

IN THE STATE COURT OF FULTON COUNTY
STATE OF GEORGIA

KEITH TRABUE, Individually and as
Guardian of SHANNON MARIA TRABUE, and
ADVOCACY TRUST OF TENNESSEE, LLC, as
Conservator of SHANNON MARIA TRABUE,

Plaintiffs,

vs.

ATLANTA WOMEN'S SPECIALISTS, LLC
AND STANLEY R. ANGUS, M.D.

Defendants.

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CIVIL ACTION
FILE NO. 14-EV-001821Y

CONSOLIDATED PRE-TRIAL ORDER

The following constitutes the Consolidated Pre-Trial Order entered in the above-styled case after conference with counsel for the parties:

1. The name, address and phone number of the attorneys who will conduct the trial are as follows:

(a) For the Plaintiffs:

William S. Stone (lead counsel)
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(b) For the Defendants:

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Taylor Tribble, Esq.
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2. The estimated time required for trial is: Two (2) weeks.

3. There are no motions or other matters pending for consideration by the court except as follows:

(a) For the Plaintiffs:

(1) Motion for real-time reporting with daily copy.

(2) Motion for permission to bring audio visual, computer, and other electronic presentation equipment into the courthouse and courtroom, and use the same at trial.

(3) Motions *in limine* to be filed as required by the Amended Final Scheduling Order.

(b) For the Defendants:

(1) Motions *in limine* to be filed as required by the Amended Final Scheduling Order.

The parties reserve the right to file any additional motions and/or trial briefs as they deem necessary, provided the same do not result in the delay of the trial.

4. The jury will be qualified as to relationship with the following:

(a) For the Plaintiffs:

(1) Shannon M. Trabue

(2) Keith Trabue

(3) Advocacy Trust of Tennessee, LLC, conservator for Shannon Trabue

(4) Atlanta Women's Specialists, LLC

- (5) Stanley R. Angus, M.D.
- (6) MAG Mutual Insurance Company
- (7) William S. Stone
- (8) David Wm. Boone
- (9) Simone R. Siex
- (10) Ryals D. Stone
- (11) James W. Stone
- (12) BOONE & STONE, partners, and employees
- (13) David Wm. Boone, P.C., shareholders and employees
- (14) William S. Stone, P.C., shareholders and employees

The Plaintiffs state that each of the persons and entities listed above has a financial interest in the outcome of this action.

(b) For the Defendants:

- (1) Shannon M. Trabue
- (2) Keith Trabue
- (3) Advocacy Trust of Tennessee, LLC, conservator for Shannon Trabue
- (4) William S. Stone
- (5) David Wm. Boone
- (6) Simone R. Siex
- (7) Ryals D. Stone
- (8) James W. Stone
- (9) BOONE & STONE, partners, and employees
- (10) David Wm. Boone, P.C., shareholders and employees
- (11) William S. Stone, P.C., shareholders and employees

The Defendants object to any jury qualifications for any individual or entity that does not have a financial interest in the outcome of the case.

5. (a) All discovery has been completed, unless otherwise noted, and the Court will not consider any further motions to compel discovery except for good cause shown. The parties, however, shall be permitted to take depositions of any person(s) for the preservation of evidence for use at trial.

The parties reserve the right to conduct further discovery, including depositions, regarding any witnesses listed herein by the opposing parties, who were not identified previously during discovery.

The parties also reserve the right to conduct further discovery regarding any documentary or physical evidence listed herein which was not identified and produced previously during discovery.

(b) Unless otherwise noted, the names of the parties as shown in the caption to this order are correct and complete and there is no question by any party as to the misjoinder or non-joinder of any parties.

No exceptions noted.

6. The following is the Plaintiffs' brief and succinct outline of the case and contentions:

This is an action for professional medical liability under O.C.G.A. § 51-1-27 brought on behalf of Shannon Trabue by her husband and guardian, Keith Trabue, and her conservator, Advocacy Trust of Tennessee, LLC to recover full, fair, just, and adequate compensation for her profound and permanently disabling brain damage proximately caused by the negligence of Atlanta Women's Specialists, LLC and its agents or employees Dr. Stanley R. Angus and Dr. Rebecca V. Simonsen. Keith Trabue, individually, also brings this action to recover full, just, and adequate compensation for his loss of the society, companionship, and services of his wife.

In 2009, Shannon Trabue became pregnant. Shannon was a patient of Atlanta Women's Specialists, LLC. On August 21, 2009, Shannon was admitted to Northside Hospital Labor and Delivery as a pre-eclamptic patient with a history of PIH (pregnancy induced hypertension). Dr. Simonson is listed as Shannon's admitting physician in the hospital record. Another agent or employee of Atlanta Women's Specialists, LLC, Dr. Juanita Wyatt-Hathaway, delivered her baby by cesarean section on August 22, 2009, and attempts to induce labor were unsuccessful. During

her post-delivery hospital stay, Shannon was under the medical care and supervision of Atlanta Women's Specialists agents or employees, Drs. Hathaway, Simonsen, and Angus.

Shannon's hospital course on August 22, 2009 was unremarkable. The caesarian section went well and a healthy baby girl named Jada was delivered. As of 8:00 a.m. on August 24, 2009, Shannon had a slightly positive fluid balance of +643 cc's (meaning her intake was 643 cc's more than her output).

At that time Dr. Simonsen took over her care until 8:00 a.m. on August 25, 2009. However, Dr. Simonsen saw Shannon only one time during that shift at 10:30 p.m. despite several calls from nurses notifying her of serious problems with Shannon's blood pressure, fluid overload, and respiratory status that required immediate evaluation and treatment by a physician. The medical care and treatment rendered to Shannon by Dr. Simonsen was negligent as described in ¶ 9(a), *infra*. By the end of Dr. Simonsen's shift at 8:00 a.m. Shannon's fluid balance was severely positive, at approximately + 5,000 cc's. She suffered from severe fluid overload and uncontrolled, dangerously high hypertension and +3 edema. She was at foreseeable risk of pulmonary edema and cardiopulmonary complications likely to result from it unless her blood pressure and fluid volume was brought and maintained under control. However, her doctors failed to take timely and adequate action to bring and maintain her blood pressure and fluid volume under control.,

Dr. Stanley Angus assumed responsibility for Shannon's medical care and treatment at 8:00 a.m. on August 25, 2009. The medical care and treatment rendered to Shannon by Dr. Angus was negligent as described in ¶ 9(a), *infra*. At around 4:00 p.m. that day, Shannon's blood pressure started rising dangerously, she was still fluid overloaded, and became severely hypoxic. She was transported to radiology unnecessarily, and ill-advisedly. After being there only a few minutes, Shannon suffered a cardiopulmonary arrest, collapsed and lost consciousness, with resulting

permanent, disabling brain damage. While she was resuscitated by the Code team, her life as she knew it prior to admission to the hospital was taken from her completely.

Shannon now has a guardian and a conservator because she cannot manage her own affairs. She is unable to serve as a mother to her children or a wife to her husband, or engage in gainful employment. She has the mentality of a child, and requires constant care and expensive therapy. Her husband cannot work a steady job because he has to stay home and care for her and their children.

The Defendants are responsible for causing this catastrophic, iatrogenic injury and loss to the Trabue family, and they should be held accountable in full, fair, just, and adequate damages for all the harm their medical negligence has caused.

7. The following is the Defendants' brief and succinct outline of the case and contentions:

Mrs. Trabue presented to Northside Hospital on the evening of August 21, 2009 at which time she was 37 weeks pregnant. Mrs. Trabue had elevated blood pressure during her pregnancy and was induced because of her elevated blood pressure. On the afternoon, of August 22, 2009, however, Mrs. Trabue underwent a C-section for failed induction. Dr. Juanita Wyatt-Hathaway, an obstetrician-gynecologist on call for Atlanta Women's Specialists, performed the C-section without complications and Mrs. Trabue's daughter was born healthy. Dr. Hathaway continued to care for Mrs. Trabue through the following day, August 23, 2009, and Mrs. Trabue was improving but required monitoring and treatment because of her elevated blood pressure.

Dr. Rebecca Simonsen was on call for Atlanta Women's Specialists on Monday, August 24th. Dr. Simonsen was updated about Mrs. Trabue's condition that afternoon and she evaluated Mrs. Trabue later that evening. Mrs. Trabue had no complaints of shortness of breath or pain and

her lungs were clear. Her blood pressures were fluctuating but had improved since her delivery. Dr. Simonsen's overall impression was that Mrs. Trabue was improving. Dr. Simonsen did order fluid for Mrs. Trabue because her urine output was decreased. She also continued Mrs. Trabue on blood pressure medication.

