O'Donnell JT. The Role of the Clinical Pharmacist in Risk Management. *Florida Journal of Hospital Pharmacy*, 8(1):47-55, January,1988.
54. O'Donnell JT. Clinical Pharmacists Role in Risk Management. *New Jersey Trial Lawyers Journal*, April, 1988.
55. O'Donnell JT. History of Development of Standards of Practice for the Profession of Pharmacy. *Journal of Pharmacy Practice,* 1(1), August,1988.
56. O'Donnell JT. Status of Standards of Practice for the Profession of Pharmacy. *Journal of Pharmacy Practice*, 1(1). August,1988.
57. O'Donnell JT. Nutrition Fraud*. Journal of Pharmacy Practice*, 1(2), October,1988.
58. O'Donnell JT and Fry B. Drugs in Pregnancy and Lactation. *Journal of Pharmacy Practice,* 2(1), February,1989.
59. O'Donnell JT. Adverse Effects of Steroids. *Journal of Pharmacy Practice*. 2(4), August,1989.
60. O'Donnell JT. Court Backs Right to Refuse Psychotropics. *Drug Topics* (*Hospital Pharmacist Report*) (Sept Suppl), 21-22,1989.
61. O'Donnell JT. Motion Sickness drug use in delivery comes under fire. *Drug Topics* Suppl (*Hospital Pharmacy Report*). (Nov Suppl) 1989.
62. O'Donnell JT. Status of Standards of Practice in Pharmacy. *Safety Brief,* Vol 5. No 4. January 1990. Triodyne, Inc. Niles, IL.
63. O'Donnell JT. Injuries From Drugs. *AmJur 7, Proof of Facts* 3^{d} , 1-142./1990. (Chapter) Bancroft Whitney, San Francisco, CA.
64. O'Donnell JT. Can patients be forced to take mind-altering drugs. *Drug Topics* Suppl (*Hospital Pharmacy Report*). (May Suppl) 1990.
65. O'Donnell JT. Faulty Cardioplegia solution leads to $492,000 verdict. *Drug Topics* Suppl (*Hospital Pharmacy Report*). (Aug Suppl) 1990.
66. O'Donnell JT. Status of Standards of Practice in Pharmacy. *National Trial Lawyer* April 1990, pp 37-50.
67. O'Donnell JT. Magnesium Overdose Kills Pregnant R.Ph. Her Twins Saved. *Drug Topics* Suppl (*Hospital Pharmacy Report*).134:11-12 (Nov Suppl) 1990.
68. O'Donnell JT. Beware of Charcoal/Sorbitol to treat Theophylline poisoning. *Drug Topics* Suppl (*Hospital Pharmacy Report*). (Nov Suppl) 1990.

69. O'Donnell JT. Hospital Pharmacist Negligence contributes to multimillion dollar settlement. *Drug Topics* Suppl (*Hospital Pharmacy Report*).1,22, (Dec Suppl) 1990.
70. O'Donnell JT. Pain Equilibration-Making It Understandable for the Jury. *National Trial Lawyer,* January,1991.
71. O'Donnell JT. Wisconsin Pharmacists Found Negligent for dispensing Silver nitrate. *Drug Topics* Suppl (*Hospital Pharmacy Report*). March 1991.
72. O'Donnell JT. Does Fetal Risk Justify Banning Women from Chemo Prep? *Drug Topics* Suppl (*Hospital Pharmacy Report*). May 1991.
73. O'Donnell JT. Michigan Court Rules Pharmacists have no duty to warn. *Drug Topics* Suppl (*Hospital Pharmacy Report*). (Jun Suppl) 1991.
74. O'Donnell JT Fry B. Drug Therapy in Pregnancy and Lactation. *National Trial Lawyer,* July 1991, pp. 81-88.
75. O'Donnell JT. Pharmacist error suggested in baby's brain damage. *Drug Topics* Suppl (*Hospital Pharmacy Report*). (Sept Suppl) 1991.
76. O'Donnell JT. Tennessee Suit R.Ph.s can be judged against practice standards. *Drug Topics* Suppl (*Hospital Pharmacy Report*). December 1991.
77. O'Donnell JT. Anaphylactic Reaction to Cefazolin in a Penicillin Allergic Patient. *Drug Topics* Suppl. (*Hospital Pharmacist Report*) (Oct Suppl) 1991.
78. O'Donnell JT. Parallax error is linked to AZT hospital mixup. *Drug Topics* Suppl (*Hospital Pharmacy Report*). Vol 6 No 1 (Jan Suppl) 1992.
79. O'Donnell JT. Theophylline in Litigation. *Journal of the Association of Food and Drug Officials*. Vol 56 No 1 January, 1992. 43-52.
80. O'Donnell JT. Steroid Rxs and 'p.r.n' can mean legal trouble. *Drug Topics*. Vol 136, No 1, 46. January 1992.
81. O'Donnell JT. "If you warn, do it right", judge tells pharmacists. *Drug Topics*, Vol 134, No 35-36. February 1992.
82. O'Donnell JT. Coumadin Rx Error results in $722,500 Verdict. *Drug Topics*, March,1992.
83. O'Donnell JT. $60 million in damages sought in insulin cover-up suit. Drug Topics Suppl (*Hospital Pharmacy Report*). Vol 6 No 4:1,8 (Apr Suppl) 1992.
84. O'Donnell JT. New Legal Landmine: Forced use of Psychotropics. *Drug Topics* Suppl *(Hospital Pharmacy Report*). Vol 6 No 6:30 (Jun Suppl) 1992.
85. O'Donnell JT. Theophylline Injuries Resulting in Litigation. *Journal of Pharmacy Practice.* Vol V No 4 (August) 1992.
86. O'Donnell JT. Clinical Pharmacist Sued as Negligent Investigator. *Drug Topics* Suppl (*Hospital Pharmacy Report*). Vol 6 No 11 (Nov Suppl) 1992.
87. O'Donnell JT. Chain lands in hot water over aspirin allergy case. *Drug Topics* 136; 22:72,74 November 1992.
88. O'Donnell JT. Understanding Adverse Drug Reactions. *NURSING 92.* August 1992.
89. O'Donnell JT. Hypoglycemic Adverse Reactions to Insulin and Sulfonylureas, *Journal of Pharmacy Practice*, Vol V, No 5 (October),1992: pp 300-310.
90. O'Donnell JT. Understanding Adverse Drug Reactions, *MED ERRORS Nursing 93*, January, 1993.
91. Should Parolee be forced to take Psychotropic Drugs? *Drug Topics* Suppl (*Hospital Pharmacy Report)*. 134:11-12 (Jan Suppl) 1993.
92. O'Donnell JT. Hospital Sued for Not Giving Rescue Drug. *Drug Topics* Suppl (*Hospital Pharmacy Report*). Vol. 7, No.1, (January),1993. p 29.
93. O'Donnell JT. Understanding Adverse Drug Reactions. *Safety Brief*, Vol 8, No 2, March 1993. Triodyne, Inc Niles, IL.
94. O'Donnell JT. Licenses Threatened in Digoxin Death. *Drug Topics* Suppl. (*Hospital Pharmacy Report*). Vol. 7, No. 3, (March),1993. p 32.

95. O'Donnell JT. Missouri Hospital Settles Second Cardioplegia Death Suit. *Drug Topics* Suppl. (*Hospital Pharmacy Report*) Vol. 7, No. 4, (April), 1993, pp 1,11.
96. Vohra S and O'Donnell JT. Guidelines for Critical Care Drug Compatibility-Update 1993. *Nursing 93*. July,1993.
97. O'Donnell JT. Understanding Theophylline Malpractice. *The Malpractice Reporter*, NY, NY. Volume 12, Numbers 7 & 8, July, 1993.
98. O'Donnell JT. Cardioplegia Litigation and Recommendations *Journal of Pharmacy Practice*, Vol. Vl, No. 4 (August), 1993:pp 151-152.
99. O'Donnell JT. Court finds manufacturer not guilty in lidocaine mix-up. *Drug Topics* Suppl (*Hospital Pharmacy Report*). November,1993. Vol 7, #11.
100. O'Donnell JT. Pharmacist's Use of Abbreviations Alleged to Cause Codeine Death. Lippincott's *Hospital Pharmacy*. July, 1993
101. O'Donnell JT. Insulin and Sulfonylurea Hypoglycemic Injuries. *Legal Medicine* 1993. Butterworth Legal Publications.
102. O'Donnell JT. Predictions in Drug Therapy (Ed). *Nursing 94*, March,1994.
103. O'Donnell JT. Theophylline Misadventures I. *Neonatal Network, The Journal of Neonatal Nursing*, March, 1994.
104. O'Donnell JT. Theophylline Misadventures II. *Neonatal Network*, *The Journal of Neonatal Nursing*, April 1994.
105. O'Donnell JT. OR Pharmacists Warned to Keep Tight Rein Over Ketamine. *Drug Topics* Suppl (*Hospital Pharmacy Report*). (Jan Suppl) 1994.
106. O'Donnell JT. Suit Against Hospital, Caremark Stresses Need for Communication. *Drug Topics* Suppl. (*Hospital Pharmacy Report*). Vol. 8, No. 3, (March),1994. p. 58.
107. O'Donnell JT. Alcohol: Gastrointestinal and Other Toxicities. *Journal of Pharmacy Practice*, Vol. VI, No. 4 (August),1994; pp 196-208.
108. O'Donnell JT. Understanding the Dangers of Neuromuscular Blockers. *Drug Alert*. *Critical Care 94. Nursing 94*. December,1994, 32BB.
109. O'Donnell JT. Adverse Drug Reactions. *Legal Medicine* 1994, Wecht CH. Editor. Butterworth, Salem, NH. p 229-267.
110. O'Donnell JT. Benign Substances Aren't Always Benign (Sodium Chloride Toxicity). *Drug Alert*. *Critical Care 95. Nursing 95.* February, 95.
111. O'Donnell JT. Respiratory Depression. Drug Alert. Critical Care 95. Nursing 95, April,1995. 32JJ.
112. BOOK EDITOR Moch J, Borja A, and O'Donnell JT. Eds. *Pharmacy Law Litigating Pharmaceutical Cases*. Lawyers & Judges Publishing Company, Tucson, AZ. May,1995.
113. O'Donnell JT. Adverse Drug Reactions; Extent of the Problem and Causality Assessment. In Moch J, Borja A, and O'Donnell JT. Eds. *Pharmacy Law Litigating Pharmaceutical Cases*. Lawyers & Judges Publishing Company, Tucson, AZ. May,1995. (57 - 92).
114. O'Donnell JT. Theophylline. The Unpredictively Toxic Asthma Drug. In Moch J, Borja A, and O'Donnell JT. Eds. *Pharmacy Law Litigating Pharmaceutical Cases*. Lawyers & Judges Publishing Company, Tucson, AZ. May,1995(161 - 190).
115. O'Donnell JT and Tortoriello P. Steroids Effect and Regulation. In Moch J, Borja A, and O'Donnell JT. Eds. *Pharmacy Law Litigating Pharmaceutical Cases*. Lawyers & Judges Publishing Company, Tucson, AZ. May,1995(213 - 270).

116. O'Donnell JT. Hypoglycemic Adverse Reactions to Insulin and Sulfonylureas. In Moch J, Borja A, and O'Donnell JT. Eds. *Pharmacy Law Litigating Pharmaceutical Cases*. Lawyers & Judges Publishing Company, Tucson, AZ. May, 1995. (271 - 301).
117. O'Donnell JT. The Pharmacist. In Moch J, Borja A, and O'Donnell JT. Eds. *Pharmacy Law Litigating Pharmaceutical Cases*. Lawyers & Judges Publishing Company, Tucson, AZ. May, 1995(301 - 337).
118. O'Donnell JT. Pain Equilibration. In Moch J, Borja A, and O'Donnell JT. Eds. *Pharmacy Law Litigating Pharmaceutical Cases*. Lawyers & Judges Publishing Company, Tucson, AZ. May, 1995. (409 - 426).
119. O'Donnell JT. Avoiding Vasopressor Extravasation. Drug Alert. *Critical Care 95. Nursing 95. June,1995.* 32X.
120. O'Donnell JT. Understanding Alcohol Tests. *Chicago Daily Law Bulletin*. Professional Litigation Services Directory. Summer 1995. p 10,16.
121. O'Donnell JT. Theophylline Toxicity. Drug Alert. *Critical Care 95. Nursing 95,* August,1995.
122. O'Donnell JT and Lamb K. Chemical and Physical Restraints in Elderly Patients. *Journal of Pharmacy Practice,* Vol. IX No. 2, (April), 1996.
123. O'Donnell JT and Iyer P, Medication Errors. In *Nursing Malpractice,* Iyer P. Ed. Lawyers & Judges Publishing Company, Tucson, AZ. May,1996.
124. O'Donnell JT. Medication Error Misadventures. *Journal of Pharmacy Practice,* Vol IX, No. 3 (June) 1996, pp 167 - 180.
125. O'Donnell JT and Iffy L. Cardiopulmonary Adverse Effects of Oral and Subcutaneous Terbutaline for Tocolysis. *Journal of Pharmacy Practice,* Vol. IX, No 3 (June) 1996, pp181 - 187.
126. O'Donnell JT. Corticosteroid Misadventures. *Journal of Pharmacy Practice*, Vol IX, No. 3 (June) 1996, pp.203 -215.
127. O'Donnell JT. Diets and Obesity Drug Treatment. *Journal of Pharmacy Practice,* Vol IX, No. 5 (October) 1996, pp 330 - 341.
128. O'Donnell JT. Anabolic Steroids: Effects and Regulation Journal of Pharmacy Practice. Vol IX, No 5 (October) 1996, pp 313 - 329.
129. O'Donnell JT. Vitamins, Minerals, and Nutritional Supplements *Journal of Pharmacy Practice.* Vol IX, No. 5 (October) 1996. pp 342 - 359.
130. O'Donnell JT and Salemi J. Performance Enhancing Drug Use in Athletes*, Journal of Pharmacy Practice* Vol IX, No. 5 (October) 1996. pp 386 -395.
131. O'Donnell JT. Pharmacists' Responsibilities in Sports and Fitness. *Journal of Pharmacy Practice,* Vol IX, No. 5 (October) 1996, pp 297 - 299.
132. O'Donnell JT. Medical Dangers of Tobacco Use, *Journal of Pharmacy Practice*, Vol. X, No. 5, October 1997, 316-325.
133. Iffy L. and O'Donnell JT. Bromocriptine Induced Life-threatening Dysrhythmia *American Journal of Therapeutics,* Vol 5, No. 2 March, 1998, 111-115.
134. O'Donnell JT. Diet Drug Disaster: The Story of Redux and Fen-Phen. *Journal of Pharmacy Practice*, Vol. XI, No. 2/April 1998, 81-112.
135. O'Donnell JT. Diets and Obesity Drug Treatment. *Journal of Pharmacy Practice*, Vol. XI, No. 2/April 1998, 113-124.
136. O'Donnell JT. Nesbitt L. Pharmacotherapy of Chronic Nonmalignant Pain. *Journal of Pharmacy Practice*, Vol. XI, No.5, October, 1998. 374-381
137. O'Donnell JT. Etanercept (Enbrel) - Drug of the Month Monograph. Department of Pharmacology Web Page. Rush Medical College, Chicago, IL. April, 1999.

