RETURN DATE: NOVEMBER 4, 2014

ESTATE OF GARY D. WHEELIS, BY JEAN T. WHEELIS ADMINISTRATOR AND JEAN T. WHEELIS, INDIVIDUALLY	:	SUPERIOR COURT
V.	:	JUDICIAL DISTRICT OF NEW LONDON
BACKUS CORPORATION d/b/a THE WILLIAM W. BACKUS HOSPITAL; BACKUS PHYSICIAN SERVICES, L.L.C.; HARTFORD HEALTHCARE CORPORATION; ANTHONY ALESSI, M.D.; NEURO DIAGNOSTICS, LLC; YAHYA QURESHI, M.D.; AND NORWICH MEDICAL ASSOCIATES, L.L.C.	:	AT NEW LONDON
	:	OCTOBER 8, 2014

COMPLAINT

FIRST COUNT: **Estate of Gary D. Wheelis as to Defendants, Backus Corporation d/b/a The William W. Backus Hospital, Backus Physician Services, L.L.C. and Hartford Healthcare Corporation, Anthony Alessi, M.D. and Yahya Qureshi, M.D.**

1. On or about February 6, 2013, the Plaintiff, Jean T. Wheelis, was appointed Administrator of the Estate of her husband, Gary D. Wheelis, the Plaintiff's Decedent, by the Southeastern Regional Probate District and acting as such Administrator, and in her individual capacity, brings this action for the death of Gary D.

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Wheelis, pursuant to § 52-555 of the Connecticut General Statutes. A Fiduciary's Probate Certificate is attached hereto as Exhibit A.

2. At all times mentioned herein, the Defendant, Backus Corporation [hereinafter "Defendant Backus"], was and is a Connecticut corporation organized and existing under the laws of the State of Connecticut operating a hospital known as The William W. Backus Hospital [hereinafter "Hospital"] in Norwich, Connecticut, providing medical care to the general public, including the Plaintiff's Decedent, through its attending and house staff physicians, nurses and other health care professionals.

3. At all times mentioned herein, the Defendant, Backus Physician Services, L.L.C. [hereinafter "Defendant Physician Services"], was and is a Connecticut limited liability company organized and existing under the laws of the State of Connecticut providing medical care to the general public, including the Plaintiff's Decedent, through its staff, servants, employees, apparent agents and agents.

4. At all times mentioned herein, the Defendant, Hartford Healthcare Corporation [hereinafter "Defendant Hartford"], was and is a Connecticut corporation organized and existing under the laws of the State of Connecticut operating, overseeing and/or managing the Hospital, the Defendant Physician Services, their staff, servants,

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employees, apparent agents and agents and the medical care provided by them to the general public, including the Plaintiff's Decedent.

5. At all times mentioned herein, the Defendant, Anthony Alessi, M.D. [hereinafter "Defendant Dr. Alessi"], was and is a duly licensed physician engaged in the practice of medicine in the State of Connecticut, a board-certified specialist in the field of Neurology who held himself out to the general public as a competent physician and as a physician skilled and capable of engaging in the practice of Neurology.

6. At all times mentioned herein, the Defendant, Neuro Diagnostics, LLC [hereinafter "Defendant Neuro"], was and is a Connecticut limited liability company organized and existing under the laws of the State of Connecticut providing medical care to the general public, including the Plaintiff's Decedent, through its staff, servants, employees, apparent agents and agents, including the Defendant Dr. Alessi.

7. At all times mentioned herein, the Defendant Dr. Alessi was an employee, agent, apparent agent and/or servant of the Defendant Backus and was acting within the scope of his employment, agency and/or servitude.

8. At all times mentioned herein, the Defendant Dr. Alessi was an employee, agent, apparent agent and/or servant of the Defendant Physician Services and was acting within the scope of his employment, agency and/or servitude.

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9. At all times mentioned herein, the Defendant Dr. Alessi was an employee, agent, apparent agent and/or servant of the Defendant Hartford and was acting within the scope of his employment, agency and/or servitude.

10. At all times mentioned herein, the Defendant Dr. Alessi was an employee, agent, apparent agent and/or servant of the Defendant Neuro and was acting within the scope of his employment, agency and/or servitude.

11. At all times mentioned herein, the Defendant, Yahya Qureshi, M.D. [hereinafter "Defendant Dr. Qureshi"], was and is a duly licensed physician engaged in the practice of medicine in the State of Connecticut, a board-certified specialist in the field of Internal Medicine and held himself out to the general public as a competent physician and as a physician skilled and capable of engaging in the practice of Internal Medicine.

12. At all times mentioned herein, the Defendant, Norwich Medical Associates, L.L.C. [hereinafter "Defendant Norwich Medical"], was and is a Connecticut limited liability company organized and existing under the laws of the State of Connecticut providing medical care to the general public, including the Plaintiff's Decedent, through its staff, servants, employees, apparent agents and agents, including the Defendant Dr. Qureshi.