Dr. Angus's first involvement with Mrs. Trabue's care and treatment was when he rounded on her on August 25, 2009 at 10:40 a.m. At that time, Mrs. Trabue denied fever and chills, nausea and vomiting, chest pain or shortness of breath. Her lungs were clear on exam. Mrs. Trabue's recent blood pressure was elevated and Dr. Angus increased her blood pressure medication. Mrs. Trabue's urine output was adequate and he therefore discontinued the catheter.

At 4:00 p.m., Mrs. Trabue was up to use the bathroom and complained of shortness of breath. The nurse checked her oxygen level, which was down to 88%. The nurse notified Dr. Angus, who ordered a stat chest x-ray and 10 liters of oxygen via face mask. He then came to examine Mrs. Trabue at 5:00 p.m. When Dr. Angus examined Mrs. Trabue at that time, she was not in respiratory distress as she had normal breathing ability and her lungs were clear. Her most recent blood pressure, however, was elevated. Dr. Angus was concerned about Mrs. Trabue possibly having pre-eclampsia or a more life-threatening condition such as a pulmonary embolism. He ordered lab tests as well as a CT scan. He also increased her blood pressure medication.

Mrs. Trabue's labs were normal and not indicative of pre-eclampsia. Thus, Dr. Angus wanted to rule out other causes of Mrs. Trabue's shortness of breath such as a pulmonary embolism, which needed to be ruled out by CT scan. Dr. Angus believed Mrs. Trabue was stable to be transferred to the radiology department as did the post-partum nurses who were caring for her.

At around 5:30 p.m., Mrs. Trabue was transported in a wheelchair to the radiology department. During the chest x-ray, Mrs. Trabue collapsed and suffered a cardiopulmonary arrest. A code was called, and Mrs. Trabue was intubated and required CPR. The code team was able to resuscitate Mrs. Trabue, but unfortunately she suffered an irreversible brain injury during the code. Mrs. Trabue remained hospitalized at Northside until September 28, 2009 at which time she was transferred to The Shepherd Center. Mrs. Trabue received inpatient and outpatient rehabilitation and continues to receive therapy because of her brain injury.

Dr. Angus fully complied with the standard of care during his care and treatment of Mrs. Trabue. Further, no act or omission by Dr. Angus caused or contributed to Mrs. Trabue's injuries.

The Defendants object to any parties' brief outlines of the case and contentions be read to the jury.¹

8. The issues for determination by the jury are as follows:
 - (a) For the Plaintiffs:
 - (1) Whether Atlanta Women's Specialists, LLC was negligent in its care and treatment of Mrs. Trabue;
 - (2) Whether Dr. Angus was negligent in his care and treatment of Mrs. Trabue;
 - (3) Whether Dr. Simonsen was negligent in her care and treatment of Mrs. Trabue;
 - (4) Whether the negligence of Dr. Angus was a proximate cause of Mrs. Trabue's injuries;
 - (5) Whether the negligence of Dr. Simonson was a proximate cause of Mrs. Trabue's injuries; and

¹ The Plaintiffs disagree that there is any valid objection to reading the Defendants' short statement of their case to the jury, and request a pretrial ruling on this issue after argument at the pretrial conference.

- (6) The amount of full, just, and adequate compensation for the Plaintiffs' injuries and damages.
- (b) For the Defendants:
 - (1) Whether Dr. Angus was negligent in his care and treatment of Mrs. Trabue;
 - (2) Whether any negligent act or omission by Dr. Angus proximately caused and/or contributed to the injuries to Mrs. Trabue;
 - (3) Whether there intervened between the alleged negligence of Dr. Angus and Mrs. Trabue's injuries and damages other acts or omissions that superseded his alleged negligence;²
 - (4) Whether the negligence of Northside Hospital, by and through the actions of their employees, was the proximate cause or contributing cause to the injuries to and/or death of Mrs. Trabue;³
 - (5) The fault of Northside Hospital, by and through the actions of their employees, that may have caused and/or contributed to the damages being claimed, *only if*, the jury

² The Plaintiffs disagree that intervening and superseding cause is an issue for trial. First, foreseeable intervening causes like the negligence of others do not break the causal chain and cut off liability. Second, Defendants have failed to identify what the intervening cause(s) were, who, if anyone, was at fault, and how and why the intervening cause contributed to Mrs. Trabue's brain injury.

³ The Plaintiffs do not agree that apportionment is an issue to be submitted to the jury on the verdict unless the Defendants admit they were negligent, their negligence was a proximate cause of Mrs. Trabue's brain injuries, and produce evidence establishing that (1) Northside Hospital was negligent, (2) Northside Hospital's negligence was a contributing proximate cause of Mrs. Trabue's brain injuries, and (3) there is a rational basis for determining percentages of fault between the Defendants and Northside Hospital and apportioning the total fault to them both.

has determined the Defendants were negligent and that their negligence was the proximate cause of the injuries to Mrs. Trabue;⁴ and

- (6) The amount of damages, if any.
9. Specifications of negligence including applicable code sections are as follows:
 - (a) For the Plaintiffs:

Dr. Simonson. While on duty during August 24-25, 2009, Dr. Rebecca Simonsen was negligent by failing to meet the standard of care for obstetricians and gynecologists for the care and treatment of patients under similar conditions and like circumstances as those presented by this case in the following ways, among others, as outlined in the depositions of Dr. Eric Lichter, Dr. Katharine Wenstrom, and Dr. George Saade:⁵

- (1) Dr. Simonsen failed to make rounds, and observe and evaluate Shannon Trabue as a patient at the beginning of her shift at 8:00 a.m. on August 24, 2009.
- (2) Dr. Simonsen failed to observe and evaluate Shannon Trabue as a patient until 10:45 p.m. on August 24, 2009.
- (3) The one and only time Dr. Simonsen personally was at Shannon Trabue's bedside in the hospital providing medical care was August 24, 2009 at 10:45 p.m.
- (4) Although Dr. Simonsen knew, or reasonably should have known, that Shannon Trabue was a postpartum patient suffering from uncontrolled hypertension, labile (unstable, fluctuating) blood pressure, abnormal

⁴ See note 3 *supra*.

⁵ These depositions are incorporated by reference.

urinary, cardiac, and respiratory function, 3+ edema, shortness of breath, serious pre-eclampsia requiring treatment with magnesium sulfate because she was at foreseeable risk for seizures, Dr. Simonsen failed to remain at the hospital during her shift on August 24-25, 2009 so she would be nearby Shannon where she could closely observe Shannon's fluid status, blood pressure status, and respiratory status, and timely take, perform, or order any therapeutic interventions necessary to address the foreseeable complications that were likely to occur.

- (5) Dr. Simonsen failed to make a treatment plan to bring and maintain Shannon Trabue's fluid overload and uncontrolled hypertension under control, and intervene to address the foreseeable risks that pulmonary edema and serious cardiopulmonary complications were likely to occur.
- (6) Dr. Simonsen failed to closely monitor Shannon Trabue's fluid status, blood pressure status, and respiratory status.
- (7) Dr. Simonsen failed to review available fluid input and output records to acquire an accurate knowledge and understanding of Shannon Trabue's serious positive fluid imbalance (meaning her fluid intake significantly exceeded her urine and other output) which put her at foreseeable serious risk for pulmonary edema and serious cardiopulmonary complications likely to result from it if her blood pressure and fluid volume were not brought and maintained under control.
- (8) Dr. Simonsen failed to appreciate the seriousness of Shannon Trabue's signs and symptoms of increased edema.

- (9) Dr. Simonsen failed to review available nurses notes, or question nurses to acquire an accurate knowledge and understanding of Shannon Trabue's abnormally low urine output.
- (10) Dr. Simonsen failed to recognize and appreciate that Shannon Trabue was dangerously fluid overloaded and that, together with uncontrolled hypertension, placed her at foreseeable serious risk of pulmonary edema and complications likely to result from it if her blood pressure and fluid volume were not brought and maintained under control.
- (11) Dr. Simonsen failed to timely and adequately treat Shannon Trabue's fluid imbalance with Lasix or an alternative appropriate diuretic drug.
- (12) Dr. Simonsen failed to review available blood pressure records to acquire an accurate knowledge and understanding of Shannon Trabue's uncontrolled hypertension and labile blood pressure.
- (13) Dr. Simonsen failed to recognize and appreciate that Shannon Trabue's abnormally low urine output was most likely caused by her uncontrolled hypertension.
- (14) Dr. Simonsen failed to timely and adequately treat Shannon Trabue's uncontrolled hypertension with available appropriate IV and oral antihypertensive medications such as Hydralazine, Labetalol, and Nefedipine (Procardia), to bring her blood pressure under control, and maintain it under control at less than 160 systolic or 90 diastolic.