138. O'Donnell JT. (Interviewed for) Water R. Precarious Prescriptions; Can your doctor's prescriptions hurt you? *Salon* Magazine, *www.salonmagazine.com/health/feature/1999/05/05/prescriptions*/ May 5, 1999.
139. O'Donnell JT. Withdrawal from Calcium Channel Blockers in a pregnant woman*, American Journal of Therapeutics*, Vol 6, No. 1, January 1999, 61-66.
140. O'Donnell JT. KPBS Public Radio. Metabolife (Dangers of Ephedrine). San Diego, CA 8/31/99. *www.kpbs.org/radio/content_programs_news_storylist.html*
141. O'Donnell JT. Drug Induced Hepatotoxicity. *Journal of Pharmacy Practice*, Vol XII, No. 6/ December 1999. 443-461.
142. O'Donnell JT. Propylene Glycol Pediatric Neurotoxicity: Dangers of Diluents. Case Report and Literature Review. *Journal of Pharmacy Practice*, Vol XIII, No. 3/June 2000, 214-225.
143. O'Donnell JT. Forensic Pharmacist Report in a Coumadin Death Case. *Journal of Pharmacy Practice*, Vol XIII, No. 3, June, 2000, 236-245.
144. Anderson P and O'Donnell JT. Specific Forensic Applications for Pharmacists. *Journal of Pharmacy Practice*, Vol XIII, No. 3, June 2000, 187-193.
145. O'Donnell JT. Farewell. (Editorial). *Journal of Pharmacy Practice*, Vol XIII, No. 3, June 2000, 173-175.
146. O'Donnell JT. BOOK Editor,*Drug Injury: Liability, Analysis, and Prevention*. Lawyers & Judges Publishers, Tucson, AZ., 2000
147. O'Donnell JT. Adverse Drug Reactions and Causality Assessment in O'Donnell JT, *Drug Injury: Liability, Analysis, and Prevention*. Lawyers & Judges Publishers Tucson, AZ., 2000
148. O'Donnell JT. Diet Drugs, Redux and Fen-Phen Two Points of View, Fen-Phen and Redux: Lessons Learned, Serotonin Chemistry, Anorexigenic Pharmacology/Interactions/ Cautions in O'Donnell JT, *Drug Injury: Liability, Analysis, and Prevention*. Lawyers & Judges Publishers Tucson, AZ., 2000
149. O'Donnell JT. Theophylline: The Unpredictable Toxic Asthma Drug in O'Donnell JT, *Drug Injury: Liability, Analysis, and Prevention*. Lawyers & Judges Publishers Tucson, AZ., 2000
150. O'Donnell JT. Corticosteroids in O'Donnell JT, *Drug Injury: Liability, Analysis, and Prevention*. Lawyers & Judges Publishers Tucson, AZ., 2000
151. O'Donnell JT. Adverse Effects of Diabetic Drugs in O'Donnell JT, *Drug Injury: Liability, Analysis, and Prevention*. Lawyers & Judges Publishers Tucson, AZ., 2000
152. O'Donnell JT, Drug Induced Hepatotoxicity in O'Donnell JT, Ed., *Drug Injury: Liability, Analysis, and Prevention*. Lawyers & Judges Publishers Tucson, AZ., 2000
153. O'Donnell JT. Pain Medications in O'Donnell JT, *Drug Injury: Liability, Analysis, and Prevention*. Lawyers & Judges Publishers Tucson, AZ., 2000
154. Salemi J and O'Donnell JT. Performance Enhancing Drugs: Anabolic Steroids and Dietary Supplements/Ephedrine in O'Donnell JT, *Drug Injury: Liability, Analysis, and Prevention*. Lawyers & Judges Publishers Tucson, AZ., 2000
155. O'Donnell JT. Recreational Drugs in O'Donnell JT, *Drug Injury: Liability, Analysis, and Prevention*. Lawyers & Judges Publishers Tucson, AZ., 2000
156. O'Donnell JT. The Pharmacist in O'Donnell JT, *Drug Injury: Liability, Analysis, and Prevention*. Lawyers & Judges Publishers Tucson, AZ., 2000
157. Anderson P and O'Donnell JT. The Forensic Pharmacist in O'Donnell JT, *Drug Injury: Liability, Analysis, and Prevention*. Lawyers & Judges Publishers Tucson, AZ., 2000

158. O'Donnell JT , Medication Errors in O'Donnell JT, *Drug Injury: Liability, Analysis, and Prevention*. Lawyers & Judges Publishers Tucson, AZ., 2000
159. O'Donnell JT. Drug Induced Esophagitis: Case Reports and Literature Review. *Journal of Pharmacy Practice*. Vol IX, No. 4, August, 2000
160. Iyer P. and O'Donnell JT Medication Errors. In *Nursing Malpractice, Second Edition,* Iyer P. Ed. Lawyers & Judges Publishing Company, Tucson, AZ., 2001. (Interviewed for) Ghristie T. Deadly side effects? Suicides cast suspicion on acne drug. Http//www.registerguard.com/news/200109301/1a.accutanegreufe.0930.html
161. O'Donnell JT. Overview of Existing Research And Information Linking Accutane (Isotretinoin), Depression, Psychosis And Suicide. Hearing Proceedings: Accutane-Is This Acne Drug Treatment Linked to depression and Suicide? In, Committee on Government Reform, One Hundred Sixth Congress, Second Session, Serial No. 106-248. U.S. Government Printing Office.73 924 DTP, pp. 71-96.
162. O'Donnell JT. (Interviewed for) Vedantam, S. Plane Crash Revives Accutane Questions: Pilot Had Prescription for Acne Medication Linked to Depression. *Washington Post*, January 11, 2002; Page A02. http://www.washingtonpost.com/ac2/2p-dyn/A28188-2002Jan10
163. Bishop M and O'Donnell JT. The Incidence of Bronchospasm or Asthma Following Non-depolarizing Muscle Relaxants on Adverse Events Reported to the Food and Drug Administration. Abstract. American Society of Anesthesiology Annual Meeting, October, 2002.
164. O'Donnell JT.(Interviewed for) Politzer B. Pharmacy Malpractice for a New Millennium. *Pharmacy Practice News*. October, 2002.
165. O'Donnell JT. A Primer for Avoiding Catastrophic Compounding Errors. *Pharmacy Practice News*, November, 2002, p. 16.
166. O'Donnell JT. (Gentamicin Vestibulopathy) Irreversible Mistakes Leave Lasting Scars. *Pharmacy Practice News*. December, 2002.
167. O'Donnell JT. Decimal Point and Dilution Errors Bring Pharmacists to Court. *Pharmacy Practice News*. January, 2003
168. O'Donnell JT. Transcription Errors Trigger Addisonian Crisis: *Pharmacy Practice News*, February, 2003.
169. O'Donnell JT. Methotrexate not for daily dispensation-Errors and Toxicities Involving Pharmacists. *Pharmacy Practice News*, March, 2003.
170. O'Donnell JT. Overview of Existing Research and Information Linking Accutane (Isotretinoin), Depression, Psychosis and Suicide". *American Journal of Therapeutics*, Vol 10, Number 2, March/April 2003, 148-159.
171. O'Donnell JT. Anticoagulant Errors Spell Legal Trouble for Pharmacists *Pharmacy Practice News*, May, 2003. p. 18.
172. O'Donnell JT. It Takes Your Breath Away. *B*-Blocker Use in Asthmatics Leads to Patient Injuries and Pharmacist Lawsuits. *Pharmacy Practice News*, June, 2003. . 31,34.
173. O'Donnell JT. Cross-Reactive Drugs Pose Anaphylaxis Risk. *Pharmacy Practice News*, June, 2003. p. 31,34
174. O'Donnell JT. Fluoroquinolone Interactions Force Pharmacists into Court*. Pharmacy Practice News, July, 2003.*
175. Bishop M and O'Donnell JT. The Incidence of Bronchospasm or Asthma Following Non-depolarizing Muscle Relaxants on Adverse Events Reported to the Food and Drug Administration. *Anesthesia and Analgesia*, Vol 97, No. 2, 484-5. August, 2003*.*
176. O'Donnell JT. Calcium Phosphate Precipitates Legal Problems for Hospital Pharmacists. *Pharmacy Practice News.* August, 2003, pp32,34.

177. O'Donnell JT. Controlled Substance create legal problems for Pharmacists. *Pharmacy Practice News.* September, 2003, September, 2003, pp 14-15.
178. O'Donnell JT. Counseling Patients Can Prevent Pregnancy Exposure and Injury and Lawsuits Against Pharmacists. *Pharmacy Practice News.* October, 2003.
179. O'Donnell JT. Expert Opinion Helpful in Urine Drug Testing Cases. *St. Louis Daily Record*, Supplement, October, 2003, 4EW.
180. O'Donnell JT. Pill-Splitting leads to Renal Failure and Legal Trouble. *Pharmacy Practice News.* November, 2003.
181. O'Donnell JT. Pharmacists Get Burned by Acid Cases. *Pharmacy Practice News.* December, 2003.
182. O'Donnell JT. System Failure: Analysis of a Vincristine Intrathecal Paralysis Case. *Pharmacy Practice News.* January 2004.
183. O'Donnell JT. Pharmacists Get Burned by Acid Cases. *LNC Resource*. Vol 1, No. 1, January, 2004, p.4.
184. O'Donnell JT. PPA Plagues Pharmacists, Even While Pending Withdrawal.. *Pharmacy Practice News.* February 2004, 3, 5.
185. O'Donnell JT. Transcription Errors Trigger Addisonian Crisis: *LNC Resource* Vol 1, No. 2, February, 2004, p. 22.
186. O'Donnell JT. Gentamicin Vestibulopathy - Irreversible Mistakes Leave Lasting Scars. *Rx Ipsa Loquitur*, Vol 31 No 1, Jan / February 2004
187. O'Donnell JT. Pre-packs Lead to Patient Deaths and Legal Nightmares for Pharmacists *Pharmacy Practice News.* March 2004.
188. O'Donnell JT.Systems Failure in Oncology Drug Administration: Intrathecal Vincristine Leads to Permanent Paralysis. Abstract for Poster Presentation. American College of Legal Medicine. March, 2004.
189. O'Donnell JT. Little Helpers that Hurt (Interviewed for). OTC Analgesics' Toxicity. http:/ccd/fitdv.com/new/articles/article.;html?artid=264. Your Health: March Issue, March, 2004.
190. Bishop M and O'Donnell JT. Proceedings Abstract. The Incidence of Bronchospasm or Asthma Following Non-depolarizing Muscle Relaxants on Adverse Events Reported to the Food and Drug Administration. University of Illinois College of Medicine-Rockford , March 31, 2004
191. O'Donnell JT. Medication Issues: When Cross-Allergic Reactions Occur. *LNC Resource*, April 2004, Vol 1, No. 5, p.11.
192. O'Donnell JT. Daily CeeNU administration leads to Patient Toxicity and Legal Troubles for Pharmacists. *Pharmacy Practice News,* April, 2004.
193. O'Donnell JT.Drug Interactions Force Pharmacists Into Court. *LNC Resource*, Vol 1, No. 4 May 2004, p. 21.
194. O'Donnell JT. Drug Use - A Mitigating Factor in Criminal Cases. *LNC Resource*, Vol 1, No. 6, June, 2004, p. 15.
195. O'Donnell JT. *(Interviewed for)* New JCAHO IV Goal Could Burden Small Pharmacies*. Hospital Pharmacy Regulation Report. hcPro* Vol 2, N0. 6, June 2004.
196. O'Donnell JT. Scope of Practice. *Pharmacy Practice News.* July 2004
197. O'Donnell JT. Pharmacists Get Burned by Acid. *Rx Ipsa Loquitur*, Vol 31 No 3, July / August 2004.
198. O'Donnell JT. System Failure - An Intrathecal Vincristine Tragedy. *LNC Resource*. August, 2004.Vol. 1, No. 8., P. 31.
199. O'Donnell JT. Use Literature to Support Off-Label Drug Scripts (Interviewed for). *Hospital Pharmacy Regulation Report. HCPro,* Vl 2, No. 8. August 2004, Page 6.

200. Bishop MJ, O'Donnell JT, Bhananker SM, Salemi JR. Does Adverse Event Reporting Support An Increased Incidence of Anaphylaxis with Rocuronium. J Clin Pharmacology. 2004:44:1185-1213.*(*abstract)
201. O'Donnell JT. From the Courtroom: Check, Don't Assume, to Avoid Errors (Heparin Death in Home Care Patient related to Pharmacists Negligence). *Pharmacy Practice News*, October, 2004
202. O'Donnell JT. Missed Aminoglycoside Toxicity = Professional Incompetence. (Letter to Editor) *Pharmacy Practice News*. October, 2004.
203. O'Donnell JT. Scope of Practice. *LNC RESOURCE.* Vol. 1. No. 11. November 2004
204. O'Donnell JT. Systems Failure: An Intrathecal Vincristine Tragedy*. Rx Ipsa Loquitur*. Vol 31, No. 5, November/December, 2004.
205. O'Donnell JT. Polar Hysteria: An Expression of Hypervitaminosis A. *American Journal of Therapeutics*. 11, 507-516(2004).
206. O'Donnell JT. Drug Withdrawal Leads to Patient Injury and Legal Trouble. *Pharmacy Practice News*. November, 2004
207. O'Donnell JT. Pill Splitting Leads to Rhabdomyolysis & Renal Failure *LNC Resource* Vol 1, NO. 12, p. 19, December, 2004.
208. O'Donnell JT.(*Interviewed for*) FDA Urges Doctors to Limit Prescriptions for Two (Cox II Inhibitor) Painkillers, by Harris G and Berenson A http://www.nytimes.com/2004/12/24/politics/24fda.html?ex=1105092990&ei=1&en=959606c7daafcdce December 24, 2004.
209. O'Donnell JT. Vigilance and Counseling Help Prevent Childbirth Tragedies. *LNC Resource* Vol 2, No.1 p. 12, January, 2005.
210. O'Donnell JT. Calcium Phosphate Precipitates Liability. *LNC Resources*. Vol. 2, No. 2. February, 2005. P. 7.
211. Benjamin D and O'Donnell JT. Prothrombotic Effects of COX-2 Inhibitors. Is it a Class Effect? Abstract. American College of Legal Medicine Annual Meeting Proceedings, p 545. March, 2005
212. O'Donnell JT. Vioxx (Rofecoxib) Market Withdrawal - Are There Legal Troubles in Sight for Pharmacists? *Rx Ipsa Loquitur*. Vol 32, No. 2, March/April 2005.
213. O'Donnell JT. Let's Stop Our Biggest Drug Problem - Alcohol Abuse. *Newsletter of the Louisiana Criminal Defense Lawyers*. April, 2005.
214. O'Donnell JT. Let's Stop Our Biggest Drug Problem - Alcohol Abuse. *Newsletter of the Michigan Criminal Defense Lawyers*. Volume 12, Number 1, Spring, 2005.
215. O'Donnell JT. Lets Stop Our Biggest Drug Problem - Alcohol Abuse. *Newsletter of the Maine Criminal Defense Lawyers*. April, 2005.
216. O'Donnell JT. Let's Stop Our Biggest Drug Problem - Alcohol Abuse. *Newsletter of the Tennessee Criminal Defense Lawyers*. Nashville, TN. May, 2005.
217. O'Donnell JT. Pharmacist Incomplete Chart Review Contributes to Myxedema Coma. *LNC Resource*. May, 2005, p. 11.
218. O'Donnell JT. From the Courtroom: More Than Just a Number: Looking Beyond the Med Sheet Bolsters Patient Safety. *Pharmacy Practice News*, May 2005. 40 - 41
219. O'Donnell JT. Let's Stop Our Biggest Drug Problem - Alcohol Abuse. *The Advocate.* Louisiana Association of Criminal Defense Layers. Volume 1, No. 4, Spring, 2005.
220. O'Donnell JT. The Role of Alcohol Abuse in DUI Cases. *IACDL Newsletter*. (Illinois Association of Criminal Defense Lawyers). Volume 2, Number 1, Spring 2005. 12 - 20.