- (15) Dr. Simonsen failed to recognize and appreciate the seriousness of the nurse's report to her at 1:30 p.m. on August 24, 2009 that Shannon Trabue had decreased urine output and shortness of breath.
- (16) Dr. Simonsen failed to timely come to the hospital to appropriately evaluate and treat Shannon Trabue after receiving the nurse's report at 1:30 p.m. on August 24, 2009, despite telling the nurse she would do so.
- (17) Dr. Simonsen failed to recognize and appreciate the seriousness of the nurse's report to her at 7:00 p.m. on August 24, 2009 that Shannon Trabue had increased blood pressure, and failed to question the nurse more thoroughly about Shannon's condition by which she would have learned that Shannon continued to have abnormal cardiac, respiratory, and urinary function, with continued complaints of shortness of breath, which at that time Dr. Simonsen had failed to come to the hospital to evaluate, despite telling the nurse at 1:30 p.m. she would do so.
- (18) Dr. Simonsen again failed to timely and adequately treat Shannon Trabue's uncontrolled hypertension with available appropriate IV and oral antihypertensive medications such as Hydralazine, Labetalol, and Nefedipine (Procardia), to bring her blood pressure under control, and maintain it under control at less than 160 systolic or 90 diastolic.
- (19) Dr. Simonsen failed to order the hospital nurses to notify her if Shannon Trabue's urine output did not increase to a satisfactory and safe level in response to the IV Bolus, or she had recorded blood pressure of greater than 160 systolic or 90 diastolic.

- (20) When Dr. Simonsen finally came to the hospital to check on Shannon Trabue at 10:30 p.m. on August 24, 2009, she failed to review all of the nurses' notes, fluid input and output records, and blood pressure records to acquire an accurate knowledge and understanding of Shannon's worsening fluid overload, uncontrolled hypertension, and her continued labile blood pressure.
- (21) Dr. Simonsen again failed to timely and adequately treat Shannon Trabue's uncontrolled hypertension with available appropriate IV and oral antihypertensive medications such as Hydralazine, Labetalol, and Nefedipine (Procardia), to bring her blood pressure under control, and maintain it under control at less than 160 systolic or 90 diastolic.
- (22) Instead, Dr. Simonsen improperly ordered an unnecessary 500cc IV Bolus of Lactated Ringers administered at 10:50 p.m. and pushing oral fluids to increase Shannon Trabue's urine output, which overloaded Shannon further with more fluid, compromised her urine output, and increased her foreseeable risk of pulmonary edema and serious cardiopulmonary complications likely to result from it if her blood pressure and fluid volume were not brought and maintained under control.
- (23) Dr. Simonsen failed to follow up and monitor Shannon Trabue's response to the improper IV Bolus. Had she done so, Dr. Simonsen would have learned that within 10 minutes after that IV Bolus was given Shannon's blood pressure increased to the dangerous level of 193 systolic/72 diastolic, and her blood pressure and urine output continued to be abnormal.

- (24) Dr. Simonsen again failed to timely and adequately treat Shannon Trabue's fluid imbalance with Lasix or an alternative appropriate diuretic drug.
- (25) Dr. Simonsen again failed to timely and adequately treat Shannon Trabue's uncontrolled hypertension with available appropriate IV and oral antihypertensive medications such as Hydralazine, Labetalol, and Nefedipine (Procardia), to bring her blood pressure under control, and maintain it under control at less than 160 systolic or 90 diastolic.
- (26) Dr. Simonsen again failed to order the hospital nurses to notify her if Shannon Trabue's urine output did not increase to a satisfactory and safe level in response to the IV Bolus, or she had recorded blood pressure of greater than 160 systolic or 90 diastolic.
- (27) Dr. Simonsen improperly left the hospital and never saw Shannon Trabue again during her shift.
- (28) Dr. Simonsen failed to recognize and appreciate the seriousness of the nurse's report to her at 00:50 a.m. on August 25, 2009 that Shannon Trabue's urine output over the past 12 hours was abnormally low, and failed to question the nurse more thoroughly about Shannon's condition by which she would have learned that Shannon continued to have abnormal high blood pressure and edema +3.
- (29) Dr. Simonsen again failed to timely come to the hospital to appropriately evaluate and treat Shannon Trabue after receiving the nurse's report at 00:50 a.m. on August 25, 2009.

- (30) Dr. Simonsen again failed to timely and adequately treat Shannon Trabue's fluid imbalance with Lasix or an alternative appropriate diuretic drug.
- (31) Dr. Simonsen again failed to timely and adequately treat Shannon Trabue's uncontrolled hypertension with available appropriate IV and oral antihypertensive medications such as Hydralazine, Labetalol, and Nefedipine (Procardia), to bring her blood pressure under control, and maintain it under control at less than 160 systolic or 90 diastolic.
- (32) Dr. Simonsen again failed to order the hospital nurses to notify her if Shannon Trabue's urine output did not increase to a satisfactory and safe level in response to the IV Bolus, or she had recorded blood pressure of greater than 160 systolic or 90 diastolic.
- (33) Instead, Dr. Simonsen at 00:50 a.m. on August 25, 2009, Dr. Simonsen improperly ordered an unnecessary 1,000cc IV Bolus of Normal Saline administered to increase Shannon Trabue's urine output, which further overloaded Shannon with more fluid, compromised her urine output, and further increased her foreseeable risk of pulmonary edema and serious cardiopulmonary complications likely to result from it if her blood pressure and fluid volume were not brought and maintained under control.
- (34) At approximately 1:30 a.m. on August 25, 2009, around the same time the IV Bolus of Normal Saline was given, Shannon Trabue's blood pressure increased to the dangerous level of 195 systolic/75 diastolic, which Dr. Simonsen would have known if she had remained at the hospital to closely monitor Shannon's condition and response to treatments she ordered.

- (35) Dr. Simonsen again failed to timely and adequately treat Shannon Trabue's fluid imbalance with Lasix or an alternative appropriate diuretic drug.
- (36) Dr. Simonsen again failed to timely and adequately treat Shannon Trabue's uncontrolled hypertension with available appropriate IV and oral antihypertensive medications such as Hydralazine, Labetalol, and Nefedipine (Procardia), to bring her blood pressure under control, and maintain it under control at less than 160 systolic or 90 diastolic.
- (37) Dr. Simonsen again failed to order the hospital nurses to notify her if Shannon Trabue's urine output did not increase to a satisfactory and safe level in response to the IV Bolus, or she had recorded blood pressure of greater than 160 systolic or 90 diastolic.
- (38) With knowledge of Shannon Trabue's inadequate urine output throughout her shift, Dr. Simonsen failed to assure that Shannon's fluid intake and output record was accurate before handing her off to Dr. Stanley Angus at 8:00 a.m. on August 25, 2009.
- (39) Dr. Simonson failed to come to the hospital at shift change before 8:00 a.m. on August 25, 2009 to report to Dr. Stanley Angus personally. Dr. Simonson reported on all 10 to 20 of her patients in the hospital on her shift at shift, including Shannon Trabue, in a 5 to 10-minute telephone call.
- (40) Dr. Simonsen failed to report to Dr. Stanley Angus complete and accurate information about Shannon Trabue's fluid status, blood pressure status, and respiratory status when she handed Shannon Trabue over to him at the beginning of his 8:00 a.m. duty shift on August 25, 2009. Among other

important items, Dr. Simonsen failed to notify Dr. Angus that Shannon remained dangerously fluid overloaded with uncontrolled hypertension, placing her at foreseeable serious risk of pulmonary edema and serious cardiopulmonary complications likely to result from it if her blood pressure and fluid volume were not brought and maintained under control.

- (41) Dr. Simonsen either did not possess the knowledge or skill required by the standard of care for obstetricians and gynecologists to properly manage a patient under similar conditions and like circumstances as Shannon Trabue, or she failed to use and apply such knowledge and skill.

Dr. Angus. While on duty on August 25, 2009, Dr. Stanley Angus was negligent by failing to meet the standard of care for obstetricians and gynecologists for the care and treatment of patients under similar conditions and like circumstances as those presented by this case in the following ways, among others, as outlined in the depositions of Dr. Eric Lichter, Dr. Katharine Wenstrom, and Dr. George Saade:⁶

- (1) When Dr. Simonsen reported at shift change to Dr. Angus by phone, Dr. Angus failed to question Dr. Simonsen to acquire an accurate knowledge and understanding of Shannon Trabue's hospital course and condition prior to assuming her medical care and treatment.
- (2) Dr. Angus failed to make rounds, and observe and evaluate Shannon Trabue as a patient at the beginning of his shift at 8:00 a.m. on August 25, 2009.
- (3) Dr. Angus failed to observe and evaluate Shannon Trabue as a patient until 10:00 a.m. on August 25, 2009.