221. O'Donnell JT. Let's Stop Our Biggest Drug Problem - Alcohol Abuse. *Newsletter of the Alabama Criminal Defense Lawyers*. June,2005.
222. O'Donnell JT. Methylene blue injures spine patient and creates legal problems for pharmacist and hospital. *LNC Resource*. July, 2005.
223. O'Donnell JT. From the Courtroom: Methylene blue injures spine patient and creates legal problems for pharmacist and hospital. *Pharmacy Practice News*. July 2005.
224. O'Donnell JT. BOOK EDITOR. *Drug Injury: Liability, Analysis, and Prevention*. Second Edition. Lawyers & Judges Publishing Company, Tucson, AZ., 2005.
225. O'Donnell JT. The Pharmaceutical Industry. In O'Donnell JT, Ed. *Drug Injury: Liability, Analysis, and Prevention*. Second Edition. Lawyers & Judges Publishing Company, Tucson, AZ., 2005.
226. O'Donnell JT. Adverse Drug Reactions: The Extent of the Problem. In O'Donnell JT, Ed. *Drug Injury: Liability, Analysis, and Prevention*. Second Edition. Lawyers & Judges Publishing Company, Tucson, AZ., 2005.
227. Cohen L, O'Donnell JT, and Iyer P. Medications Errors and Adverse Drug Reactions in Hospitalized Patients: How Common Are They, and Why Do They Occur? In O'Donnell JT, Ed. *Drug Injury: Liability, Analysis, and Prevention*. Second Edition. Lawyers & Judges Publishing Company, Tucson, AZ., 2005.
228. Iyer P, Cohen L, and O'Donnell JT. Medical-Legal Aspects of Medication Errors. In O'Donnell JT, Ed. *Drug Injury: Liability, Analysis, and Prevention*. Second Edition. Lawyers & Judges Publishing Company, Tucson, AZ., 2005.
229. O'Donnell JT, Iyer P, and Cohen L. Preventing Medication Errors. In O'Donnell JT, Ed. *Drug Injury: Liability, Analysis, and Prevention*. Second Edition. Lawyers & Judges Publishing Company, Tucson, AZ., 2005.
230. O'Donnell JT. Diet Drugs: Pharmacology/Interactions/Cautions. In O'Donnell JT, Ed. *Drug Injury: Liability, Analysis, and Prevention*. Second Edition. Lawyers & Judges Publishing Company, Tucson, AZ., 2005.
231. O'Donnell JT. Corticosteroids. In O'Donnell JT, Ed. *Drug Injury: Liability, Analysis, and Prevention*. Second Edition. Lawyers & Judges Publishing Company, Tucson, AZ., 2005.
232. O'Donnell JT Adverse Effects of Diabetic Drugs. In O'Donnell JT, Ed. *Drug Injury: Liability, Analysis, and Prevention*. Second Edition. Lawyers & Judges Publishing Company, Tucson, AZ., 2005.
233. O'Donnell JT. Drug-Induced Hepatotoxicity. In O'Donnell JT, Ed. *Drug Injury: Liability, Analysis, and Prevention*. Second Edition. Lawyers & Judges Publishing Company, Tucson, AZ., 2005.
234. O'Donnell JT. Pain Medications and OxyContin. In O'Donnell JT, Ed. *Drug Injury: Liability, Analysis, and Prevention*. Second Edition. Lawyers & Judges Publishing Company, Tucson, AZ., 2005.
235. Salemi J and O'Donnell JT. Performance-Enhancing Substances: Ephedrine, Anabolic Steroids, Herbals and Dietary Supplements. In O'Donnell JT, Ed. *Drug Injury: Liability, Analysis, and Prevention*. Second Edition. Lawyers & Judges Publishing Company, Tucson, AZ., 2005.
236. O'Donnell JT. Ephedra. In O'Donnell JT, Ed. *Drug Injury: Liability, Analysis, and Prevention*. Second Edition. Lawyers & Judges Publishing Company, Tucson, AZ., 2005.
237. O'Donnell JT. Recreational Drugs: Alcohol, Cocaine and Marijuana: Forensic Issues. In O'Donnell JT, Ed. *Drug Injury: Liability, Analysis, and Prevention*. Second Edition. Lawyers & Judges Publishing Company, Tucson, AZ., 2005.
238. O'Donnell JT. Pharmacist Malpractice and the Infamous Courtney Case. In O'Donnell JT, Ed. *Drug Injury: Liability, Analysis, and Prevention*. Second Edition. Lawyers & Judges Publishing Company, Tucson, AZ., 2005.

239. Anderson PD and O'Donnell JT. The Forensic Pharmacist. In O'Donnell JT, Ed. *Drug Injury: Liability, Analysis, and Prevention*. Second Edition. Lawyers & Judges Publishing Company, Tucson, AZ., 2005.
240. Sweeney E and O'Donnell JT. The NABP Model Act and Rules Initiative Toward Pharmacy Technicians. In O'Donnell JT, Ed. *Drug Injury: Liability, Analysis, and Prevention*. Second Edition. Lawyers & Judges Publishing Company, Tucson, AZ., 2005.
241. Bishop MJ, O'Donnell JT, Bhananker SM, Salemi JR. Does Adverse Event Reporting Support An Increased Incidence of Anaphylaxis with Rocuronium. *Anesthesia & Analgesia*, September, 2005.
242. O'Donnell JT. Interviewed for Trebelcock B. Not What the Doctor Ordered. *Good Housekeeping*. June 2005.
243. O'Donnell JT. Pharmacist Practice and Liability. *J Nursing Law*, Volume 10, Number 4, 2005, pp 201 -207.
244. BOOK. Smith CG and O'Donnell JT, Eds. *The Process of New Drug Discovery and Development.* Informa Healthcare. July, 2006.
245. Smith CG and O'Donnell JT. Overview of New Drug Discovery and Development. In Smith CG and O'Donnell JT, Eds. *The Process of New Drug Discovery and Development.* Informa Healthcare. July, 2006.
246. O'Donnell JT. Liability, Litigation, and Lessons in New Drug Development. In Smith CG and O'Donnell JT, Eds. *The Process of New Drug Discovery and Development.* Informa Health Care. July, 2006.
247. Iyer P, O'Donnell JT, Benjamin DM. Medication Errors, In Iyer P, Ed. *Nursing Malpractice*, 3rd Ed. L&J Publishing, Tucson AZ, 2006
248. O'Donnell JT. Editorial. Pharmacists Need to Do the Right Thing http://www.medicalaccountability.net/Articles_jodonnell.html , July, 2006.
249. Lass N and O'Donnell JT. Clinical Research Risks and the Importance of Life-Cycle Assessments. *Update: Food and Drugs Law, Regulation and Education,* September, 2006.
250. Benjamin DM and O'Donnell JT. Medication Errors, in, *Legal Medicine*, 7th Edition, American College of Legal Medicine, 2007.
251. O'Donnell JT and Benjamin DM. Pharmacist Malpractice, In *Legal Medicine*, 7th Edition, 2007.
252. O'Donnell JT. Caveats on Methadone for Pain Relief. *Pharmacy Practice News*, January, 2007. (Letter to the Editor).
253. O'Donnell JT*. Interviewed for* Hurley D. $500K Award in Lomustine (CCNU) Death Underscores Chemo *Risk. Pharmacy Practice News,* April 2007, p. 46.
254. O'Donnell JT. Trial Testimony, State of Alaska v. Darling, Homer AK. *Dateline NBC* June, 2007
255. O'Donnell JT. Interviewed for: "Making a Killing: The Untold Story of Psychotropic Drugging. (Video) Citizens Committee on Human Rights. Austin, Tx. 2008.
256. O'Donnell JT. Interviewed for*: "Dangers of Selling outdated medicine."* CBS 2 News, Chicago, IL. Http://cbs2chicago.com/video/
257. O'Donnell JT. Interviewed for*: "Drug Dangers: Switching Brand to Generic Drugs".* October 15, 2009. CBS 2 News, Chicago, Il .http://cbs2chicago.com/video/
258. Benjamin DM and O'Donnell JT. Medication Errors, in, *Legal Medicine*, 8th Edition, American College of Legal Medicine, *2010*.
259. O'Donnell JT and Benjamin DM. Pharmacist Malpractice, In *Legal Medicine*, 8th Edition, 2010.
260. Iyer P, O'Donnell JT, Benjamin DM. Medication Errors, In Iyer P, Ed. *Nursing Malpractice*, 4rd Ed. L&J Publishing, Tucson AZ, 2011.

261. O'Donnell JT. Anticoagulants: Teetering on the Edge (Summary of Therapeutic use and Toxicity of Anticoagulants). Webinar: Med League Support Services, http://medleague.com/webinars/anticoagulation.htm December 7, 2010.
262. O'Donnell JT. Anticoagulants: Teetering on the Edge (Summary of Therapeutic use and Toxicity of Anticoagulants). American Association of Legal Nurse Consultants, Webinar, January 27, 2011.
263. O'Donnell JT. Think Fast! Unintentional Overdose. (Interviewed for) *Angie's List* Magazine. April, 2011.
264. O'Donnell JT. *(I*nterviewed for) Gutowski C. State Supreme Court ruling on drugged driving raises fairness questions. www.chicagotribune.com/news/local/ct-met-drug-court-opinion-20110728,0,6436407.story
265. O'Donnell JT and Vogenberg R. Applying Legal Risk Management to the Clinical Use of Methadone. *Pharmacy & Therapeutics* (P&T). Vol. 36 No. 12; December 2011.
266. O'Donnell JT *(Interviewed for)* Mann, D. Death from Drug Poisoning Jump Sixfold: Poisoning from Prescription Painkiller Driving the Increase in Drug Deaths. WebMD Health News, http://www.webmd.com/pain-management/news/20111220/deaths-drug-poisoning-in-us-jump-sixfold
267. O'Donnell JT. Interviewed *for* Death from Drug Poisoning Jump Six-fold: Poisoning from Prescription Painkiller Driving the Increase in Drug Deaths.. KGO 810AM Radio, San Francisco. December 21, 2011
268. O'Donnell JT. Anticoagulants: Therapeutics, Risks, and Toxicity: Special Emphasis on Heparin-Induced Thrombocytopenia (HIT), *Journal of Pharmacy Practice*, Volume 25, Issue 1, February 2012, pp. 26 – 33.
269. O'Donnell JT and Vogenburg R. Applying Legal Risk Management to the Proper Use of Policies and Procedures. *Pharmacy & Therapeutics* (P&T). June, 2012.
270. O'Donnell JT, Ed. BOOK *Drug Injury: Liability, Analysis, and Prevention*. Third Edition Lawyers & Judges Publishing Company, Tucson, AZ., 2012
271. O'Donnell JJ, O'Donnell JT, and Juettner V. General Principles of Pharmacology in O'Donnell JT, *Drug Injury: Liability, Analysis, and Prevention*. Third Edition. Lawyers & Judges Publishers Tucson, AZ., 2012
272. O'Donnell JT. Liability, Litigation, and Lessons in New Drug Development, in O'Donnell JT, *Drug Injury: Liability, Analysis, and Prevention*. Third Edition. Lawyers & Judges Publishers Tucson, AZ., 2012
273. O'Donnell JT. Adverse Drug Reactions: Focus on Drug Allergy, in O'Donnell JT, *Drug Injury: Liability, Analysis, and Prevention*. Third Edition. Lawyers & Judges Publishers Tucson, AZ., 2012
274. O'Donnell JT, Iyer P, Benjamin D. Medication Errors in O'Donnell JT, Ed, *Drug Injury: Liability, Analysis, and Prevention*. Third Edition. Lawyers & Judges Publishers Tucson, AZ., 2012
275. Patel G and O'Donnell JT. Adverse Effects of Diabetic Drugs, in O'Donnell JT, Ed. *Drug Injury: Liability, Analysis, and Prevention*. Third Edition. Lawyers & Judges Publishers Tucson, AZ., 2012
276. Marks DH and O'Donnell JT. Drug-Induced Liver Disease, In O'Donnell JT, Ed. *Drug Injury: Liability, Analysis, and Prevention*. Third Edition. Lawyers & Judges Publishers Tucson, AZ., 2012
277. O'Donnell JT. Anticoagulants: Therapeutics, Risks, and Toxicity – Special Focus on Heparin Induced Thrombocytopenia, in O'Donnell JT, Ed, *Drug Injury: Liability, Analysis, and Prevention*. Third Edition. Lawyers & Judges Publishers Tucson, AZ., 2012

278. O'Donnell JT. Dangers of Opioids in O'Donnell JT, *Drug Injury: Liability, Analysis, and Prevention*. Third Edition. Lawyers & Judges Publishers Tucson, AZ., 2012
279. O'Donnell JT. Pharmacist Malpractice and Liability in O'Donnell JT, Ed, *Drug Injury: Liability, Analysis, and Prevention*. Third Edition. Lawyers & Judges Publishers Tucson, AZ., 2012
280. Sweeney E and O'Donnell JT. The NABP Model Act and Rules Initiative toward Pharmacy Technicians. In O'Donnell JT, Ed, *Drug Injury: Liability, Analysis, and Prevention*. Third Edition. Lawyers & Judges Publishers Tucson, AZ., 2012
281. Anderson PD and O'Donnell JT. The Forensic Pharmacist., in O'Donnell JT, Ed, *Drug Injury: Liability, Analysis, and Prevention*. Third Edition. Lawyers & Judges Publishers Tucson, AZ., 2012.
282. CHAPTER 42, Forensic Drug Testing. ImObersteg AD and O'Donnell JT. In O'Donnell JT, Ed, *Drug Injury: Liability, Analysis, and Prevention*. Third Edition. Lawyers & Judges Publishers Tucson, AZ., 2012
283. Chapter 44: Recreational Drugs: Alcohol, Cocaine and Marijuana: Forensic Issues, in O'Donnell JT, Ed, *Drug Injury: Liability, Analysis, and Prevention*. Third Edition. Lawyers & Judges Publishers Tucson, AZ., 2012
284. Chapter 45: Pain Equipotency, in O'Donnell JT, *Drug Injury: Liability, Analysis, and Prevention*. Third Edition. Lawyers & Judges Publishers Tucson, AZ. 2012
285. O'Donnell JJ, O'Donnell JT, and Juettner V. Clinical Pharmacology for the Primary Care Physician. *Disease a Month.* /Vol 58, No 10: October 2012, 558 – 610.
286. O'Donnell JT and Vogenberg FR. Transitions of Care: Pitfalls and Recommendations. Focus on Methotrexate Errors. *Pharmacy &Therapeutics* (P&T), December, 2012.
287. O'Donnell JT and Vogenberg FR. Drug Shortages: Implications for increased Liability and increased costs of Care. *Pharmacy & Therapeutics (P&T)*, July, 2013.
288. O'Donnell JT. Interviewed for McCoppin R. Pharmacists asked to be allowed to run Pot Dispensaries. *The Chicago Tribune*, 1/14/14. http://www.chicagotribune.com/health/ct-medical-marijuana-pharmacist-met-20140115,0,369192.story
289. O'Donnell JT, Marks DH, Danese P, and O'Donnell JJ. Drug Induced Liver Disease: Primer for the Primary Care Physician. *Disease-A-Month*. February, 2014.
290. O'Donnell JT and Vogenberg FR. Legal Risk Management Opportunities, Pharmacy Practice, and P&T Committees. Part 1: Deconstructing Dispensing Errors. *Pharmacy & Therapeutics* (P&T), July, 2014.
291. O'Donnell JT and Vogenberg FR. HPSO/CAN Claims Study. Part II. Risk Management Recommendations. *Pharmacy & Therapeutics* (P&T), August, 2014.
292. O'Donnell JT and O'Donnell JJ. Alcohol in Civil Litigation. In Caplan Y and Goldberger B, *Garriott's Medicolegal Aspects of Alcohol*, 6th Edition, October 2014.
293. Benjamin DM and O'Donnell JT. Medication Errors, in, *Legal Medicine and Medical Ethics*, 9th Edition, American College of Legal Medicine, 2015
294. O'Donnell JT and Benjamin DM. Pharmacist Malpractice, in, *Legal Medicine and Medical Ethics*, 9th Edition, American College of Legal Medicine, 2015
295. O'Donnell JT and O'Donnell JJ. Pharmacology of Marijuana, in Tiftickjian J. *Medical Legal Aspects of Marijuana* – Colorado Edition. L&J Publishers, Tucson, 2015.

296. Benjamin D, O'Donnell JT and. O'Donnell JJ. *Pharmacology and Toxicology of Marijuana* in, Legal Medicine and Medical Ethics, 9th Edition, American College of Legal Medicine, 2015.
297. O'Donnell JT and Vogenberg FR. Imperatives for Professional Personnel Oversight – Ethics. *Pharmacy & Therapeutics* (P&T), October 2015.
298. BOOK O'Donnell, J.T., O'Donnell III, J.J. eds. *O'Donnell's Drug Injury*. 4th ed. Tucson, AZ: Lawyers & Judges Publishing Company, Inc.; 2016.
299. O'Donnell, J.J., O'Donnell, J.T., Juettner V. General Principles of Pharmacology. In: O'Donnell J.T., O'Donnell, J.J., eds. *O'Donnell's Drug Injury*. 4th ed. Tucson, AZ: Lawyers & Judges Publishing Company, Inc.: 2016.
300. Molzon J and O'Donnell JT. The Dietary Supplement and Health Education Act of 1994 (DSHEA) and Related FDA Activities. In O'Donnell JT and O'Donnell JJ, eds. O'Donnell's Drug Injury, Fourth Edition, L&J Publ., Tucson. 2016.
301. O'Donnell, J.T., O'Donnell, J.J. Allergic Drug Reactions. In: O'Donnell J.T., O'Donnell J.J. eds. *O'Donnell's Drug Injury*. 4th ed. Tucson, AZ: Lawyers & Judges Publishing Company, Inc.: 2016.
302. O'Donnell, J.T., Marks, D.H., Danese, P., and O'Donnell, J.J. Drug-induced Liver Disease. In: O'Donnell J.T., O'Donnell J.J. eds. *O'Donnell's Drug Injury*. 4th ed. Tucson, AZ: Lawyers & Judges Publishing Company, Inc.: 2016.
303. O'Donnell, J.T., O'Donnell J.J. Dangers of Opiates. In: O'Donnell J.T., O'Donnell J.J. eds. *O'Donnell's Drug Injury*. 4th ed. Tucson, AZ: Lawyers & Judges Publishing Company, Inc.: 2016.
304. O'Donnell III, J.J., O'Donnell, J.T. Drug-induced Falls. In: O'Donnell J.T., O'Donnell III, J.J., eds. *O'Donnell's Drug Injury*. 4th ed. Tucson, AZ: Lawyers & Judges Publishing Company, Inc.: 2016.
305. O'Donnell III, J.J., O'Donnell, J.T., ImobergSted, A. Forensic Drug Testing, in the Workplace. In: O'Donnell J.T., O'Donnell III, J.J., eds. *O'Donnell's Drug Injury.* 4th ed. Tucson, AZ: Lawyers & Judges Publishing Company, Inc.: 2016.
306. O'Donnell III, J.J., O'Donnell, J.T., ImobergSted, A. Drug Testing in the Workplace. In: O'Donnell J.T., O'Donnell III, J.J., eds. *O'Donnell's Drug Injury*. 4th ed. Tucson, AZ: Lawyers & Judges Publishing Company, Inc.: 2016.
307. O'Donnell, J.T., O'Donnell III, J.J. Alcohol. In: O'Donnell J.T., O'Donnell III, J.J., eds. *O'Donnell's Drug Injury*. 4th ed. Tucson, AZ: Lawyers & Judges Publishing Company, Inc.: 2016.
308. O'Donnell, J.T., O'Donnell III, J.J., Benjamin, D.M. Marijuana: Pharmacology and Medical-Legal Issues. In: O'Donnell J.T., O'Donnell III, J.J., eds. *O'Donnell's Drug Injury*. 4th ed. Lawyers & Judges Publishing Company, Inc. Tucson, AZ: 2016.
309. O'Donnell JT. Adverse Drug Reactions, in O'Donnell JT, *O'Donnell's Drug Injury*: 4th ed. Lawyers & Judges Publishers. Tucson, AZ., 2016.
310. O'Donnell JT and Benjamin JT. Medication Errors in O'Donnell JT, Ed, *O'Donnell's Drug Injury*: 4th Ed. Lawyers & Judges Publishers. Tucson, AZ., 2016.
311. Patel G, O'Donnell JT and Marks V., Adverse Effects of Diabetic Drugs in O'Donnell JT and O'Donnell JJ. Eds. *O'Donnell's Drug Injury*: 4th Ed., Lawyers & Judges Publishers, Tucson, AZ., 2016.
312. O'Donnell JT, Marks DH Danese P, and O'Donnell JJ. Drug-Induced Liver Disease. In O'Donnell JT and O'Donnell JJ, Eds . *O'Donnell's Drug Injury*. Fourth Edition. Lawyers & Judges Publishers Tucson, AZ., 2016.

313. O'Donnell JT. Anticoagulants: Therapeutics, Risks, and Toxicity. In O'Donnell JT and O'Donnell JJ, Eds. *O'Donnell's Drug Injury*. 4th Ed. Lawyers & Judges Publishers, Tucson, AZ., 2016
314. O'Donnell JT and O'Donnell JJ. Dangers of Opiates, in O'Donnell JT and O'Donnell JJ, Eds. *O'Donnell's Drug Injury*, 4th Ed. Lawyers & Judges Publishers Tucson, AZ., 2016.
315. O'Donnell JT and Benjamin DM. Pharmacist Malpractice and Liability in O'Donnell JT and O'Donnell JJ, Eds. O'Donnell's Drug Injury 4th Ed. Lawyers & Judges Publishers Tucson, AZ., 2016
316. Anderson PD and O'Donnell JT, The Forensic Pharmacist, in O'Donnell JT and O'Donnell JJ, Eds, *O'Donnell's Drug Injury,* 4th Ed. Lawyers & Judges Publishers Tucson, AZ., 2016.
317. (Interviewed for) Gallegos A. 10 Tips to Mitigate Legal Risks of Opioid Prescribing. *Family Practice News* September 10, 2016. http://www.mdedge.com/familypracticenews/article/113681/pain/10-tips-mitigate-legal-risks-opioid-prescribing
318. O'Donnell JT and O'Donnell JJ. Pharmacology of Marijuana. In Callahan L and Tiftickjian JM, Eds. Medicolegal Aspects of Marijuana – Washington Edition. Lawyers & Judges Publishing Company. Tucson. 2016.

319. (Interviewed for) Non-Traditional Pharmacist, February 8, 2017. http://www.thenontraditionalpharmacist.com/proactive-pharmacy-can-lead-unique-consulting-opportunities/
320. O'Donnell JT, Vogenberg FR. Focusing on Basics, Including Drug-Use Policy, Remains Important for Today's P&T Committee. *P&T* 2017;42(9):577:580. https://www.ptcommunity.com/journal/article/full/2017/9/577/focusing-basics-including-drug-use-policy-remains-important-today-s
321. O'Donnell JT, O'Donnell JJ. Forensic Issues in OBGYN. *Abstract* of Proceedings. *AJRI*. September, 2017.
322. O'Donnell JT. Did the Pharmacy really fill your prescription correctly? Legal Nurse Podcast. http://podcast.legalnursebusiness.com/2299/lnp-154-pharmacy-really-fill-prescription-correctly-dr-james-odonnell/. February 14, 2018.
323. O'Donnell JT and O'Donnell JJ. Pharmacology of Marijuana. In Nesci J, St. Louis JP, and Tiftickjian JM, Eds. *Medicolegal Aspects of Marijuana* – Arizona Edition. Lawyers & Judges Publishing Company. Tucson. 2018.

324. O'Donnell JT, Vogenberg FR. Use of Regulations, Laws, Standards, And Best Practices In Prosecuting And Defending Hospitals In Drug Injury Lawsuits. *P&T* Journal. December, 2018.
325. O'Donnell JT. Testimony in *People v. Van Dyke*. Cook County, IL . https://wgntv.com/2018/09/27/jason-van-dyke-trial-laquan-mcdonald-defense-testimony/.
326. O'Donnell JT. O'Donnell JJ, Vogenberg FR. Forensic Analysis in Drug Litigation Finds Most Errors Occur with Commonly Used Therapies and Practices. *P&T Journal*. March 2019. 44(3)
327. O'Donnell JT and Vogenberg FR. Beyond Medical Cannabis: Considerations for Updates to Hospital Policies and Procedures. *P&T Journal*. July/August 2019. 44(7).
328. O'Donnell JT and O'Donnell JJ. Pharmacology of Marijuana. In Jocuns BA and Tiftickjian JM, Eds. *Medicolegal Aspects of Marijuana* – Michigan Edition. Lawyers & Judges Publishing Company. Tucson. 2019.

329. BOOK. *Drug Discovery and Development*. Third Edition. O'Donnell JJ, Somberg J, Idemyor V, and O'Donnell JT. Eds. Taylor and Francis / CRC Publishing. Boca Raton, 2020.
330. Overview/Introduction to Drug Discovery. In O'Donnell JJ, Somberg J, Idemyor V, and O'Donnell JT. Eds*. Drug Discovery and Development*. Third Ed. Taylor and Francis / CRC Publishing. Boca Raton, 2020
331. O'Donnell JT and Vogenberg FR. *The Opioid Crisis and What has Been Learned.* Pharmacy and Therapeutics (P&T) 2019;44(12). https://www.ptcommunity.com/journal/article/full/2019/12/opioid-crisis-and-what-has-been-learned
332. O'Donnell JT and O'Donnell JJ. Contrast Media Neurotoxicity. https://rxisk.org/medication-errors-resulting-in-cns-damage-from-contrast-agent-overdose/. September, 2020.
333. O'Donnell JJ, O'Donnell JT. Drug Induced Falls. In Bakken GM, LaRue C, Cohen HH, Eds. *Slips, Trips, Missteps and Their Consequences.* Third Edition. L&J Publ., Tucson, 2020, *In Press*.

PRESENTATIONS

1. Parenteral Supplementation. Advances in Neonatology Seminar, June,1973.
2. Pediatric and Geriatric Pharmacology. Illinois College of Podiatric Medicine. Chicago, IL. September, 1973.
3. Therapeutic Use of Special Infant Formula. Chicago, IL. August,1974.
4. Special Infant Formula Services. Washington, D.C. December,1975.
5. Effects of Analgesics on Mother and Fetus. University of Illinois College of Nursing Nurse Midwifery Program. April,1976 and July,1976.
6. Perspectives in Alimentation. Delta-School Craft Medical Society. Escanaba, MI. April,1976.
7. Drug Loading and Drug Vacations. Waukegan Developmental Center, Waukegan, IL. April,1976.
8. Pharmacology of Estrogens. Cook County Hospital, Department of Family Practice. September, 1976.
9. Antibiotic Prophylaxis. Illinois Podiatric Society Annual Meeting. October,1976.
10. Development of An Infant Eye Wash Syringe. Los Angeles, CA. December,1976.
11. Parenteral Enteral Hyperalimentation. American Association of Critical Care Nurses. Chicago, IL. January,1977 and May,1977.
12. Enteral Hyperalimentation. St. Luke's Hospital Annual Meeting. Milwaukee, WI. May,1977.
13. Pharmacy Assisted Burn Unit Skin Bank Program. New York NY May,1977.
14. Pharmacist Responsibilities in Total Parenteral Nutrition. American Society for Parenteral and Enteral Nutrition Symposium. Los Angeles, CA. June,1977.
15. Intralipids. American Association of IV Therapists Annual Congress. Chicago, IL. November,1977.
16. Increasing the Awareness and Contribution of the Consultant Pharmacist to the Use of Therapeutic Nutritional Products. American Society of Consultant Pharmacists. San Francisco, CA. November,1977.
17. Enteral Hyperalimentation. Michael Reese Medical Center. Chicago, IL. March,1978.
18. Drug Interactions for the Obstetrician. Rush University, Chicago, Continuing Education Series for Physicians. March,1978.
19. Evaluation of the Need for a Systemized Approach to Pharmacology Education for Nursing Professionals. Oakton College. Morton Grove, IL. November,1978.
20. Hyperalimentation. Surgical Grand Rounds, Rush Presbyterian-St. Luke's Medical Center, Department of Surgery. June,1979.
21. Effect of Solubilizers on Intravenous Filter Failures. San Francisco.1980.
22. Competency Based Pharmacist Evaluation Tool. Chicago, IL. June,1981.
23. Albumin and Lymphocyte Count as Predictors of Morbidity and Mortality. Clinical Nutrition Department, Rush University. Chicago, IL. June,1981.
24. Six Hours in Cardiovascular Pharmacology. Critical Care Nursing Staff, Northwest Community Hospital. Arlington Heights, IL. February,1982.
25. Caffeine: What Do I Tell My Patient? Illinois Dietetic Association. DeKalb, IL. April,1982.
26. Mechanisms of Chemical Dependency: Alcohol and Central Nervous System Agents. Illinois Bar Association, Lawyers Assistance Program. Chicago, IL. April,1982.
27. Significant Drug Nutrient Interactions. West Suburban Dietetic Association. Downers Grove, IL. May,1982.
28. Risk Factors Related to Drugs and Diet and Pharmacology Update for Dietitians. North Suburban Dietetic Association. Hoffman Estates, IL. February,1983.

PRESENTATIONS

29. Nutrition: Building Block for Wellness, Myths and Dangerous Health (Food) Practices, New Developments in Micronutrients, and Drug Nutrient Interactions. California Pharmacist Association Winter Continuing Education Seminar. South Lake Tahoe, Nevada. February 1983.
30. Pharmacist Perspective-Developing an Understanding Lyphomed National Sales Meeting. Tarpon Springs, Florida. February,1983.
31. Drug Nutrient Interactions. Michigan Dietetic Association. Grand Rapids, Michigan. April,1983.
32. Caffeine-What Do I Tell My Patient? Indiana Dietetic Association. French Lick, Indiana. April,1983.
33. Analysis of Disopyramide in Intravenous Solutions by High Pressure Liquid Chromatography. Chicago, IL. May,1983.
34. Iron Poisoning in Home TPN Patient. American Society of Parenteral Nutrition Symposium. Chicago, IL. September,1983.
35. Micronutrients. Symposium Moderator, Rush-Presbyterian-St. Luke's Medical Center. Chicago, IL. September,1983.
36. Nutrition Care Delivery Dynamics and Economics. Visiting Faculty, American Hospital Association. Chicago, IL. October,1983.
37. Avoiding Drug Induced Injury. LaGrange Community Hospital, Medical Staff Continuing Education. November,1983.
38. New Developments in Parenteral Nutrition. LaGrange Community Hospital, Medical Staff Continuing Education. December,1983.
39. Prevention of Vitamin Deficiency. Micronutrient Symposium, Atlanta, GA.1983.
40. Cholesterol and Cardiovascular Disease: Current Thought on Diet and Drug Treatment. LaGrange Community Hospital, Medical Staff Continuing Education. March,1984.
41. New Injectable Therapy-Micronutrients. Parenteral Drug Association Annual Meeting. Chicago, IL. March,1984.
42. Home Intravenous Therapy. Consultants for Home Health Care, Board of Directors Meeting. Chicago, IL. March,1984. Prevention of Complications in TPN. Schwab Rehabilitation Hospital. Chicago, IL. March,1984.
43. Therapy for Minimal Brain Disorder and Epilepsy. Southern Illinois Nutrition Educational Conference. Mt. Vernon, IL. March,1984.
44. Management of Obesity. LaGrange Community Hospital, Medical Staff Continuing Education. April, 1984.
45. Vitamins: Myths and Madness. LaGrange Community Hospital, Medical Staff Continuing Education. April,1984.
46. Evaluation of Home Pharmacy Vendors.1984 Cancer Therapy Update, Rush Cancer Center. Chicago, IL. April,1984.
47. Micronutrients in Contemporary Nutrition. Symposium, Baptist Memorial Hospital. Memphis, TN. April,1984.
48. An Analysis of Hospital Pharmacy Pricing Methods in the 305 Area Code. Boston, MA. June,1984.
49. Enteral Nutrition. LaGrange Community Hospital, Medical Staff Continuing Education. June,1984.
50. Parenteral and Enteral Nutrition. St. Charles, IL. June,1984.
51. Strategies for Survival in the Home Health Care Market. Home Care, Chicago, IL 1984.
52. Cardiovascular Pharmacology. Illinois Academy of Community Pharmacy. Chicago, IL. October, 1984.