⁶ These depositions are incorporated by reference.

- (4) Although Dr. Angus knew, or reasonably should have known, that Shannon Trabue was a postpartum patient suffering from uncontrolled hypertension, labile (unstable, fluctuating) blood pressure, abnormal urinary, cardiac, and respiratory function, 2+ to 3+ edema, shortness of breath, serious pre-eclampsia requiring treatment with magnesium sulfate because she was at foreseeable risk for seizures., Dr. Angus failed to stay near her hospital room so he could closely monitor Shannon's fluid status, blood pressure status, and respiratory status, and response to the treatments he ordered until her hypertension was brought and maintained under control, and timely take, perform, or order any therapeutic interventions necessary to address the foreseeable complications likely to result if her blood pressure and fluid volume were not brought and maintained under control.
- (5) Dr. Angus failed to make a treatment plan to bring and maintain Shannon Trabue's fluid overload and uncontrolled hypertension under control, and intervene to address the foreseeable risks that pulmonary edema and serious cardiopulmonary complications were likely to result from it if her blood pressure and fluid volume were not brought and maintained under control.
- (6) Dr. Angus failed to closely monitor Shannon Trabue's fluid status, blood pressure status, and respiratory status.
- (7) Dr. Angus failed to review available fluid input and output records to acquire an accurate knowledge and understanding of Shannon Trabue's serious positive fluid imbalance (meaning her fluid intake significantly exceeded her urine and other output) which put her at foreseeable serious

risk for pulmonary edema and serious cardiopulmonary complications that were likely to result from it if her blood pressure and fluid volume were not brought and maintained under control.

- (8) Dr. Angus failed to appreciate the seriousness of Shannon Trabue's signs and symptoms of increased edema.
- (9) Dr. Angus failed to review available nurses notes, or question Dr. Simonsen to acquire an accurate knowledge and understanding of Shannon Trabue's abnormally low urine output.
- (10) Dr. Angus failed to recognize and appreciate that Shannon Trabue was dangerously fluid overloaded and that, together with uncontrolled hypertension, placed her at foreseeable serious risk of pulmonary edema and complications likely to result from it if her blood pressure and fluid volume were not brought and maintained under control.
- (11) Dr. Angus failed to timely and adequately treat Shannon Trabue's fluid imbalance with Lasix or an alternative appropriate diuretic drug.
- (12) Dr. Angus failed to review available blood pressure records to acquire an accurate knowledge and understanding of Shannon Trabue's uncontrolled hypertension and labile blood pressure.
- (13) Dr. Angus failed to recognize and appreciate that Shannon Trabue's abnormally low urine output over the prior 24 hours was most likely caused by her uncontrolled hypertension.
- (14) Dr. Angus failed to timely and adequately treat Shannon Trabue's uncontrolled hypertension with available appropriate IV and oral

antihypertensive medications such as Hydralazine, Labetalol, and Nefedipine (Procardia), to bring her blood pressure under control, and maintain it under control at less than 160 systolic or 90 diastolic.

- (15) Dr. Angus failed to order magnesium sulfate treatment re-started to protect Shannon Trabue against potential seizures because Shannon continued to have dangerous uncontrolled hypertension.
- (16) Dr. Angus failed to closely monitor Shannon Trabue's fluid status, blood pressure status, and respiratory status, and response to the treatments he ordered at least every hour after 10:00 a.m. to evaluate the effect of the increased dose of Labetalol he ordered at that time. Had he done so, he would have learned that Shannon's blood pressure was 166 systolic/72 diastolic at 12:00 a.m., 158 systolic/68 diastolic at 1:00 p.m., 159 systolic/76 diastolic at 2:00 p.m., 173 systolic/71 diastolic at 3:00 p.m., 179 systolic/73 diastolic at 3:30 p.m., and 209 systolic/88 diastolic at 4:52 p.m.
- (17) Dr. Angus failed to order the hospital nurses to notify him if Shannon Trabue's blood pressure was greater than 160 systolic or 90 diastolic.
- (18) Dr. Angus again failed to timely and adequately treat Shannon Trabue's uncontrolled hypertension with available appropriate IV and oral antihypertensive medications such as Hydralazine, Labetalol, and Nefedipine (Procardia), to bring her blood pressure under control, and maintain it under control at less than 160 systolic or 90 diastolic.
- (19) Dr. Angus failed to recognize and appreciate the seriousness of the nurse's report to him at 4:00 p.m. on August 25, 2009 that Shannon Trabue had

shortness of breath, decrease of oxygen saturation to 88%, and upon examination by stethoscope the nurse heard wheezing in Shannon's chest.

- (20) Dr. Angus failed to question the nurse more thoroughly about Shannon Trabue's condition by which he would have learned that Shannon continued to have uncontrolled hypertension with serious increase in blood pressure after the increased dose of Labetalol at 10:10 a.m. that day.
- (21) Although at 4:15 p.m. on August 25, 2009 Dr. Angus ordered oxygen by mask at 10 Liters and a chest X-Ray "now" to rule out pulmonary edema, he failed to order laboratory studies at that time to aid in his evaluation, and failed to timely order IV Hydralazine and increased oral Labetalol and/or Nefedipine (Procardia), to bring and maintain Shannon Trabue's blood pressure under control at below 160 systolic or 90 diastolic.
- (22) At around 5:00 p.m. Dr. Angus came to Shannon Trabue's room and evaluated her. At that time Shannon was suffering from severe hypoxia and dangerously high blood pressure of 209 systolic/88 diastolic. Dr. Angus ordered 5mg. of Hydralazine IV to bring Shannon's blood pressure under control, and PIH (pregnancy induced hypertension) laboratory studies "now", as well a spiral CT scan to rule out pulmonary embolism. He noted that he was considering increasing Labetalol and possibly Nefedipine (Procardia), to maintain Shannon's blood pressure under control, and re-starting magnesium sulfate to protect her against seizures.
- (23) Dr. Angus failed to perform a careful physical examination of Shannon Trabue's lungs by stethoscope, and failed to notice the rales (crackling and

wheezing) the nurse reported to him at 4:00 p.m., which would be suggestive of pulmonary edema, and which caused him to order the chest X-Ray at that time to rule out pulmonary edema at that time. Instead Dr. Angus incorrectly believed Shannon's lungs were clear on examination by stethoscope. The chest X-Ray done around 30 to 40 minutes after Dr. Angus' stethoscope examination of Shannon provided objective evidence of fluid in Shannon's lungs consistent with pulmonary edema.

- (24) Dr. Angus failed to recognize and appreciate that Shannon Trabue was a very unstable patient who should not be transported to radiology for the X-Ray and CT studies he ordered until her condition was stabilized.
- (25) Dr. Angus failed to recognize and appreciate that Shannon Trabue was seriously at risk of cardiopulmonary arrest, a life-threatening complication.
- (26) It was unnecessary to transport Shannon Trabue to radiology for the chest X-Ray because Dr. Angus could have ordered it done by portable X-Ray device in her hospital room, which he failed to do.
- (27) No evidence of pulmonary embolism was ever found, but if Dr. Angus believed Shannon Trabue probably had a pulmonary embolus, it was unnecessary to transport Shannon Trabue to radiology for the spiral CT scan to rule it out. Dr. Angus could and should have treated her with Heparin to resolve the suspected embolism, which he failed to do, rather than transport an unstable patient like Shannon in a seriously risky condition to radiology to rule it out.

- (28) Dr. Angus again failed to timely and adequately treat Shannon Trabue's fluid overload with Lasix or an alternative appropriate diuretic drug.
- (29) Dr. Angus failed to stabilize Shannon Trabue's uncontrolled hypertension, fluid overload, and severe hypoxia before transporting her to radiology for the studies he had ordered.
- (30) Dr. Angus improperly ranked pulmonary embolism higher on his differential diagnosis than pulmonary edema, although all the evidence available to him strongly pointed to pulmonary edema due to uncontrolled hypertension and fluid overload as the most probable cause of Shannon Trabue's respiratory distress and serious hypoxia. Pulmonary edema should have been the number 1 item on the differential diagnosis under all the available evidence because it a severe life-threatening problem so easy so treat if it is not missed.
- (31) Dr. Angus should have ordered that Shannon Trabue be accompanied by a nurse and that her vital signs, blood pressure, and oxygen saturation be continuously monitored during her transport to and from radiology and while she was in radiology, but he failed to do so.
- (32) Dr. Angus unnecessarily sent an unaccompanied, unmonitored, high risk, unstable patient to radiology where she almost immediately suffered a cardiopulmonary arrest resulting in anoxic brain injury leaving her permanently brain damaged and disabled for the rest of her life.
- (33) Dr. Angus told Dr. Raghuveer Suryadevara who was running the Code Team, that Shannon Trabue had severe hypoxia and shortness of breath for

which the spiral CT scan was ordered to rule out pulmonary embolus, but failed to tell Dr. Suryadevara that his order when first notified of Shannon's hypoxia and shortness of breath was for chest X-Rays to rule out pulmonary edema.

- (34) Dr. Angus also failed to tell Dr. Suryadevara that Shannon Trabue had serious fluid overload and uncontrolled hypertension.
- (35) Dr. Angus either did not possess the knowledge or skill required by the standard of care for obstetricians and gynecologists to properly manage a patient under similar conditions and like circumstances as Shannon Trabue, or he failed to use and apply such knowledge and skill.

Atlanta Women's Specialists, LLC. On August 24-25, 2009, Dr. Rebecca Simonsen was the agent or employee of Atlanta Women's Specialists, LLC, acting in the course and scope of her employment in pursuit of her employer's business so that Atlanta Women's Specialists, LLC is legally responsible for any injury and damage proximately caused by her negligence, if any, under O.C.G.A. §§ 10-6-50; 10-6-51; 10-6-56; 10-6-58; 10-6-60; 51-1-27; 51-2-2; and 51-2-5(3) and (4).

On August 25, 2009, Dr. Stanley R. Angus was the agent or employee of Atlanta Women's Specialists, LLC, acting in the course and scope of his employment in pursuit of his employer's business so that Atlanta Women's Specialists, LLC is legally responsible for any injury and damage proximately caused by his negligence, if any, under O.C.G.A. §§ 10-6-50; 10-6-51; 10-6-56; 10-6-58; 10-6-60; 51-1-27; 51-2-2; and 51-2-5(3) and (4).

(b) For the Defendants:

The negligence of Northside Hospital, by and through its employees, in the post-partum treatment of Shannon Trabue as outlined in the testimony of Dr. Eric Lichter, Dr. Katherine Wenstrom, Dr. Claudia Beckmann and Janis Cox.

The Defendants deny they were negligent or that they caused or contributed to Mrs. Trabue's injuries. The Defendants request that the Plaintiffs set forth their specific allegations of negligence fully and completely as required under the Georgia Civil Practice Act. The Defendants object to any allegations of negligence not listed specifically, including listing all individuals of whom the Plaintiffs believe acted negligently, as required by paragraph (9) of the pretrial order and as required by the Georgia Civil Practice Act.

Applicable Code Sections:

O.C.G.A. §§ 51-1-2, 51-12-33.

10. If the case is based on a contract, either oral or written, the terms of the contract are as follows (or, the contract is attached as an Exhibit to this order):

Not applicable.

11. The types of damages and the applicable measure of those damages are stated as follows:

(a) By the Plaintiffs:

- (1) Reasonable and necessary expenses for medical and other care, goods, and services incurred by or on behalf of Shannon Trabue in the past as a result of her injuries (measure of damages is actual reasonable expenses incurred);
- (2) Reasonable, necessary, and probable expenses for medical and other care, goods, and services to be incurred by or on behalf of Shannon Trabue in the

future as a result of her injuries (measure of damages is the present value of probable reasonable expenses to be incurred in the future);

- (3) Earnings and earning capacity lost by Shannon Trabue in the past as a result of her injuries (measure of damages is actual loss sustained);
- (4) Probable earning capacity lost by Shannon M. Trabue in the future as a result of her injuries (measure of damages is the present value of probable reasonable lost earning capacity in the future);
- (5) General damages for bodily injury, physical and emotional pain and suffering experienced by Shannon M. Trabue in the past (measure of damages is enlightened conscience of the jury);
- (6) General damages for bodily injury, physical pain and suffering, and emotional pain and suffering probably to be experienced by Shannon M. Trabue in the future; (measure of damages is enlightened conscience of the jury without reduction to present value); and
- (7) Keith Trabue's loss of society, companionship and services of his spouse (measure of damages is enlightened conscience of the jury without reduction to present value).

(b) By the Defendants:

The Defendants deny that the Plaintiffs are entitled to any damages.

12. If the case involves divorce, each party shall present to the court at the pre-trial conference the affidavits as required by Rule 24.2.

Not applicable.

13. The following facts are stipulated:

- (a) Proposed by the Plaintiffs:
- (1) Shannon Trabue was admitted to Northside Hospital Labor and Deliver on August 21, 2001 for the birth of her child.
 - (2) Shannon Trabue was a patient of Atlanta Women's Specialists, LLC during this hospital admission.
 - (3) Dr. Rebecca Simonsen was Shannon Trabue's admitting physician during this hospital admission.
 - (4) Dr. Rebecca Simonsen was the Atlanta Women's Specialists' physician on duty responsible for Shannon Trabue's medical care during this admission from 8:00 a.m. on August 24, 2009 through 8:00 a.m. on August 25, 2009.
 - (5) Dr. Stanley Angus was the Atlanta Women's Specialists' physician on duty responsible for Shannon Trabue's medical care during this admission from 8:00 a.m. on August 25, 2009 until a Code Blue was called around 5:40 p.m. on that date.
 - (6) Shannon Trabue collapsed and suffered a cardiopulmonary arrest on August 25, 2009 in the radiology department of Northside Hospital.
 - (7) Hospital personnel in the radiology department called a Code Blue to provide medical care to Shannon Trabue.
 - (8) The Northside Hospital Code team resuscitated Shannon Trabue, but she suffered an irreversible brain injury during the Code.
 - (9) As a result of her brain injury, Shannon Trabue is permanently disabled.
 - (10) Keith Trabue was and is the lawful spouse of Shannon Trabue.
 - (11) Keith Trabue is the court appointed Guardian of Shannon Trabue.

- (12) Advocacy Trust of Tennessee, LLC is the court appointed Conservator for Shannon Trabue.
- (13) On August 24-25, 2009, Dr. Rebecca Simonsen was the agent or employee of Atlanta Women's Specialists, LLC, acting in the course and scope of her employment in pursuit of her employer's business so that Atlanta Women's Specialists, LLC is legally responsible for any injury and damage proximately caused by her negligence, if any, under O.C.G.A. §§ 10-6-50; 10-6-51; 10-6-56; 10-6-58; 10-6-60; 51-1-27; 51-2-2; and 51-2-5(3) and (4).
- (14) On August 25, 2009, Dr. Stanley R. Angus was the agent or employee of Atlanta Women's Specialists, LLC, acting in the course and scope of his employment in pursuit of his employer's business so that Atlanta Women's Specialists, LLC is legally responsible for any injury and damage proximately caused by his negligence, if any, under O.C.G.A. §§ 10-6-50; 10-6-51; 10-6-56; 10-6-58; 10-6-60; 51-1-27; 51-2-2; and 51-2-5(3) and (4).⁷

(b) Proposed by the Defendants:

The Defendants do not agree to stipulate to any facts at this time.

14. The following is a list of all documentary and physical evidence that will be tendered at the trial by the Plaintiffs or Defendants. Unless noted, the parties have stipulated as to the authenticity of the documents listed and the exhibits listed may be admitted without further

⁷ Proposed stipulations 13 and 14 need not be published verbatim to the jury. The Court can instruct the jury that if they find the negligence, if any, of Dr. Simonsen or Dr. Angus was a proximate cause of injury to Shannon Trabue, then the Plaintiffs are entitled to recover against Atlanta Women's Specialists, LLC, or something similar to that.

proof of authenticity. All exhibits shall be marked by counsel prior to trial so as not to delay the trial before the jury.