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53. Enteral Nutrition. Oregon Pharmacists Assn. Corvallis, OR October,1984.
54. Treatment of Angina. Fox Valley Pharmaceutical Association. Aurora, IL. November,1984.
55. Pharmacology of Calcium Channel Blockers. Racine County Pharmacists Association. Racine, WI. January,1985.
56. Macroview of Micro Infusion Systems in the United States. Toronto Society of Hospital Pharmacy Directors. Toronto, Canada. March,1985.
57. Hydration and Electrolyte Therapy. Network Home Care Seminar. Hillside, IL. March,1985.
58. Pharmacy Malpractice. South Suburban Pharmacists Association. March,1985.
59. Enteral Nutrition. National Association of Retail Druggists. San Francisco, CA. April,1985.
60. Micronutrient Toxicity and Deficiency in a TPN Patient. Clinical Pharmacology Rounds Rush Medical School. Chicago, IL. May,1985.
61. Pharmacology of Angina Therapy. Chicago Pharmacists Meeting Chicago, IL. May,1985.
62. Alternative Methods to Meet Nutritional Needs. Association of Rehabilitation Nurses Illinois Chapter. September,1985.
63. Pharmacology of Anti-Hypertensive Drugs. Green Bay Pharmacists Society. Green Bay, WI. October, 1985.
64. Provision of Hi-Tech Pharmaceuticals to Patients. Las Vegas, Nevada. October,1985.
65. Pharmacologic Basis for Establishing Liability. Illinois Institute for Continuing Legal Education Preparation and Trial of Drug Liability Cases. Seminar Chicago, IL. November, 1985.
66. Pharmacists' Perspective of Syringe Pump Systems in Hospitals. National Sales Meeting, Colonial Hospital Supply Company. Chicago, IL. December,1985.
67. Non-Traditional Practice Opportunities. Illinois Pharmacists Assn. February,1986.
68. Methods of Intravenous Drug Administration. Nashville, TN. March,1986.
69. Pharmacology of Calcium Channel Blockers. Shopko Pharmacists Group. Appleton, Wl. April,1986.
70. Extra and Intrahepatic Disease as a Result of TPN. Department of Pharmacy Journal Club, Rush Medical Center. Chicago, IL. May,1986.
71. Intravenous Hyperalimentation in the Intensive Care Patient. Department of Cardiology Conference. Rush Medical Center. Chicago, IL. May,1986.
72. Stability of Vincristine and Vinblastine in Intravenous Solutions. June,1986.
73. Calcium Channel Blockers in Hypertension. Lake Geneva Pharmacist Association. Lake Geneva, Wl. July,1986.
74. Overview of Intravenous Drug Delivery Systems: Focus on Syringe Pumps. New York Council of Hospital Pharmacists. Concord, NY September,1986.
75. Cocaine Pharmacology. Cook County Public Defender's Office. February,1987.
76. Pharmacological Basis for Drug Product Liability. National Practice Institute. Chicago, IL. March,1987.
77. Generic Drugs: Myths and Reality. Michigan Pharmacists Association. Dearborn, Ml. March,1987.
78. Benefits of Publishing. Professional Practice Lecture Series. Department of Pharmacy. Rush-Presbyterian-St. Luke's Medical Center. May,1987.
79. Terfenadine Pharmacology. Illinois Medical Society Medicaid Formulary Committee. Chicago, IL. September,1987.
80. Geriatric Pharmacology and Nutrition. Family Practice Center, University of Kentucky Medical Center, Lexington, KY October,1987.

PRESENTATIONS

81. Prescription Drug Abuse. Illinois Bar Association, Chicago, IL. December,1987.
82. Drug Use in the CTA Work Place. WVON Radio, Chicago, IL. December,1987.
83. Quality Assurance and Risk Management in Hospital Pharmacy. Elmhurst, IL. March,1988.
84. Identifying Risk Prone Therapies. New Orleans NAHC. April,1988.
85. Pharmacological Basis of Establishing Liability. West Virginia Trial Lawyers Association. Charleston, WVa. June,1988.
86. Pharmacology of Accutane. American Trial Lawyers Association. Kansas City, MO. August,1988.
87. Alcohol and the Law. Detroit Defense Trial Lawyers Association. Detroit, Ml. October,1988.
88. Pharmacology and The Law. Lawyers Post Graduate Clinics Law Seminar Series. Chicago, IL. November,1988.
89. Communications in the Health Care Industry. MidAtlantic Regional Nurse's Association (MARNA). New York NY. February,1989.
90. Effect of Alcohol and Drugs on Driving. DuPage County State's Attorney Office. March,1989.
91. Illinois Pharmacy Practice Act-Practical Applications for Supportive Personnel. April,1989.
92. Alcohol Drugs and Traffic Safety. State Bar of Michigan. Las Vegas, NV. April,1989.
93. Alternate Practice. Illinois Pharmacists Association. Chicago, IL. May,1989.
94. Standards of Practice for Pharmacy. Sangamiss Society of Hospital Pharmacists. Springfield, IL. May, 1989.
95. Drug Therapy in Handicapped Children. Suburban Handicapped League. Hoffman Estates, IL. September,1989.
96. Generic Drugs. Restoring Confidence. Atlanta, GA. December,1989.
97. Generic Drugs. Restoring Confidence. Akron Pharmacists Society. May,1990.
98. Pharmacology of Accutane. Association of Trial Lawyers of America. Toronto, Canada. July,1991.
99. Power of Addiction. National Association of Women Judges. Chicago, IL October,1991.
100. Interactions between Industry and Government Officials. Boots Pharmaceuticals. Lincolnshire, IL February, 1992.
101. Pain Equilibration. Florida/Georgia Trial Lawyers Seminar. Orlando, FL August, 1992.
102. Avoiding Adverse Drug Reactions. Visiting Professor, Department of Clinical Pharmacology. Meharry Medical College. Nashville, TN. October, 1994.
103. Avoiding Adverse Drug Reactions. Department of Pharmacy. Rush Presbyterian St. Luke's Medical Center. Chicago, IL February, 1995.
104. Reflections of a Generic Drug Board Member. Searle Labs. Department of Clinical Research. August, 1995.
105. Addiction Potential and Psychiatric Toxicity of Ephedrine Containing Dietary Supplements. WPVI Action News, Philadelphia, PA. November, 1996
106. Serotonin Neurochemistry/Pharmacology. Mealey's Fen/Phen-Redux Litigation Conference, Philadelphia, PA, Dec. 1997
107. Fen/Phen-Redux: Warning and Testing Issues: Perspectives of a Pharmacologist. Western Trial Lawyers Fen/Phen Conference, Albuquerque, New Mexico. May 6, 1998.
108. Screening for Colon Cancer. Facilitator. City Wide Continuing Medical Education. University of Illinois College of Medicine. Rockford, IL May, 1999

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109. Pharmaceutical Liability: Adverse Drug Reactions, Medication Errors, and Pharmacist Duties. DePaul University Health law Institute and Greater Chicago Chapter American Association legal Nurse Consultants, Chicago, September 19, 1998.
110. Corticosteroid Toxicity. American Trial Lawyers Meeting. Washington DC. July, 1998
111. Estrogen Replacement Therapy. Facilitator. City Wide Medical Education. University of Illinois College of Medicine, Rockford, IL. November 1998.
112. Pain Management. Facilitator. City Wide Medical Education. University of Illinois College of Medicine. Rockford, IL February, 1999.
113. Pharmacoepidemiology: Identification, Analysis, Research, and Interventions to Decrease Drug-Induced Injury. Rush Medical College, Department of Pharmacology: Research Seminar Series, 3/19/99.
114. Dangers of Diet Drugs and Fad Diets. RUSH Employee Wellness Center. July , 1999.
115. Drug Induced Neurologic Toxicity. Mercer University College of Pharmacy, Atlanta, GA. August, 1999.
116. Drug Induced CNS Toxicity. Rush University, Department of Pharmacology, Graduate Seminar Series. October, 1999.
117. Facilitator-Intimate Partner Violence Program. City Wide Medical Education, Problem Based Education Program. University of Illinois College of Medicine. Rockford, Il. November, 1999.
118. Facilitator-Myocardial Infarction Program. City Wide Medical Education, Problem Based Education Program. University of Illinois College of Medicine. Rockford, IL . February, 2000.
119. Herbals and Botanicals. Facts and Myths. RUSH Employee Wellness Center. March 21, 2000.
120. Careers in Pharmacy. Panel discussant. University of Illinois College of Pharmacy. April, 2000.
121. Regulatory Perspective: Medical Legal Implications of Alternative Medicines. New York Society of Health-system Pharmacists 2000 Annual Assembly, Bolton Landing, NY. May, 2000.
122. Pharmacology and Pharmacokinetics of Corticosteroids. National College of Advocacy, Association of Trial Lawyers of America: Steroid Litigation Group. Chicago, July, 2000.
123. Application of Daubert in a Steroid Product Liability Case. Association of Trial Lawyers of America: Section on Toxic, Environmental, and Pharmaceutical Torts (STEP). Chicago, July, 2000.
124. Drug Induced Neurologic Toxicity. Mercer University College of Pharmacy, Atlanta, GA. Mercer University, Atlanta, GA. September, 2000.
125. Entrepreneurial Consulting for University Faculty. Mercer University College of Pharmacy Faculty, Atlanta, GA. September, 2000.
126. The Role of the Food and Drug Administration. Mealey's Propulsid Litigation Conference. Philadelphia. September, 2000.
127. Accutane and Depression and Suicide-Is there a Link? US Congress, Committee on Government Reform, Washington DC. December 5, 2000.
128. Alcohol and Drugs and Driving. L&J Accident Reconstruction and Litigation Seminar. Anaheim, CA. February 16, 2001
129. Preventing Drug Interactions and Prescription Errors-Advice for the Consumer. KRLD Talk Radio, The Marty Griffin Show, Dallas, TX, February, 22, 2001.
130. Entrepreneurial Consulting for Fun and Profit. Faculty Seminar Series. Department of Pharmacology. Rush Medical College, Chicago, IL. February 23, 2001.

PRESENTATIONS

131. The NABP Produces Mixed Results: A Legal and Clinical Analysis Concerning The Recent NABP Model Act And Rules Initiative Towards Pharmacy Technicians. American Society of Pharmacy Law-Larry Simonsmeier Legal Writing Award Recipient Presentation. American Pharmaceutical Association Annual Meeting, San Francisco, March, 2001.
132. Drug Induced Neurologic Toxicity. Mercer University College of Pharmacy, Atlanta, GA. Mercer University, Atlanta, GA. September, 2000.
133. (Facilitator) Reproductive Endocrinology: In Vitro Fertilization; Embryonic and Stem Cell Research. City Wide Medical Education, Problem Based Education Program. University of Illinois College of Medicine. Rockford, IL . November 14, 2001
134. (Facilitator) Issues of Competency in the Elderly. City Wide Medical Education, Problem Based Education Program. University of Illinois College of Medicine. Rockford, IL. February 27, 2002
135. Pharmaceutical Liability: Medication Errors, Adverse Reactions, and Pharmacists' Duties. Georgia Association of Legal Nurse Consultants. Atlanta, Ga. March 19, 2002.
136. Managing Diabetes in Two Easy Steps. City Wide Medical Education, Problem Based Education Program. University of Illinois College of Medicine. Rockford, IL. April 9, 2002
137. Clinical Pharmacology of Accutane. Scientific Symposium: Neuropsychiatric Effects of Accutane- Depression, Seizures, Psychosis, and Suicide. Birmingham, Al. May 10, 2002.
138. Accutane Adverse Events. Scientific Symposium: Neuropsychiatric Effects of Accutane- Depression, Seizures, Psychosis, and Suicide. Birmingham, Al. May 11, 2002.
139. Psychiatric Toxicity Associated with Retinoids. Department of Pharmacology Rush Medical College, Seminar Series. Chicago, IL June 14, 2002
140. Pharmacists' Liability: Practice and Research Concerns. American College of Clinical Pharmacology Annual Meeting, San Francisco, September 23, 2002.
141. Drug Induced Neurologic Toxicity. Mercer University College of Pharmacy, Atlanta, GA. Mercer University, Atlanta, GA. October 1, 2002.
142. Clinical Pharmacology and Clinical Uses and Toxicity of Oxycontin. Mealey's Litigation Seminar. West Palm Beach, Florida. October 2, 2002
143. Clinical Pharmacology and Uses of Hormone Replacement Therapy: The Women's Health Initiative (WHI) Findings. Mealey's Litigation Conference, West Palm Beach, Florida, October 2, 2002.
144. Clinical Pharmacology of SSRI Medications. Seminar: Neuropsychiatric Adverse Effects of SSRI Medications: Psychosis, Seizures and Suicide. Philadelphia, PA. October 4, 2002
145. Adverse Event Reports. Seminar: Neuropsychiatric Adverse Effects of SSRI Medications: Psychosis, Seizures and Suicide. Philadelphia, PA. October 4, 2002
146. Medication Injuries in the Nursing Home Patient: The Pharmacist's Role. L&J Nursing Home Litigation Seminar. Tucson, AZ. November 15, 2002.
147. Medication Injuries in the Nursing Home Patient: The Pharmacist's Role. American Association of Legal Nurse Consultants, Georgia Chapter. Atlanta, GA January 21, 2003
148. Pain Management for the Medication Dependent Patient. City Wide Medical Education, Problem Based Education Program. University of Illinois College of Medicine. Rockford, IL, March 27, 2003.

PRESENTATIONS

149. Medication Errors: Causes and Solutions by Pharmacists. American Association of Legal Nurse Consultants. 14th National Educational Conference, Philadelphia, PA April 12, 2003.

150. Medication Errors: Causes and Solutions by Pharmacists. Saint Louis Chapter: American Association of Legal Nurse Consultants. St. Louis, MO, April 18, 2002.

151. Faculty/Facilitator. Return on Investment for Continuing Medical Education Programs. Annual Meeting, Illinois Alliance for Continuing Medical Education, Hoffman Estates, IL, June 27, 2003.

152. *Interviewed/guest* Medication Safety and Drug Use in the Elderly WKKC Talk Radio: The Consumer's Eye. 89.3 FM Chicago, September 9, 2003.

153. Drug Misadventures: Liability Related to Issues and Injuries Involving Medication Errors. American Association of Legal Nurse Consultants St. Louis Chapter Fall, Educational Conference, October 17, 2003.

154. Mock Trial Direct and Cross Examination of the Pharmacy Liability Expert. Annual Meeting, American Society of Pharmacy Law. Las Vegas, NV. October 25, 2003

155. Role of Expert Witnesses in Pharmacy Malpractice Cases. Annual Meeting, American Society of Pharmacy Law. Las Vegas, NV. October 25, 2003.

156. Update on Diagnosis and Treatment of Breast Cancer. City Wide Medical Education, Problem Based Education Program. University of Illinois College of Medicine. Rockford, IL, November 13, 2003

157. Alcohol Withdrawal Seizures. Identification, Prevention, and Treatment. Neurosurgery Resident Teaching Conference. Rush University Medical Center. January 9, 2004.

158. Advanced Directives. City Wide Medical Education, Problem Based Education Program. University of Illinois College of Medicine. Rockford, IL February 5, 2004.

159. Alcohol Withdrawal Seizures. Identification, Prevention, and Treatment. Department of Pharmacology Seminar Series, Rush University Medical Center. March 3, 2004.

160. Facilitator/Faculty. 12th Annual Diabetes Conference, "Real World" Diabetes Care: Addressing Depression and Self Management as Barriers to Success. University of Illinois College of Medicine at Rockford. March 10, 2004.

161. O'Donnell JT**. The Incidence of Bronchospasm or Asthma Following Non-depolarizing Muscle Relaxants on Adverse Events Reported to the Food and Drug Administration. Poster Session: University of Illinois College of Medicine-Rockford, March 31, 2004.

162. 'Wobbler's Syndrome'- Aminoglycoside Vestibulopathy. Department of Pharmacology Seminar. Rush University Medical Center. April 21, 2004

163. Risk Management Strategies for Avoiding Drug Induced Injuries. Rockford Health Systems Medical Grand Rounds, Rockford, IL. April 23, 2004.

164. Pharmacologic Considerations in Mitigation. National Association of Sentencing Advocates Annual Conference. Milwaukee, WI. May 24, 2004

165. Risk Management Strategies for Pharmacists. Grady Health Systems, Pharmacy Staff Education Program, Atlanta, GA. July 20, 2004.

166. Recreational Drug Toxicology. American Association of Legal Nurse Consultants, Atlanta Chapter. July 20, 2004

167. Faculty, Teaching Forum, Mock Trial in a Medical Malpractice Case Involving a Drug Product. American College of Clinical Pharmacology Annual Meeting, Phoenix, AZ, October 5, 2004.