(a) For the Plaintiffs:

- (1) Medical Record: Atlanta Women's Specialists, LLC
- (2) Medical Record: Northside Hospital, Inc.
- (3) Medical Record: Gwinnett Hospital System d/b/a Glancy Rehabilitation Center
- (4) Medical Record: Shepherd Center
- (5) Medical Record: Norton Community Medical Associates
- (6) Medical Record: Lesley Slone, Ph.D.
- (7) Medical Record: Frazier Rehab Center
- (8) Medical Record: Institute for Women's Health
- (9) Medical Record: Baptist Medical Associates
- (10) Medical Record: Baptist Hospital East
- (11) Medical Record: Jewish Hospital & St. Mary's
- (12) Medical Record: University City Family Practice Center
- (13) Medical Record: John Farmer, M.D.
- (14) Medical Record: Walgreens
- (15) Medical Record: CVS
- (16) Medical Record: Central EMS
- (17) Medical Record: Neuropsychiatric Consultants, LLC

- (18) Medical Record: Atlanta Professional Services, Inc.
- (19) Medical Record: John C. Shaw, M.D.
- (20) Medical Bill: Atlanta Women's Specialists, LLC
- (21) Medical Bill: Northside Hospital, Inc.
- (22) Medical Bill: Gwinnett Hospital System d/b/a Glancy Rehabilitation Center
- (23) Medical Bill: Shepherd Center
- (24) Medical Bill: Norton Community Medical Associates
- (25) Medical Bill: Lesley Sloan, Ph.D.
- (26) Medical Bill: Frazier Rehab Center
- (27) Medical Bill: Jewish Hospital & St. Mary's
- (28) Medical Bill: Northside Radiology
- (29) Medical Bill: Atlanta Neurology
- (30) Medical Bill: Walgreens
- (31) Medical Bill: CVS
- (32) Medical Bill: Central EMS
- (33) Medical Bill: Neuropsychiatric Consultants, LLC
- (34) Medical Bill: Atlanta Professional Services, Inc.
- (35) Medical Bill: John C. Shaw, M.D.
- (36) Medical Bill: Fadia Payal
- (37) Medical Bill/Special Damages Summary

- (38) Deposition (including video if any) of Patty Jarvis, RN
- (39) Deposition (including video if any) of Lorin Atkinson, RN
- (40) Deposition (including video if any) of Steven Underwood
- (41) Deposition (including video if any) of Raghuveer Suryadevara, M.D.
- (42) Depositions (including video if any) of Keith Trabue
- (43) Depositions (including video if any) of Jordan Trabue
- (44) Depositions (including video if any) of Jada Trabue
- (45) Deposition (including video if any) of Stanley Angus, M.D.
- (46) CV: Stanley Angus, M.D.
- (47) Deposition (including video if any) of Juanita Wyatt-Hathaway, M.D.
- (48) Deposition (including video if any) of Rebecca Simonsen, M.D.
- (49) CV: Rebecca Simonsen, M.D.
- (50) Deposition (including video if any) of Larry Kendricks
- (51) Deposition (including video if any) of James Hamm
- (52) Deposition (including video if any) of Kandra Greaves
- (53) Deposition (including video if any) of Stephanie Whitlow
- (54) Deposition (including video if any) of Donzella Moss
- (55) Deposition (including video if any) of Linetta Trabue
- (56) Deposition (including video if any) of Krystal Ridings
- (57) Deposition (including video if any) of Susan Jarrard, RPN

- (58) Deposition (including video if any) of Sarah J. Houghton, RPN
- (59) Deposition (including video if any) of Sandra E. Workman, RPN
- (60) Deposition (including video if any) of Richard Brandon Frady, RPN
- (61) Deposition (including video if any) of Sarah L. Pederson, RPN
- (62) Deposition (including video if any) of Amanda Mauck Tubbs, RPN
- (63) Deposition (including video if any) of Jennifer Flanagan, RPN
- (64) Deposition (including video if any) of Teresa K. Owinyo, RPN
- (65) Deposition (including video if any) of John K. Poss, RTR
- (66) Deposition (including video if any) of Jose de Lima, M.D.
- (67) Deposition (including video if any) of Kathleen Nixon, M.D.
- (68) Deposition (including video if any) of Northside Hospital, Inc. by Adam J. Leaderman, M.D. designated representative
- (69) Deposition (including video if any) of Northside Hospital, Inc. by Patricia M. Witcher, RPN designated representative
- (70) Deposition (including video if any) of Shekina Thomas
- (71) Deposition (including video if any) of Olivia Cook Doll, PT
- (72) Deposition (including video if any) of Patricia Tallon, OT
- (73) Deposition (including video if any) of Rosemary Karrer, ST
- (74) Depositions (including video if any) of Melissa Hardin, ARNP
- (75) Deposition (including video if any) of Kathrin LaFaver, M.D.
- (76) Deposition (including video if any) of Darryl L. Kaelin, M.D.
- (77) Deposition (including video if any) of Katherine Wenstrom. M.D.

- (78) CV: Katherine Wenstrom. M.D.
- (79) Deposition (including video if any) of Claudia Beckmann, Ph.D.
- (80) CV: Claudia Beckmann, Ph.D.
- (81) Deposition (including video if any) of Eric Lichter, M.D.
- (82) CV: Eric Lichter, M.D.
- (83) Deposition (including video if any) of Richard O. Davis, M.D.
- (84) CV: Richard O. Davis, M.D.
- (85) Deposition (including video if any) of John Elder, M.D
- (86) CV: John Elder, M.D
- (87) Deposition (including video if any) of Paul Scheinberg, M.D.
- (88) CV: Paul Scheinberg, M.D.
- (89) Deposition (including video if any) of John A. Cooper, M.D.
- (90) CV: John A. Cooper, M.D.
- (91) Deposition (including video if any) of Richard Moon, M.D.
- (92) CV: Richard Moon, M.D.
- (93) Deposition (including video if any) of Elbridge Bills, M.D.
- (94) CV: Elbridge Bills, M.D.
- (95) Deposition (including video if any) of James Peter Van Dorsten, M.D.
- (96) CV: James Peter Van Dorsten, M.D.
- (97) Deposition (including video if any) of Kathryn W. Willard, M.Ed., LPC

- (98) CV: Kathryn W. Willard, M.Ed., LPC
- (99) Life Care Plan by Kathryn W. Willard, M.Ed., LPC
- (100) Deposition (including video if any) of Robert D. Coston, Ph.D.
- (101) CV: Robert D. Coston, Ph.D.
- (102) Economic evaluation report by Robert D. Coston, Ph.D.
- (103) Deposition (including video if any) of Michael J. Daniels, Ph.D.
- (104) CV: Michael J. Daniels, Ph.D.
- (105) Economic evaluation report by Michael J. Daniels, Ph.D.
- (106) Deposition (including video if any) of Janis Cox, RN
- (107) CV: Janis Cox, RN
- (108) Deposition (including video if any) of Susan Drummond, RN
- (109) CV: Susan Drummond, RN
- (110) Deposition (including video if any) of Kris Sperry, M.D.
- (111) CV: Kris Sperry, M.D.
- (112) Deposition (including video if any) of George Nichols, M.D.
- (113) CV: George Nichols, M.D.
- (114) Deposition (including video if any) of Cormac O'Donnovan, M.D.
- (115) CV: Cormac O'Donnovan, M.D.
- (116) Deposition (including video if any) of George Saade, M.D.
- (117) CV: George Saade, M.D.

- (118) Video: Day in the life
- (119) Video: Day in the life of Shannon Trabue (2016)
- (120) Annuity Mortality Table for 1949, Ultimate
- (121) Photographs/Videos of Shannon M. Trabue, individually and with friends and family members
- (122) X-rays, films and other diagnostic studies of Shannon M. Trabue
- (123) Letters of Guardianship (Keith Trabue, Guardian of Shannon M. Trabue, Ward)
- (124) Letters of Conservatorship (Advocacy Trust of Tennessee, LLC, Conservator of Shannon M. Trabue, Ward)
- (125) Marriage Certificate
- (126) Reimbursement lien: HMS o/b/o Peachstate
- (127) Reimbursement lien: Rawlings o/b/o Aetna
- (128) Income Tax Return: 2009
- (129) Income Tax Return: 2008
- (130) Income Tax Return: 2007
- (131) Income Tax Return: 2006
- (132) Income Tax Return: 2005
- (133) Income Tax Return: 2004
- (134) Income Tax Return: 2003
- (135) IRS Form W2's: 2009
- (136) IRS Form W2's: 2008

- (137) IRS Form W2's: 2007
- (138) IRS Form W2's: 2006
- (139) Separation Notice WalMart
- (140) Probate expenses
- (141) Miscellaneous expenses
- (142) Associate Physician Employment Agreement (AWS/Stanley Angus)
- (143) Associate Physician Employment Agreement (ASW/Rebecca Simonsen)
- (144) Employment Records: Stanley R. Angus, M.D.
- (145) Employment Records: Rebecca Simonson, M.D.
- (146) Employment Records: Patricia Jarvis
- (147) Employment Records: Steven Underwood
- (148) Employment Records: Lorin Atkinson
- (149) Northside Hospital Policies & Procedures
- (150) MAG Declaration Sheets
- (151) MAG Insurance Policy
- (152) Certificate of Insurance for Atlanta Women's Specialists, LLC
- (153) Academic Records: Jefferson County Public Schools
- (154) Employment Records: American Security Insurance Company d/b/a Assurant Solutions
- (155) Counseling Records: Jordan Trabue
- (156) All Exhibits to depositions

- (157) Impeachment documents
- (158) Rebuttal documents
- (159) All Pleadings or other documents filed in this or prior renewed case
- (160) Interrogatory Responses in this or prior renewed case
- (161) Responses to Requests for Production in this or prior renewed case
- (162) Responses to Requests for Admission in this or prior renewed case
- (163) All documents produced during the course of discovery in this or prior renewed case
- (164) Any materials contained in the files of Defendants' experts, including all notes and invoices
- (165) Any materials provided to Defendants' experts
- (166) Medical treatises, books, and articles concerning pregnancy induced hypertension, pre-eclampsia, fluid balance, pulmonary edema, edema, tissue perfusion, third spacing of fluids, pulmonary embolism, and anoxic brain injury
- (167) Demonstrative aids including, but not limited to, medical illustrations, anatomical drawings, representative models, charts, timelines, exemplars, diagrams, videos, photo, computerized presentations
- (168) All exhibits listed by Defendants
- (169) All documents and things needed for impeachment
- (170) All documents and things needed for rebuttal

The Plaintiffs reserve the right to amend this list of documentary and physical evidence prior to trial.