168. Pharmacology of Vioxx. LexisNexis Vioxx Litigation Seminar, Pasadena, CA, November 9, 2004.

PRESENTATIONS

169. *Interviewed/guest* Vioxx and Pain Relievers: What Can the Patient Do? WKKC Talk Radio: The Consumer's Eye. 89.3 FM Chicago. December 28, 2004
170. Benjamin D and O'Donnell JT. Prothrombotic Effects of COX-2 Inhibitors. Is it a Class Effect?. Abstract / Poster Presentation. American College of Legal Medicine Annual Meeting, San Diego, CA. March 4, 2005.
171. Pharmacologic Issues in Mitigation. Fight for Life - Death Penalty Seminar. Tennessee Association of Criminal Defense Attorneys. Paris Landing, TN. April 7, 2005.
172. Cox II Inhibitors' Prothrombosis (The Vioxx Story). Rush University Department of Pharmacology Research Seminar. April 20, 2005
173. Pharmacologic Issues in Mitigation. Spring CLE. Missouri Association of Criminal Defense Attorneys. Kansas City, MO, April 22, 2005.
174. Pharmaceutical Issues in Litigation. TAANA - The American Association of Nurse Attorneys, Annual Meeting, Chicago. November 4, 2005.
175. The Ortho Evra Patch: Scientific Panel Discussion. Lexis Nexis Mealey's Litigation Conference. Marina Del Rey, CA. March 6, 2006.
176. Safe Use of Psychotropic Medications. Committee on Prison Health, Legislature of the State of Texas, Austin, TX. April 26, 2006.
177. Institute of Medicine (IOM): Report on Preventing Medication Errors - Focus on Drug Safety. Pharmacology Department Seminar: Rush University Medical Center. November 29, 2006.
178. Defending Chemically Impaired Drivers. Illinois Institute for Continuing Legal Education Annual Defending DUI Seminar, Peoria, IL April 13, 2007.
179. Defending Chemically Impaired Drivers. Illinois Institute for Continuing Legal Education Annual Defending DUI Seminar, Chicago, IL April 26, 2007
180. Pharmacology of Chemically Impaired Drivers. Illinois Traffic Court Seminar Annual Educational Conference. Bradley University, Peoria, IL June 7, 2007.
181. Limiting Pharmacist Malpractice: Risk Reduction Methodologies. University of Southern Nevada, South Jordan, Utah. January 12, 2008.
182. Risk Management and Risk Avoidance in Pharmacy Practice: Protecting Patients and Protecting Assets. American College of Legal Medicine. Houston, TX March 2, 2008.
183. Defending Drugged Drivers. Illinois Institute for Continuing Legal Education, East Peoria, IL. March 18, 2008.
184. Defending Drugged Drivers. Illinois Institute for Continuing Legal Education, East Peoria, IL. March 28, 2008.
185. Drug Abuse and Drug Testing: Prevalence, Social, Legal, and Health Problems for Employee and Employer. Lorman Educational Seminar. Rockford, IL April 22, 2008.
186. Human Subject Protection Concerns in Device Trials: A Regulatory Update. Q1 Productions. Medical Device Subject Recruitment & Retention Conference. Chicago, IL. May 12, 2008
187. Scientific Issues in Aggravated DUI Drug/Reckless Homicide Cases. McHenry County (IL) State's Attorney Office. Woodstock, IL August 1, 2008.
188. Use and Interpretation of Toxicology Information in Litigation: Civil, Criminal, Employment, and Family Law. Chicago Chapter: American Association of Legal Nurse Consultants. Chicago, IL. September 11, 2008
189. Anatomy of an Adverse Drug Reaction: Case Discussions and Analyses. Rush University Department of Pharmacology Research Seminar, October 15, 2008.

PRESENTATIONS

190. Ototoxic Drugs and Forensic Issues for the Audiologist. Rush University, Department of Communication Disorders - Pharmacology. November 17, 2008.
191. Anatomy of an Adverse Drug Reaction: Case Discussions and Analyses. Iowa Legal Nurse Consultants Seminar, Des Moines, IA. January 25, 2009.
192. Dietary Supplements: Report from the NIH Center for Food Safety. Rush University, Department of Pharmacology Seminar, April 22, 2009Pain Equilibration: Torts Made Perfect. Las Vegas, NV. October 15, 2009.
193. Pain Equilibration: Virginia Trial Lawyers Association. Irvington, VA. November 7, 2009.
194. Anatomy of an Adverse Drug Reaction: Protecting yourself and family from dangers of prescription drugs. Morrison Associates – Winter Lecture Series, Palatine, IL February 16, 2010.
195. Pharmacy Careers. Phi Delta Chi Alumni Roundtable. UIC College of Pharmacy, Chicago. March 19,2010.
196. Current State of Science of Dietary Supplements. Rush University, Pharmacology Seminar. Chicago, March 31, 2010.
197. Pharmacy Careers. Student American Pharmacists Association, UIC College of Pharmacy, September 28, 2010.
198. New Drug Development. Rush University Pharmacology Seminar. October 6, 2010.
199. Moderator and Organizer: Conference on Mediation Induced Violence and Suicide. Rush University Department of Pharmacology. October 8, 2010
200. New Drug Development. Rush University – Illinois Mathematics and Science Academy Intersession, January 11, 2011.
201. Toxicity of Selected Opiates: Dilaudid, Methadone, and Fentanyl. Rush University Pharmacology Seminar. January 27, 2011.
202. Pain Equipotency: Torts Made Perfect. Las Vegas, NV. October 13, 2011.
203. DUI and Drugs. Illinois Traffic Conference. Bradley University, May 3, 2012.
204. Does This Herb Disturb (Toxicity of herbal products). Hepatobiliary Disease: From Benign to Malignant. Northshore University Healthsystem. Northbrook, IL May 17, 2014.
205. Alternative Careers – Consulting. Great Lakes Chapter, American Society Pharmacology Experimental Therapeutics. North Chicago, IL. June 13, 2014.
206. Avoiding Pharmacist Malpractice and Drug Injury. Rosalind Franklin University, College of Pharmacy Nagimer Seminar, North Chicago, IL December 1, 2014.
207. Consulting and Publishing Opportunities for Faculty. Rosalind Franklin University, College of Pharmacy. North Chicago, IL. December 1, 2014.
208. Career Planning for Pharmacy Students. Rosalind Franklin University, College of Pharmacy, North Chicago, IL December 1, 2014.
209. DUI and Prescription Drugs. Illinois Traffic Conference. Bradley University. Peoria, IL. June 5, 2015.
210. Medicolegal Litigation Primer and Cases for Pharmacists. Keynote Address. New York Society of HealthSystem Pharmacists – Regional Residency Conference, Brooklyn, NY. June 19, 2015.
211. Alternative Careers – Consulting. Great Lakes Chapter, American Society Pharmacology Experimental Therapeutics. Northwestern University, Chicago. June 26, 2015.
212. Retrograde Extrapolation (of Alcohol). Criminal Defense Perspective, Iowa Association of Justice – Criminal Law Section. Algona, IA. September 11, 2015.
213. Making the Most of Your Pharmacy Career. University of Illinois, College of Pharmacy, Dean's Lecture Series, Chicago, IL. September 17, 2015.

PRESENTATIONS

214. Drug Recognition Expert–DUI Drugs. Illinois Bar Association. Elgin, IL. October 16, 2015
215. Pharmacology of Marijuana. Colorado Bar Association CLE. Marijuana Law Seminar. Denver, CO December 15, 2015.
216. Writing for Publication- Non-research. Rush Graduate College, April 19, 2016.
217. Ethics in Research, Drug Development, and Drug Marketing. Rush Graduate College. March 29, 2016.
218. Ethics in Research - Workshop. April 5, 2016.
219. Principles of Toxicology. Rush Graduate College – MCR program. April 5, 2016.
220. Alternative Careers – Consulting. Great Lakes Chapter, American Society Pharmacology Experimental Therapeutics. Northwestern University, Chicago. July 7, 2016.
221. Pharmacologist's Analysis in Drug Induced Homicide Cases. Federal Defender Program – CJA. Milwaukee, WI. July 15, 2016.
222. Opiate Toxicity Workshop. Rush Medical College. November 8, 2016.
223. Protection of Subjects in Special/Vulnerable Populations. Rush Graduate College – MCR Program. November 15, 2016.
224. Basic Pharmacokinetics for Lawyers. The OACDL Advanced DUI Seminar. Columbus, OH. March 9, 2017.
225. Ethics in Research and Clinical Practice. Rush Graduate College. Chicago, IL March 28, 2017.
226. Writing for Publication. Rush Graduate College. Chicago, IL April 12, 2017.
227. Opioid Epidemic: Causes, Problems, and Solutions. MedicalSystems USA Seminar. Brookfield, WI. April 20, 2017.
228. Alternative Careers – Consulting. Great Lakes Chapter, American Society Pharmacology Experimental Therapeutics. University of Illinois, Chicago. June 24, 2017.
229. DRE v. Pharmacologist: What's in a Name. National College of DUI Defense (NCDD). Harvard Law School, Cambridge, MA. July 22, 2017.
230. The Opiate Epidemic: Employer Issues. Waukesha Area Safety Council. Pewaukee, WI. September 13, 2017.
231. Forensic Issues in OBGYN. American Society of Reproductive Immunology, Annual Meeting. Chicago, IL September 19, 2017. (with O'Donnell JJ)
232. Pharmacologist v. DRE: Who is better qualified? Illinois Bar Association, Law Ed Series. Fall 2017 Advanced DUI & Traffic Program. East Peoria, IL. October 6, 2017.
233. Challenges to the Prosecution Expert in a DUI Drug Case. National College of DUI Defense, Winter Session. Atlanta, GA January 19, 2018.
234. Writing for Publication. Rush Graduate College. Chicago, IL. April 12, 2017
235. Ethics in Research and Clinical Practice. Rush Graduate College. Chicago, IL March 13, 2018.
236. Pharmacology of Drugs: Alcohol and Combinations. Mastering Scientific Evidence Seminar. Texas Criminal Defense Lawyers Association/National College of DUI Defense (Winter Session). New Orleans, LA. March 22, 2018.
237. Mock Trial: State Expert Direct and Cross-Examination. Mastering Scientific Evidence in DUI/DWI Cases Seminar. Texas Criminal Defense Lawyers Association/National College of DUI Defense (Winter Session). New Orleans, LA. March 23, 2018.
238. Pain Equipotency: Quantification of Pain Using Established Pharmacologic Principles. *Connectionology* Seminar. Charlotte, NC June 4, 2018.

PRESENTATIONS

239. Marijuana in Injury Litigation: The New Alcohol. *Connectionology* Seminar. Charlotte, NC. June 5, 2018.
240. Pharmacology of Irritable Bowel Syndrome. Roosevelt University College of Pharmacy. Schaumburg, IL December 13, 2018.
241. Pharmacology of Inflammatory Bowel Disease. Roosevelt University College of Pharmacy. Schaumburg, IL January 3, 2019.
242. Pharmacology of Inflammatory Bowel Disease. Roosevelt University College of Pharmacy. Schaumburg, IL January 3, 2019.
243. Pharmacology of Viral Hepatitis Treatment. Roosevelt University College of Pharmacy. Schaumburg, IL January 24, 2019.
244. Pharmacology of Hepatic Drug Metabolism. Roosevelt University College of Pharmacy. Schaumburg, IL February 7, 2019.
245. Ethics in Healthcare. Rush University Graduate College. Chicago, IL February 12, 2019.
246. Pharmacology of Thyroid Treatments. Roosevelt University College of Pharmacy. Schaumburg, IL. February 25, 2019.
247. Pharmacology of Glucocorticoids. Roosevelt University College of Pharmacy. Schaumburg, IL. February 26, 2019.
248. Pharmacology of Pulmonary Drugs. Roosevelt University College of Pharmacy. Schaumburg, IL. February 26, 2019.
249. Pharmacology of NSAIDs. Roosevelt University College of Pharmacy. Schaumburg, IL. March 11, 2019.
250. Pharmacology of Opiates. Roosevelt University College of Pharmacy. Schaumburg, IL. March 11, 2019.
251. Pharmacology of Diabetes Drugs. Roosevelt University College of Pharmacy. Schaumburg, IL. March 27, 2019.
252. Pharmacology of Bisphosphonates. Roosevelt University College of Pharmacy. Schaumburg, IL. March 27, 2019.
253. Pharmacology of DMARDS and Immunosuppressants.
254. Pharmacology of Histamine and Epinephrine – Focus on Allergy Treatment. Roosevelt University College of Pharmacy. Schaumburg, IL. April 23, 2019.
255. DRE and the DRUG DUI. Arizona Attorneys for Criminal Justice. Tucson, AZ. May 3, 2019.
256. Dangers of Marijuana. Barrington Morning Rotary. Barrington, IL. August 29,2019.
257. Ethical Violations in Research, Industry, and Healthcare. Rush University Graduate College. Chicago, IL February 12, 2019.
258. Bioethics in Research and the IRB. Rush University Graduate College. Chicago, IL. February 17, 2020.
259. Marijuana Pharmacology. In The Impact of Marijuana Use in the Surgical Patient. Panel Discussion. American College of Surgeons, Clinical Congress 2020. October 5,2020.

TABS 1- 6

E. Casey Magan
Russell S. Waddell
WADDELL & MAGAN, P.C.
P.O. Box 11330
Bozeman, MT 59719-1330
(406) 585-4145
rsw@w-mlaw.com/ecm@w-mlaw.com

Attorneys for Plaintiffs

MONTANA EIGHTEENTH JUDICIAL DISTRICT COURT
GALLATIN COUNTY

Stephanie Mooring, Individually, and as Personal Representative of the Estate of Eryon Barnett, Deceased, to specifically include his minor son, B.J.W.; and Sarah Woolard, on behalf of B.J.W., a minor, individually, Plaintiffs, v. Bozeman Deaconess Health Services d/b/a Bozeman Deaconess Hospital a/k/a Bozeman Health Deaconess Hospital, and Bozeman Health Deaconess Hospital Emergency Services; Jessica Hoge, M.D.; and Sarah Donahue, M.D., Defendants.	Cause No. DV-18-235B Declaration and Affirmation for Authenticity and Foundation of Tabs 1-6

Declaration and Affirmation

Under Mont. Code Ann. § 1-6-105

I, Casey Magan, declare and affirm under penalty of perjury that I am an attorney for the Plaintiffs in this lawsuit. The attached Tabs 1 – 6 are offered as evidence in support of Plaintiffs' motion for partial summary judgment on liability and causation against all defendants, and this declaration and affirmation is offered as foundation in support of Plaintiffs' summary judgment evidence:

TAB 1 – A true and correct copy of page 1 of the 2011 FDA label for Dilaudid in effect for 2015. It has been printed directly from the fda document pdf found at:

https://www.accessdata.fda.gov/drugsatfda_docs/label/2011/019034s021lbl.pdf

It is attached with no changes but for highlighting added for emphasis.

TAB 2 – A true and correct copy of page 27 of Eryon Barnett's MMLP records. It has been printed directly from the MMLP records in his matter with no changes but for redaction of confidential information and highlighting added for emphasis.

TAB 3 – A true and correct copy of the Deputy Coroner Notes, comprised of two deposition exhibits: Whitman Exhibit 5, and Smalley Exhibit 71. They are attached with no changes but for highlighting that has been added for emphasis.

TAB 4 – A true and correct copy of excerpts from the transcript of deposition testimony of Stephanie Mooring, taken December 17 and 18, 2018. It is attached with no changes but for highlighting added for emphasis.

TAB 5 - A true and correct copy of page 11 of Eryon Barnett's MMLP records. It has been printed directly from the MMLP records in his matter with no changes but for redaction of confidential information and markup added for emphasis.

TAB 6- A true and correct copy of excerpts from the transcript of deposition testimony of Riley Hawkins, taken March 12, 2021. It is attached with no changes but for highlighting added for emphasis.

By _____
E. Casey Magan

Dated March 31, 2021

Bozeman, Montana

HIGHLIGHTS OF PRESCRIBING INFORMATION

These highlights do not include all the information needed to use DILAUDID® INJECTION and DILAUDID-HP® INJECTION safely and effectively. See full prescribing information for DILAUDID® INJECTION and DILAUDID-HP® INJECTION.

DILAUDID® INJECTION (hydromorphone hydrochloride)
DILAUDID-HP® INJECTION (hydromorphone hydrochloride)
C-II
For intravenous, intramuscular and subcutaneous use
Initial U.S. Approval: January 1984

WARNING: RISK OF RESPIRATORY DEPRESSION, ABUSE, AND MEDICATION ERRORS
DILAUDID-HP® INJECTION IS FOR USE IN OPIOID-TOLERANT PATIENTS ONLY

See full prescribing information for complete boxed warning.

- **Do not confuse DILAUDID-HP INJECTION with standard parenteral formulations of DILAUDID or other opioids, as overdose and death could result.** (5)
- **Hydromorphone is a potent Schedule II opioid agonist. Schedule II opioid agonists have the highest potential for abuse and risk of producing respiratory depression. Ethanol, other opioids, and other central nervous system depressants can potentiate the respiratory-depressant effects of hydromorphone and increase the risk of adverse outcomes, including death.** (5.1, 7.1)

INDICATIONS AND USAGE

- DILAUDID INJECTION is an opioid analgesic indicated for the management of pain where an opioid analgesic is appropriate. (1)
- DILAUDID-HP INJECTION is indicated for the management of moderate-to-severe pain in opioid-tolerant patients who require higher doses of opioids. (1)

DOSAGE AND ADMINISTRATION

- DILAUDID INJECTION: The usual starting dose is 1 mg to 2 mg *subcutaneously* or *intramuscularly* every 2 to 3 hours as necessary. (2.3)
- DILAUDID-HP INJECTION should be used only if the amount of hydromorphone required can be delivered accurately with this formulation. (2.5)
- For patients already receiving opioids, use standard conversion ratio estimates. (2.4)
- The dose should be adjusted according to the severity of pain, as well as the patient's underlying disease state and age. (2.1, 2.2)
- Should intravenous administration be necessary, the injection should be given slowly, over at least 2 to 3 minutes and the usual starting dose is 0.2 to 1 mg. (2.3.2)

DOSAGE FORMS AND STRENGTHS

- DILAUDID INJECTION: 1 mg/mL, 2 mg/mL, or 4 mg/mL. (3)
- DILAUDID-HP INJECTION: 10 mg/mL in 1 mL or 5 mL ampule or 50 mL single-dose vial. (3)
- DILAUDID-HP INJECTION Sterile Lyophilized Powder: 250 mg of sterile, lyophilized hydromorphone hydrochloride to be reconstituted to provide a solution containing 10 mg/mL. (3)

CONTRAINDICATIONS

- Known hypersensitivity to hydromorphone, hydromorphone salts, any components of the product, or in any situation where opioids are contraindicated (4)
- Patients with respiratory depression in the absence of resuscitative equipment or in unmonitored settings; patients with status asthmaticus (4)
- Gastrointestinal obstruction, especially paralytic ileus (4)
- DILAUDID-HP INJECTION: Patients who are not opioid tolerant (4)

WARNINGS AND PRECAUTIONS

- DILAUDID-HP INJECTION is a concentrated formulation of hydromorphone. Do NOT confuse DILAUDID-HP INJECTION with DILAUDID INJECTION. Overdose and death could result. (5.1)
- May cause respiratory depression, use with extreme caution in patients at risk of respiratory depression, elderly and debilitated patients. (5.2)
- Abuse of DILAUDID INJECTION and DILAUDID-HP INJECTION, poses a hazard of overdose and death. (5.3)
- Risk of medication errors: Morphine does not convert to hydromorphone on a milligram per milligram basis. Use Table 1 to convert. (5.1)
- Alcohol, other opioids and central nervous system depressants potentiate the respiratory depressant effects of hydromorphone. (5.4)
- Infants born to mothers physically dependent on DILAUDID INJECTION or DILAUDID-HP INJECTION will also be physically dependent and may exhibit respiratory difficulties and withdrawal symptoms. (5.5)
- Respiratory depression may be markedly increased in patients with head injury, other intracranial lesions, or preexisting increase in intracranial pressure. (5.6)
- May cause hypotension, use with caution in patients at increased risk of hypotension and in patients in circulatory shock. (5.7)
- DILAUDID INJECTION and DILAUDID-HP INJECTION contain sodium metabisulfite. There is a risk of anaphylactic symptoms and life-threatening asthmatic episodes in susceptible people. (5.8)
- Use with caution in patients with biliary tract disease including pancreatitis. (5.9)
- Use with caution and in reduced initial doses in the elderly, debilitated, or other patient populations with increased risk of adverse reactions from opioids. (5.10)
- Use with caution in patients with alcoholism or other drug dependencies. (5.11)
- May impair the mental and physical abilities needed to perform potentially hazardous activities such as driving a car or operating machinery. (5.12)

ADVERSE REACTIONS

Most common adverse reactions are lightheadedness, dizziness, sedation, nausea, vomiting, sweating, flushing, dysphoria, euphoria, dry mouth, and pruritus. (6)

To report Suspected Adverse Reactions, contact Purdue Pharma L.P. at 1-888-726-7535 or FDA at 1-800-FDA-1088 or *www.fda.gov/medwatch.*

DRUG INTERACTIONS

- Concurrent use of other CNS depressants may cause respiratory depression, hypotension, and profound sedation or coma. (7.1)
- Mixed agonist/antagonist analgesics may reduce the analgesic effect of hydromorphone and may precipitate withdrawal symptoms in these patients. (7.2)

USE IN SPECIFIC POPULATIONS

- Pregnancy: Based on animal data, may cause fetal harm. (8.1)
- Labor and Delivery: Use with caution during labor. (8.2)
- Nursing Mothers: Nursing should not be undertaken while a patient is receiving DILAUDID INJECTION or DILAUDID-HP INJECTION. (8.3)
- Pediatrics: Safety and effectiveness in pediatric patients have not been established. (8.4)
- Geriatrics: Use with caution in elderly patients, initiate dose at low end of dosing range. (8.5)
- Hepatic and Renal Impairment: Patients with hepatic and renal impairment should be started on a lower starting dose. (8.6, 8.7, 12.2)

Revised: xx/2011

TAB 1

BOZEMAN DEACONESS HOSPITAL

HOSPITAL PROGRESS NOTE

NAME:	BARNETT,ERYON W	PHYSICIAN:	HOGE MD,JESSICA
LOCATION:	MED		
ROOM NO.:	105-1	DOB/AGE:	03/01/91 24
ACCT. NO.:	V00025773730	DATE OF ADMISSION:	07/02/15
UNIT NO.:	M01234309		

DATE AND TIME OF EXAMINATION: 07/03/2015

CHIEF COMPLAINT: Abdominal pain.

OVERNIGHT EVENTS: None. Patient continues to be in severe abdominal pain from his severe pancreatitis. Lipase has trended downward. He did develop a leukocytosis. He has been afebrile. He is receiving exorbitant amounts of Dilaudid for pain control. He is n.p.o. Etiology of his pancreatitis is unclear. He endorses not taking any supplements. He does not drink and is status post cholecystectomy. The patient is wanting to drink water.

PHYSICAL EXAMINATION:
VITAL SIGNS: Temperature 37.5, pulse 74, respiratory rate 16, blood pressure 125/59, SpO2 91% on room air.
GENERAL: The patient is in mild distress. Awake, alert and oriented.
HEENT: Extraocular muscles are intact. Moist mucous membranes.
CARDIOVASCULAR: S1, S2. No murmurs, rubs or gallops. No peripheral edema.
LUNGS: Clear to auscultation bilaterally. No wheezes, rhonchi or rubs. Good inspiratory effort.
ABDOMEN: Soft, tender throughout with decreased bowel sounds. No masses.
MUSCULOSKELETAL: No clubbing or cyanosis of the nails or digits. Fair muscle tendon strength.
SKIN: Warm and well perfused.

LABORATORY/DIAGNOSTICS: Significant for leukocytosis of 12.7, hemoglobin 13.6, hematocrit 38.6, platelet count 185,000. Sodium 137, potassium 3.8, chloride 103, CO2 27.3, BUN 7, creatinine 0.98, glucose 90, calcium 8.2. LFTs are normal. Lipase is 12,364, triglycerides are 42.

Abdominal ultrasound is negative.

ASSESSMENT AND PLAN: A 24-year-old male who presents with severe pancreatitis.
1. Acute pancreatitis, unclear etiology. May be from pancreatic divisum. He is status post cholecystectomy. Triglycerides are within normal limits. He does not take supplements or drink alcohol. Dr. Gentry recommended an MRCP when this acute attack resolves. Will start clears cautiously and continue pain control and aggressive fluid resuscitation.
2. DVT prophylaxis: The patient is low-risk for DVT by PADUA scoring.
3. CODE STATUS: FULL.

STATE OF MONTANA
DIVISION OF FORENSIC SCIENCE
DEPARTMENT OF JUSTICE
2679 Palmer Street
Missoula, MT 59808 (406) 728-4970

CORONER'S REPORT FORM

Autopsy #: _____

MDFS #: _____

E-mail to: dojcoreast@mt.gov
Submitting Agency: GCSO / Coroner Office Agency Case Number: 150704
County: Gallatin **Coroner/ Deputy Coroner**: B. Whitman, #694
Contact phone number: 406 640-0162

Decedent (Full name) : Eryon W Barnett
Date of birth: 3/1/91 Gender: Male Race: Black
Date and Time Last Seen Alive: 7/4/2015 11:45 am
Date and Time of Death; or Date and Time Found: 7/4/2015 2:45 pm
Place of Death: Rm 105 Bozeman Deaconess Hospital
If death in hospital, date and time admitted: 7/2/15 1:00 pm Dr.'s name: Dr. Jessica Hoge
Other primary investigating agency:
Agency's case number: Contact person:
Contact number:
Autopsy performed? Yes If yes, by Dr. Garrison, Pocatello, ID
Toxicology specimens taken?Yes If yes, check ☒ Blood ☒ Vitreous ☐ Urine
Fingerprints taken? No
Scene photographs taken? Yes If yes, Attached to report? No
Autopsy photographs taken? Yes If yes, Attached to report? No
Death certificate certified by: Coroner/Deputy Coroner: Bonnie Whitman
Medical Examiner: Physician:
Cause of death: If natural: Other, see below
If non-natural: (Drop down)
Other (please write as it appears on death certificate):
32. Part I
a. Acute myocardial ischemia with early infarction
b.
c.
d.
Part II: non-hemorrhagic pancreatitis,
Pending? ☐
Manner of death: Natural
If natural death: Decedent's primary care physician: Dr. Hoge - ER BDH, Dr. Gentry consultation, Billings GI
Primary care physician contact information:
Treating hospital/clinic: Bozeman Deaconess Hospital

EXHIBIT Whitman 5
tabbies

TAB 3

Phone number:

Reviewed by:

Comments:

Details surrounding death: Please 1) Describe scene and investigative findings below; including, as appropriate past medical history (including hypertension, diabetes mellitus, seizures) and current medications (including name of medication, pill count in bottle, date prescribed, number of pills prescribed, dosage of pill, dosing schedule for pill, and prescribing physician), or 2) Attach separate report.

I responded to an unexpected in-hospital death of a 24 year old athletic black man. Eryon Barnett had been admitted on 7/2 for what was believed to be a recurrent flare-up of pancreatitis, his 8th admission this year. His symptoms were consistent with previous events, and he appeared to be responding to the treatment provided. An MRI done in March showed an enlarged pancreas, and he had seen a GI specialist in Billings. He had his gall bladder removed for gall stones as well. Additionally on this admission he complained of a severe headache, and told his mother he had a "burning feeling" in his chest that felt different. He was treated with clear liquids and Dilaudid for pain which was weaned back over time. He was last seen alive by nurse Brinkerhoff at 11:45 am on 7/4, and was reported as oriented x4, denied need for pain meds, had been dozing but awakened upon command and used the urinal. At 2:45 he was found pulseless and apnic, in asystole and cool to the touch. Full code procedures were initiated and carried through without success until he was pronounced dead at 3:30 pm.

When I arrived at the hospital I found a large amount of bloody fluid soaking the sheets and towels around his head and chest area of the bed. As the fluid had come from the resuscitative efforts, it appeared he had some internal hemorrhage. His distraught mother, Stephanie Mooring was at his side.

Mr. Barnett was taken to Pocatello, ID for an autopsy performed by Dr. Garrison. At this time MT did not have any ME's available to perform an autopsy. The autopsy showed that Eryon Barnett had died as a result of acute myocardial ischemia with changes of early infarction. He had marked interstitial edema, hemorrhagic pulmonary edema, acute gastric hemorrhage extending into the jejunum, non-hemorrhagic pancreatitis with residual fibrosis, mild cardiomegaly with early right ventricular dilatation, cerebral edema, and clinical evidence suggesting onset of systemic inflamatory response syndrome (SIRS) terminally.

Mr. Barnett was an athlete who played both football and basketball regularly. He was well known in the football community at the local college, and was planning to test for the NFL. He denied use of alcohol, drugs or steroids upon admission. He did have sickle cell C trait, and had frequent nose bleeds which seemed to intensify over the past 2 years when he moved to MT from TX.

Many attempts were made by Dr. Garrison over the course of months to attempt to determine the root cause leading to Mr. Barnett's death. Specialty lab testing was inconclusive, and more genetic family history was needed. I spoke with Stephanie Mooring many times over a period of months. Alhtough she stated determination to find the cause of his death as he had a sibling, she seemed unable to follow through on gathering the necessary familial information and blood work needed. We ceased our efforts after 10 months, and Dr. Garrison completed his autopsy report without being able to determine a full explanation of the medical events leading to Eryon Barnett's death.

Cause of death for Eryon Barnett is acute myocardial ischemia with early infarction, manner of death is natural. Autopsy attached.

End of report

Report by: Bonnie Whitman

FORM DFS3 (Computer Format 03-02-06) Distribution: Coroner/ State Medical Examiner/ County Attorney

Deputy Coroner Notes for Eryon Barnett autopsy

This 24 year old male was admitted at Bozeman Deaconess Hospital on 7/2/15 at 1:00pm for recurrent flare of acute pancreatitis. He presented with abdominal pain 6/10 consistent with his historic pancreatitis type pain (admitted 6 times for same symptoms over past 14 months). Lipase of 30,000, temp. 37.5, pulse 74, respiratory rate 16, BP 125/59, O2 SATS 91% on room air, lungs clear to auscultation bilaterally. Abdomen was soft, tender throughout with decreased bowel sounds.

Labs on 7/3/15: Leukocytosis of 12.7, hemoglobin 13.6, hematocrit 38.6, platelet count 185,000. Sodium 137, potassium 3.8, chloride 103, CO2 27.3, BUN 7, creatinine 0.98, glucose 90, calcium 8.2, Lipase is 12,364, (down from 31,000 at admission yesterday) LFT's normal. Triglycerides are 42.

Abdominal ultrasound is negative. Liver normal, kidney's normal, spleen normal, imaged pancreas normal, gallbladder status post cholecystectomy.

Patient is very athletic, does not drink, denies taking supplements, does not smoke and eats healthy diet (attempting potential NFL prospects). Family history negative for pancreatic disease, father had kidney stones.

Death was unwitnessed in hospital room. Chronology:

7/2 2130: PT AOx4, quiet, rates pain 6/10, given dilaudid and Zofran for nausea /vomiting

7/3 0645: AO x4, drowsy, tolerating 2-3MG IV dilaudid, pain 5/10, still nauseous, no vomiting

7/3 0855: PT asking questions about lab values, IV dilaudid and Zofran

7/3 1530: PT sitting in bed, complaining of headache and chills, no fever. Clear liquid diet

7/3 2015: PT awake, reporting feeling hot. Afebrile, pain in abdomen 5/10. PT up to shower, steady gait

7/3 2335: PT reports chills and "terrible headache" , given Tylenol 650 mg at 2100 with no relief

7/4 0540: PT slept minimal, continues to call every 2-3 hours for dilaudid, reports headache "much better than last night". Rates pain 2/5

7/4 0919: PT sitting in bed, requesting pain meds, AOx4, states he feels a lot better, no diaphoretic sweats, denies nausea

7/4 1145; PT lying in bed dozing, awoke on command, denies pain medication, using urinal to void, oriented x4. Last time seen alive

7/4 1444: PT found unresponsive, pulseless, apnic. Full code performed. Ceased at 1550 hours.

Deceased patient found lying supine on hospital bed with IV's and intubation tube in place. Sheets under upper torso soaked with light red blood. Frothy red blood oozing from tube. Blood soaked towels near head. No injuries visible or apparent.