Further, the Plaintiffs reserve the right to use impeachment and rebuttal documents and materials and demonstrative aids as allowed by law without being listed herein.

The Plaintiffs object to any exhibit that has not been previously disclosed and produced during the discovery of this matter. The Plaintiffs do not stipulate to the authenticity of the documentary and physical evidence identified below by Defendants as the Plaintiffs have not yet had the opportunity to review the proposed exhibits, but will do so at a mutually convenient time with opposing counsel prior to trial in an effort to reach such stipulations as may be possible.

(b) For the Defendants:

- (1) All medical records for Shannon Trabue maintained by:
 - (a) Northside Hospital (including radiology films);
 - (b) Atlanta Women's Specialists;
 - (c) Maternal-Fetal Medicine Specialists;
- (2) All documents identified and/or produced during the course of discovery by any party;
- (3) All documents identified during the course of depositions, or attached as exhibits to depositions;
- (4) All pleadings filed;
- (5) Any materials contained in the files of Plaintiffs' experts, including all notes and invoices;
- (6) Any materials provided to the Plaintiffs' experts;
- (7) All exhibits listed by the Plaintiffs;
- (8) Exemplar radiology studies (including CT scans and x-rays);
- (9) Demonstrative exhibits including charts, models, timelines, diagrams, animations, and photographs; and

- (10) Any documents, medical records from third parties or other physical evidence listed by the Plaintiffs in the Pretrial Order.

The Defendants object to the Plaintiffs' identification of curriculum vitae and deposition testimony (including errata sheets) as evidence to be tendered at the trial of this case. The Defendants also object to the tendering of the economic evaluation by Robert D. Coston, Ph.D., the economic evaluation by Michael J. Daniels, Ph.D., the Life Care Plan by Kathryn W. Willard, M.Ed., LPC, MAG Declaration Sheets and MAG Insurance Policy.

The Defendants reserve the right to identify other documents or physical evidence provided that adequate notice is given prior to trial of the identification of the evidence to the Plaintiffs.

The Defendants object to any exhibit which has not been previously disclosed and produced during the discovery of this matter, including various medical records identified by the Plaintiffs, day in the life video, school records and Jordan's counseling records.

Further, the Defendants reserve the right to use impeachment materials and demonstrative aids as allowed by law without being listed herein.

(c) Additional Provisions Regarding Exhibits

The parties may designate additional documentary and physical evidence to be tendered at trial upon no less than five days' notice to the opposing party and by tendering a copy of same to opposing counsel.

Each of the parties is permitted to use demonstrative evidence during the trial of this case that will not necessarily go back with the jury. Such demonstrative evidence includes, but is not limited to charts, models, graphs, timelines, diagrams, photographs, illustrative exemplars, exemplars of radiology studies (i.e. chest x-rays and CT scans), drawings, animations, and

demonstrations. Each of the parties may use “power point” style slide show presentations during the opening statements, closing arguments and during the examination of witnesses.

The Plaintiffs prefer production prior to trial so the Court can rule on any objections so as not to disrupt and delay the trial. The Defendants prefer not to produce such items prior to use at trial. The parties request the court to rule on whether such demonstrative aids and power point presentations must be produced to opposing counsel prior to use, and if so, when.

15. Special authorities relied upon by Plaintiffs relating to peculiar evidentiary or other legal questions are as follows:

The Plaintiffs will file motions *in limine* and other pre-trial motions pursuant to the Final Amended Scheduling Order on evidentiary and other issues that need to be addressed. The Plaintiffs reserve the right to file trial briefs and they will cite to particular authorities and as appropriate in those motions.

16. Special authorities relied upon by Defendants relating to peculiar evidentiary or other legal questions are as follows:

O.C.G.A. § 51-12-33.

The Defendants will file Motions *in Limine* and other pre-trial motions pursuant to the Final Amended Scheduling Order on evidentiary issues and other issues that need to be addressed. The Defendants reserve the right to file trial briefs and they will cite to particular authorities and as appropriate in those motions.

17. All requests to charge anticipated at the time of trial will be filed in accordance with Rule 10.3.

18. The testimony of the following persons may be introduced by depositions:

(a) By the Plaintiffs: The Plaintiffs may introduce the testimony of the following witnesses at trial by deposition:

AWS Employees

Stanley Angus, MD
Juanita Wyatt-Hathaway, MD
Rebecca Simonson, MD

Northside Hospital Employees

Lorin Atkinson, RN
Jacqueline Andry, RPN
Kandra M. Greaves
James Hamm, RT
Patricia C. Jarvis, RNC
Larry Kendricks, RT
Jose E. deLima, MD
Kathleen Nixon, MD
Northside Hospital by Adam J. Leaderman, MD (30b6)
Northside Hospital by Marie Witcher (30b6)
Sara L. Pederson, RPN
John Poss, RT
Krystal Ridings, RPN
Raghuveer Suryadevara, MD
Shekina Thomas
Amanda Tubbs, RPN
Steven Underwood, RT
Sandra Workman, RPN

Healthcare Professionals (Treaters)

Olivia M. Cook Doll, PT (physical therapist)
Kathrin LaFaver, MD
Melissa Hardin, RNP
Darryl L. Kaelin, MD
Rosemary Karrer, ST (speech therapist)
Patricia L. Tallon, OT (occupational therapist)

Plaintiffs' Experts

Claudia Beckman, RN, Ph.D.
Robert Coston, Ph.D.
Janis Cox, RNC
Eric Lichter, MD

George Nichols, MD
O'Donnovan, MD
George Saade, MD
Kris Sperry, MD
Katharin Wenstrom, MD
Kathryn W. Willard, M.Ed. (LCP)

Other Witnesses

Stephanie Whitlow
Jayda Trabue
Jordan Trabue
Linette Trabue

The Plaintiffs reserve the right to use any other depositions that would be admissible at trial under the provisions of O.C.G.A. § 9-11-32.

The Plaintiffs reserve the right to take any evidentiary depositions prior to trial and these may be introduced at the time of trial.

(b) **By the Defendants:**

The Defendants may introduce the testimony of the following witnesses at trial by deposition:

Dr. Rebecca Simonson, MD
Dr. Juanita Wyatt-Hathaway, MD
Patty Jarvis, RN
Lorin Atkinson, RN
Steven Underwood
Kandra M. Greaves
Larry Kendricks
James Hamm
John Poss
Any witness identified in paragraph 19(a) or (b).

The Defendants reserve the right to use any other depositions that would be admissible at trial under the provisions of O.C.G.A. § 9-11-32.

The Defendants reserve the right to take the depositions of any witness for preservation of testimony or use in evidence, as allowed under the Georgia Civil Practice Act.

(c) Additional Provisions Regarding Depositions

Any objection to depositions, or questions or arguments in the depositions, shall be called to the attention of the Court and opposing counsel prior to trial or at such other time as the Court may permit.