Discussion with attending Dr. Jessica Hoge at 1830 hours:

PT admitted with large inflammatory pancreatitis flare. Placed on clear liquids, consultation with Dr. Gentry, Lipase dropping and "in theory getting better". WBC elevated last night. Continual pain and high dilaudid levels after admission, but only had 2mg on 7/4 and was feeling better this day. During the code he ventilated well. He showed no signs of sepsis, no shortness of breath, and BP remained normal. He was in asystole when found, and body was cool at the time of the code. He had full access to the call button for help, and had used it frequently during his stay but nothing after he was visited at 1145.

Her thoughts on possible COD: ARDS? (Usually not sudden like this though). PE?

Bonnie Whitman

Deputy Coroner, Gallatin County, MT

406 640-0162

Bonnie.whitman@gallatin.mt.gov or

bcwhitman2@msn.com (goes to phone as well)

MONTANA EIGHTEENTH JUDICIAL DISTRICT COURT
GALLATIN COUNTY

STEPHANIE MOORING, Individually, and as Personal Representative of the Estate of ERYON BARNETT, Deceased, to specifically include his minor son, B.J.W.; and SARAH WOOLARD, on behalf of B.J.W., a minor, individually,

Plaintiffs,

vs. Cause Number DV-18-235B

BOZEMAN DEACONESS HEALTH SERVICES d/b/a BOZEMAN DEACONESS HOSPITAL a/k/a BOZEMAN HEALTH DEACONESS HOSPITAL; JESSICA HOGE, MD; and SARAH DONAHUE, MD,

Defendants.

VIDEOTAPED DEPOSITION UPON ORAL EXAMINATION OF

STEPHANIE MOORING

BE IT REMEMBERED, that the videotaped deposition upon oral examination of STEPHANIE MOORING, appearing at the instance of the Defendants, was taken at the offices of Fisher Court Reporting, 442 E. Mendenhall, Bozeman, Montana, on Monday and Tuesday, December 17 and 18, 2018, beginning at the hour of 8:55 a.m. on Decembr 17th, pursuant to the Montana Rules of Civil Procedure, before Deborah L. Fabritz, Court Reporter - Notary Public.

TAB 4

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happened.
MR. WADDELL: What -- whether they were trying to resuscitate or whether he's not already passed. That's vague. That's why I'm objecting to it.
MS. COFFMAN: Okay. Got it.
BY MS. COFFMAN:
Q. When you arrived at the hospital, were there people in Eryon's room?
A. Doctors? Physicians? Is that what you're asking me?
Q. Just in general. Yes. That is what I'm asking.
A. Okay. Yes.
Q. Were they attempting to resuscitate Eryon based on your -- or do you know what was going on?
A. I'll say that it appeared that they were.
Q. Okay. During that time when efforts were being made to resuscitate Eryon, did you have conversations with anybody?
A. While he was being worked on?
Q. Yes.
A. No.
Q. After Eryon -- well, strike that.
At some point I assume the resuscitation

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efforts stopped. Was that your impression? Did at some point someone tell you that they didn't think they could do anything else?
A. Yes.
Q. Do you recall who it was that you spoke with?
A. There were several people in that room. I -- I couldn't recall who it was. I didn't even know those people.
Q. Okay.
MS. COFFMAN: Why don't we break for lunch.
THE VIDEOGRAPHER: We're going off the record. The time is 12:20.
(Whereupon, a break was then taken.)
THE VIDEOGRAPHER: We are now back on the record. The time is 1:34.
BY MS. COFFMAN:
Q. I think I failed to ask you where you work.
A. I work for AAA.
Q. AAA. Is that where you worked in 2015?
A. Yes.
Q. And on the weekend of July 4th, 2015, were

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you in town?
A. On the weekend of July 4th?
Q. Between -- let me ask it differently. Did you leave town between July 2nd and July 4, 2015?
A. No.
Q. What kind of phone did Eryon have? Do you know whether it was a iPhone or a Samsung android?
A. I don't recall. He's had several phones. And I'm not really good with phones. I'm sorry.
Q. Do you have an iPhone?
A. No.
Q. So when we broke for lunch, we were talking about, I believe, when you returned to the hospital on July 4th and Eryon passed away. I want to find out -- and I know this is going to be difficult to talk about, but what you remember about the resuscitation effort on July 4th.
A. I'm sorry. Are you asking me a question?
Q. Yeah. What -- what do you remember?
A. I remember he wasn't being resuscitated. My son was already dead. He was dead before I even got to the hospital.
Q. Did somebody tell you that?
A. No.
Q. How did you know that?

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A. He was cold. He was rigid. A lot of the blood that was around him was already soaked up and dried -- dried. They weren't shocking him.
Q. This was when you arrived?
A. Yes.
Q. What else do you remember?
A. I remember my son was dead. I remember that I had every reason to believe he had been dead for a while. I remember it just being so messy and bloody. I remember there being absolutely no sign of life in my son.
Q. And I think you already testified that you didn't talk to anybody during this resuscitation process. Is that correct?
A. I feel as if you're implying that there was a resuscitation process. I don't believe that there was a process. I believe that there was people pretending to do some things on my dead son to make me feel better, that they were trying to do some things on my dead son.
Q. So it's your belief that they weren't actually trying to resuscitate him?
A. That is correct.
Q. Can you tell me what makes you believe that?

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A. I just told you. My son was cold. My son was rigid.
Q. Did you touch him?
A. Yes. Yes, I did.
Q. What do you remember happening afterwards while you were still at the hospital? Did anybody talk to you then?
A. I'm sorry. Can you specify what you mean by afterwards?
Q. After what you described as a pretend resuscitation concluded, did you have conversations with anyone who had been there during that time or anyone else, for that matter, that you remember?
A. Can you ask me each question individually?
Q. Did you leave the hospital immediately after Eryon was pronounced dead?
A. No.
Q. Did you speak with anybody?
A. After he was pronounced?
Q. Yes.
A. At some point, yes.
Q. At some point during that day?
A. Yes.
Q. Do you remember who you spoke with?
A. I spoke with Bonnie. I spoke with

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Dr. Hoge eventually.
Q. Do you remember whether you spoke to any nurses?
A. I asked to speak with the nurse and doctor that was responsible for my son when my son died, is the only two people I asked to speak with. And at that time Dr. Hoge and another female, I guess, came in. I don't really remember the other female too much. I don't know whether she was a nurse. I don't -- I don't know what anybody's title was.
Q. Do you think that other person could have been the chaplain?
MR. WADDELL: Calls for speculation.
THE WITNESS: I don't believe so.
BY MS. COFFMAN:
Q. Did you ever talk to a male nurse?
A. No. No, I did not.
Q. So that same day of July 4th you spoke with Bonnie Whitman at the coroner's office?
A. Are you asking me if I spoke with her at the coroner's office or --
Q. I'm sorry. I mean that's where she works. Did you --
A. Okay.
Q. You spoke with her on July 4th?

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A. Yes.
Q. What did you talk about with her?
A. The only things I really remember about speaking with her about are having him removed from the hospital to be sent -- you know, that I wanted an autopsy. And -- and I know that she had came back to the room a couple times after -- you know, of course, I asked everybody to get out of the room. I just wanted to be alone with my kid. And they kept trying to come back and rush me to leave the room so that they could take my son's body. And I just remember that -- that my son was going to be sent to Pocatello for an autopsy.
Q. On that day did you believe that somebody must have done something wrong?
A. Yes.
Q. So the woman who was with Dr. Hoge, do you have any memory of anything she said to you?
A. Somebody at some point had told me that Eryon had been up that morning and bathed. I don't know if it was that person or not. I don't remember off the top of my head that person speaking.
Again, I had asked specifically to speak with the doctor and the nurse that was in charge of my son when they let him die. I found out later that

Page 140

that nurse was a male, and at no point had any male came in there and spoke with me. So who they brought in at the request of it being the doctor and the nurse, you would have to ask them, because they sure enough didn't bring in who I asked them to bring in.
Q. Do you know anything about where the nurse was?
A. I wasn't told that that wasn't the nurse. I asked to speak with the doctor and the nurse that was on call and that was -- was responsible for my son when they sat there and let my son die. When they came in, they didn't tell me that this is the doctor but this isn't the nurse. I was led to believe that it was the doctor and the nurse.
So would I question where the nurse is? I didn't question where the nurse is because I probably wasn't made aware that that wasn't the nurse to begin with, because it was a female. Just like you said, it was a female.
But the nurse on -- the nurse that was responsible for my son the morning that died, that was a male doctor -- or a male nurse. But no male ever walked into that room to talk to me about what had happened with my son that morning.
Q. Did the woman who was with Dr. Hoge

Resuscitation Event Record

Date: 7/4/15 Time Event Recognized: 1444 Location: Rm 105 Witnessed: ☐ Yes ☒ No ED MD Arrival Time: 1445
Age: 84 Weight: _____ (kg) Height: _____ MD Arrival Time: 1444
Hospital-wide resuscitation response activated? ☒ Yes Time: 1444 ☐ No
Was patient conscious at onset? ☐ Yes ☒ No Monitoring at onset: ☐ ECG/Telemetry ☐ Pulse Oximeter ☐ A-line

Airway/Ventilation

Breathing at Onset: ☐ Spontaneous ☐ Apneic ☐ Agonal ☐ Assisted
Time of First Assisted Ventilation: BVM 1445
Ventilation: ☒ Bag-Valve-Mask ☐ Endotracheal Tube ☐ Tracheostomy ☐ Other: _____
Intubation: Time: 1451 Size: _____
Confirmation: ____ Ausculatation ✓ Exhaled CO2 ____ CXR

Circulation

Condition when need for chest compression/defibrillation was identified?
☒ Pulseless ☐ Pulse (poor perfusion) Time: _____
Interventions in place prior to code: Pt found unresponsive; no pulse / no breath - CPR started - Code called

Time	Breathing: Spontaneous (rate)	Breathing: Assisted (✓)	Pulse: Spontaneous (rate)	Pulse: Compression (✓)	CO2 Monitor	BP	Rhythm	Joules-Defib (D) Cardiovert (C)	Amiodarone Dose/IV or IO	Atropine Dose/IV/IO/ET	Epinephrine Dose/IV/IO/ET	Lidocaine Dose/IV/IO/ET	Vasopressin Dose/IV or IO	Infusions – Dose/ml per hour: Na Bicarb	Infusions – Dose/ml per hour: Calcium Chloride	Comments: i.e.: Peripheral/Central Line Placement, IO, Chest tube, Response to Interventions
1444		✓		✓			•									
1445		✓		✓			Asystole				1mg					Placed on monitor/pads
1446		✓		✓												NS bolus
1448		✓		✓			Asystole				1mg					IV to RAC placed
1449		✓		✓												Narcan 0.4 IV BS <30
1450		✓		✓			Asystole									labs drawn
1451		✓		✓							1mg					ET tube placed by Dr. Kuehl
1452		✓		✓												Glucose D50 + amp IV admin
1453		✓		✓			Asystole									noted blood, gush from ET tube
1454		✓		✓							1mg					Narcan 0.4 IV
1455		✓		✓			Asystole									D10 bag infusing
1457		✓		✓							1mg			Temp		&
1458		✓		✓			Asystole									BS=300
1459		✓		—											Temp	

Time Resuscitation Event Ended: _____ Hypothermia protocol initiated (target 32-34°C) ☐ Yes
Status: ☐ Alive ☐ Expired ☐ Contraindication: _____

Recorder Name: _____ Provider Printed Name: Dr. Hogge
ICU/Team Nurse Name: _____ Provider Signature: _____ Time: 1830 Date: 7/4/15

Page 1 of 3

Pharmacist Name: Derek Burns
Respiratory Therapist Name: _____
☐ Lab orders entered in Meditech
Copy Sent to Pharmacy
Initials 11

Bozeman Deaconess HOSPITAL
915 Highland Boulevard
Bozeman, MT 59715
MMLP

Bozeman Deac MED 105-1-1
BAR[redacted] ERYON W
V000[redacted] 24 /M
HOGE MD,JESSICA DOB: [redacted]/91
07/02/15 1311

TAB 5

MONTANA EIGHTEENTH JUDICIAL DISTRICT COURT, GALLATIN COUNTY

STEPHANIE MOORING, Individually, and as Personal Representative of the Estate of ERYON BARNETT, Deceased, to specifically include his minor son, B.J.W.; and SARAH WOOLARD, on behalf of B.J.W., a minor, individually

Plaintiffs,

v.

BOZEMAN DEACONESS HEALTH SERVICES d/b/a BOZEMAN DEACONESS HOSPITAL a/k/a BOZEMAN HEALTH DEACONESS HOSPITAL; JESSICA HOGE, M.D., and SARAH DONAHUE, M.D.,

Defendants.

Cause No.: DV-18-235B

VIDEOCONFERENCE, VIDEO-RECORDED DEPOSITION OF

RILEY HAWKINS

Taken at:

Nordhagen Court Reporting
1734 Harrison Avenue
Butte, Montana
March 12, 2021
1:30 p.m. MST

TAB 6

Q. Do you recall anything coming up in July 3rd of '15 when Eryon Barnett was your patient?
A. I do not recall.
Q. Okay. Now, he still has -- did you describe that as hypotension?
A. I did not describe that as hypotension.
Q. Would you?
A. Again, it depends on the context.
Q. Okay. Explain that to me.
A. A young, healthy male could have blood pressures in that range and it would be perfectly normal for them.
Q. Okay. And is there anything you can reference when you're putting in the information on this document, 177, about what his situation is as far as meds?
A. Not to my knowledge.
Q. You'd have to look somewhere else for that information, right?
A. I -- yeah, I don't know, no.
Q. Well, do you recall ever doing that when Eryon Barnett was there, checking with the eMAR, or anything else, to see what the medication situation was?
A. I do not recall checking to see

medications.
Q. Okay. Did you try to keep track of the medications that he was taking so that they would give you some information about his state?
A. Generally, we'd get a report in the morning about the medical condition of people. But as to their particular medications, unless there was something that was brought to my attention, I did not pay -- I did not need to know that information.
Q. As a CNA in Bozeman Deaconess Hospital between July 2nd and July 4th, correct?
A. Yes.
Q. Okay. Let's start looking at the "sat" numbers. So that little area right there on 177, can you see where I highlighted in the corner?
A. I can.
Q. Okay. So "sat 91," what does that mean? It's O2 sat.
A. Ninety-one percent oxygen saturation.
Q. And that would have been a portable pulse-ox that you would put on his finger and take a measurement, right?
A. Yes.
Q. Okay. Because he wasn't hooked up to continuous pulse oximetry, right?

A. Yes.
Q. And at the bottom of that very section right here, again, there's an area where you can sign off on continuous pulse oximetry. So it was available if the doctors had wanted to use it, correct?
A. I do not know, but it appears so.
Q. Okay. Do you know how to hook up a patient to the telemetry, the -- I'm sorry, the continuous pulse oximetry?
A. Yes.
Q. How do you do it?
A. There's a little sticker that you would put on somebody's finger and kind of wrap it around and then plug it into the little machine.
Q. And the machine's normally resting on the patient's chest or off to the side, or are you talking about the one that would be on a stick?
A. I'm not familiar with the one on a stick.
Q. Okay.
A. But I did use it.
Q. How difficult is it? How long does it take?
A. It does not take long.
Q. Okay. And is there usually, when you put that -- you tape it to the finger, right?

A. It has an adhesive, yes.
Q. Right. And there's a little red diode that's on the end of it?
A. Yes.
Q. And does that show the pulse or does it just show that it's active?
A. It just shows that it's active.
Q. Okay. Now, the source of the oxygen, the O2, is room air at this time, right?
A. It appears so.
Q. This is on 7/3/15 again, right?
A. Yes.
Q. Okay. And around 3:13 in the afternoon, correct?
A. Yes.
Q. Okay. The next page I want to go to is 187. I'll see if I can get this going. Okay, do you see it on the screen, 187?
A. Yes.
Q. If the continuous pulse-ox had been ordered, where would you have gotten the machine? Where would you have gone to at that time?
A. I think the supply closet had them.
Q. How many, like roughly, an estimate?
A. Oh, I don't know, a dozen.