19. The following are lists of witnesses:

(a) The Plaintiffs will have present at trial:

None

(b) The Plaintiffs may have present at trial:

- (1) Patty Jarvis, RN
- (2) Lorin Atkinson, RN
- (3) Steven Underwood
- (4) Raghuveer Suryadevara, M.D.
- (5) Keith Trabue
- (6) Shannon M. Trabue
- (7) Stanley Angus, M.D.
- (8) Juanita Wyatt-Hathaway, M.D.
- (9) Rebecca Simonsen, M.D.
- (10) Larry Kendrick
- (11) James Hamm
- (12) Jacqueline M. Andry
- (13) Stephen Armstrong
- (14) Florence N. Cochran
- (15) David Cole
- (16) Jignasa Desai
- (17) Becky Marrache

- (18) Bonnie Navarre
- (19) Jocelyn Parker
- (20) Kristen Weaver
- (21) Kandra Greaves
- (22) Stephanie Whitlow
- (23) Jeff Whitlow
- (24) Donzella Moss
- (25) Linetta Trabue
- (26) Michael Trabue
- (27) Tony Shelby
- (28) Krystal Ridings
- (29) Susan Jarrard, RPN
- (30) Sarah J. Houghton, RPN
- (31) Sandra E. Workman, RPN
- (32) Richard Brandon Frady, RPN
- (33) Sarah L. Pederson, RPN
- (34) Amanda Mauck Tubbs, RPN
- (35) Jennifer Flanagan, RPN
- (36) Teresa K. Owinyo, RPN
- (37) John K. Poss, RTR
- (38) Jose de Lima, M.D.
- (39) Kathleen Nixon, M.D.
- (40) Juan Armstrong, M.D.
- (41) Susheel Dua, M.D.
- (42) Joseph Funk, M.D.

- (43) Dr. Patterson-Barnett
- (44) Brian Robinson, M.D.
- (45) Francis Sullivan, M.D.
- (46) Adam J. Leaderman, M.D.
- (47) Patricia M. Witcher, RPN
- (48) Shekina Thomas
- (49) Olivia Cook Doll, PT
- (50) Patricia Tallon, OT
- (51) Rosemary Karrer, ST
- (52) Sarah K. Wagers
- (53) Darryl Kaelin, M.D.
- (54) Suzanne Wieland
- (55) Brock Bowman, M.D.
- (56) Anna Elmers
- (57) Fadia Payal
- (58) Tammy Arnold
- (59) Sarah Small
- (60) Melissa Hardin, ARNP
- (61) Darryl L. Kaelin, M.D.
- (62) Kathrin LaFaver, M.D.
- (63) Katherine Wenstrom. M.D.
- (64) Claudia Beckmann, Ph.D.
- (65) Eric Lichter, M.D.
- (66) George Saade, M.D.
- (67) Cormac O'Donnovan, M.D.

- (68) Kris Sperry, M.D.
- (69) George Nichols, M.D.
- (70) Michael J. Daniels, Ph.D.
- (71) Richard O. Davis, M.D.
- (72) John Elder, M.D
- (73) Paul Scheinberg, M.D.
- (74) John A. Cooper, M.D.
- (75) Richard Moon, M.D.
- (76) Elbridge Bills, M.D.
- (77) James Peter Van Dorsten, M.D.
- (78) Kathryn W. Willard, M.Ed., LPC
- (79) Robert D. Coston, Ph.D.
- (80) Janis Cox, RN
- (81) Susan Drummond, RN
- (82) Jordan Trabue
- (83) Jada Trabue
- (84) Chelcey Trabue
- (85) Nicole Trabue Williams
- (86) Azell Jackson
- (87) Corey Moss
- (88) Elizabeth Doe
- (89) Ceylon Rowland
- (90) Hong Wang
- (91) Samantha Jenkins
- (92) Ebony Mills

- (93) Norita Shelton (Shannon's friend)
- (94) Alicia Hebrmehl (Jordan's counselor @ school)
- (95) Rebecca Bazzle
- (96) Todd Koch
- (97) Milanta Williams
- (98) Tony ___ @ Assurant
- (99) Valerie _____ @ Assurant
- (100) Kelli Parham, (Representative of Advocacy Trust of Tennessee, LLC)
- (101) Michelle Walker
- (102) Richard Driftmeyer (authentication of certain demonstrative exhibits if necessary)
- (103) Agents, employees, or representatives of Defendants
- (104) Any witness needed for impeachment
- (105) Any witness needed for rebuttal
- (106) Any and all other treating physicians of Shannon M. Trabue
- (107) Any and all records custodians for the records listed by the Plaintiffs in paragraph 14
- (108) Any person needed to authenticate an exhibit for admission if there is an objection to authenticity
- (109) All witnesses listed by the Defendants.

The Plaintiffs reserve the right to amend their list of witnesses with such advance notice to opposing counsel as is reasonably practical under the circumstances. The Plaintiffs object to any witness who has not been previously identified during discovery.

(c) The Defendants will have present at trial:

Stanley Angus, M.D.

The Defendants may have present at trial:

- (1) Elbridge Bills, M.D.;
- (2) J. Allen Cooper, M.D.;
- (3) Richard Davis, M.D.;
- (4) John Elder, M.D.;
- (5) Richard Moon, M.D.;
- (6) Paul Scheinberg, M.D.;
- (7) Peter Van Dorsten, M.D.;
- (8) Adam Leaderman, M.D.;
- (9) Patricia Witcher, M.D.;
- (10) Jose de Lima, M.D.;
- (11) Kathleen Nixon, M.D.;
- (12) Raghuveer Surydevara, M.D.;
- (13) Juanita Wyatt-Hathaway, M.D.;
- (14) Rebecca Simonsen, M.D.;
- (15) Jacqueline Andry, R.N
- (16) Lorin Atkinson, R.N.;
- (17) Jennifer Flannegan, R.N.;
- (18) Richard Frady;
- (19) Kandra Greaves;
- (20) Susan Jarrard, R.N.;
- (21) Patricia Jarvis, R.N.;
- (22) Larry Kendricks;
- (23) Rebecca Marrache, R.N.;

- (24) Teresa Owinyo, R.N.;
- (25) Sarah Pederson, R.N.;
- (26) John Poss;
- (27) Krystal Ridings, R.N.;
- (28) Shekina Thomas;
- (29) Amanda Tubbs;
- (30) Steven Underwood;
- (31) Sandra Workman, R.N.;
- (32) All other persons identified in any of Shannon Trabue's medical records from Northside Hospital;
- (33) All other persons identified in any of Shannon Trabue's medical records from Atlanta Women's Specialists;
- (34) All other persons identified in any of Shannon Trabue's medical records from all other, non-party healthcare providers;
- (35) All other persons identified in any other records or documents related to Shannon Trabue;
- (36) Any records custodian to authenticate records and documents produced in discovery;
- (37) All other persons identified in any party's responses to any written discovery or in depositions; and
- (38) All other persons listed by the Plaintiffs.

Opposing counsel may rely on representation by the designated party that they will have a witness present unless notice to the contrary is given in sufficient time prior to trial to allow the other party to subpoena the witness or obtain his or her testimony by other means.

20. The form of all possible verdicts to be considered by the jury are as follows:

Counsel for the parties will work together to propose a verdict form to submit to the Court.

(a) By the Plaintiffs: A form of verdict will be submitted at time of trial along with Requests to Charge.

(b) By the Defendants: Northside Hospital, a nonparty who has entered into a settlement agreement with the Plaintiffs, shall be listed on the verdict form pursuant to O.C.G.A. § 51-12-33.⁸

21. (a) The possibilities of settling the case are poor.

(b) The parties do want the case reported.

(c) The cost of take-down will be shared equally by the parties.

(d) The Plaintiffs have requested that a private court reporting firm report the trial of this case with “real-time” certified court reporters who can provide real-time electronic transcripts and paper daily transcripts of the proceedings. Counsel for the parties are discussing sharing the cost of a private court reporting firm to provide these services and will advise the Court of any agreements reached.

Submitted on July 18th, 2016 by:

Attorneys for Plaintiffs:

BOONE & STONE

By: /s/ William S. Stone

William S. Stone

⁸ Plaintiffs disagree. See note 3 *supra*.

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By: */s/ Taylor C. Tribble*

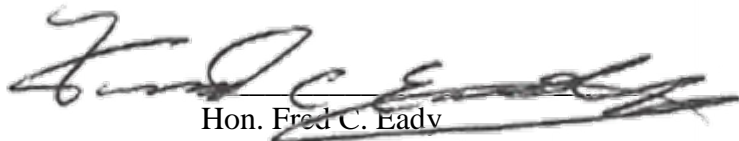
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ORDER

IT IS HEREBY ORDERED that the foregoing, including the attachments thereto, constitutes the CONSOLIDATED PRE-TRIAL ORDER in the above cause and supersedes the pleadings which may not be further amended except by order of the court to prevent manifest injustice.

SO ORDERED, this ____ day of _____, 2016.



Hon. Fred C. Eady
Judge, State Court of Fulton County

This Order was jointly prepared
and submitted by:
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Attorney for Plaintiffs
Taylor C. Tribble
Georgia State Bar No. 904116
Attorney for Defendants