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13. At all times mentioned herein, the Defendant Dr. Qureshi was an employee, agent, apparent agent and/or servant of the Defendant Backus and was acting within the scope of his employment, agency and/or servitude.

14. At all times mentioned herein, the Defendant Dr. Qureshi was an employee, agent, apparent agent and/or servant of the Defendant Physician Services and was acting within the scope of his employment, agency and/or servitude.

15. At all times mentioned herein, the Defendant Dr. Qureshi was an employee, agent, apparent agent and/or servant of the Defendant Hartford and was acting within the scope of his employment, agency and/or servitude.

16. At all times mentioned herein, the Defendant Dr. Qureshi was an employee, agent, apparent agent and/or servant of the Defendant Norwich Medical and was acting within the scope of his employment, agency and/or servitude.

17. On or about December 12, 2012, the Plaintiff's Decedent was admitted to The William W. Backus Hospital and underwent an endoscopy.

18. At the time of his admission, the Plaintiff's Decedent took Coumadin on a daily basis for chronic atrial fibrillation, as well as concomitant aspirin therapy.

19. Thereafter, following the endoscopy, the Plaintiff's Decedent experienced left hemiparesis, mumbling and slurred speech while in recovery.

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20. Thereafter, the Plaintiff's Decedent underwent a CT scan of his head, which revealed no evidence of acute or chronic infarct, with no intracranial mass, hemorrhage or hydrocephalus.

21. Thereafter, lab work revealed that the Plaintiff's Decedent's INR was 2.7 and his PTT was 41.7.

22. Thereafter, despite a therapeutic INR, Dr. Qureshi and/or Dr. Alessi and/or other staff, employees, apparent agents and agents of the Defendants Backus, Physician Services, decided to order and did order a Heparin drip to be administered to the Plaintiff's Decedent, which began on the evening of December 12, 2012.

23. Said Heparin drip continued to be administered on the Plaintiff's Decedent through the night of December 12, 2012 and into the morning hours of December 13, 2012 despite his rising INR, which was recorded on December 13, 2012 at 6:41 am at 3.2.

24. On the morning of December 13, 2012, a follow-up head CT showed that the Plaintiff's Decedent had suffered from a massive left temporo-parietal intracerebral hemorrhage and intraventricular hemorrhage in the third and fourth ventricle.

25. The Plaintiff's Decedent was unable to recover from this massive intracerebral bleed and, on December 14, 2012, he died due to cerebral hemorrhage.

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26. At all times mentioned herein, it was reasonable for the Plaintiff's Decedent and his wife, the Plaintiff, Jean T. Wheelis, to believe, and they did believe, that the services being rendered by the physicians and medical staff at the Hospital, including the Defendants Dr. Alessi and Dr. Qureshi, were being rendered by employees, agents and servants of the Defendants Backus, Physician Services, Hartford, Neuro and/or Norwich Medical.

27. The injuries and death suffered by the Plaintiff's Decedent were caused by the negligence, carelessness, and deviations from the appropriate standards of care of the Defendants in one or more of the following respects in that their employees, servants, apparent agents and/or agents, including the Defendants Dr. Alessi and Dr. Qureshi:

a. failed to promptly and appropriately treat his condition;

b. failed to properly diagnose his condition;

c. failed to properly, adequately and timely administer diagnostic testing and/or laboratory work so as to determine his condition so that it could be properly and appropriately treated;

d. failed to properly determine and consider his INR prior to administration of Heparin;

e. ordered the administration of Heparin to the Plaintiff's Decedent when they know or should have known he was already receiving a therapeutic regimen of anticoagulant medications;

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f. ordered the administration of Heparin to the Plaintiff's Decedent when they know or should have known he was already receiving a therapeutic regimen of anticoagulant medications and that administration of any additional anticoagulant medication could and/or would result in complications;

g. failed to recognize and appreciate he was on Coumadin and aspirin therapy prior to administration of Heparin;

h. failed to properly and correctly interpret his CT scan;

i. failed to promptly recognize the nature and origin of his symptoms and treat them accordingly;

j. failed to adequately monitor his condition and the administration of additional anticoagulant medications;

k. failed to administer safe and appropriate medications to treat his condition;

l. failed to promptly cease administration of medications upon deterioration of his condition;

m. failed to recognize the level of coagulation in his blood prior to administering Heparin;

n. failed to adequately recognize and appreciate the risk of bleeding associated with administration of Heparin;

o. failed to adequately recognize and appreciate the risk of bleeding associated with administration of Heparin in a patient with a therapeutic INR;

p. failed to adequately recognize and appreciate the risk of bleeding associated with administration of Heparin in a patient on Coumadin and aspirin therapy; and

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q. failed to administer appropriate treatment for his condition.

29. As a result of the negligence and carelessness of the Defendants, the Plaintiff's Decedent suffered physical and mental pain, anguish and anxiety prior to his death, as well as conscious pain and suffering.

30. As a further result, the Plaintiff's Decedent's earning capacity was permanently destroyed.

31. As a further result, the Plaintiff's Decedent suffered the premature loss of the enjoyment of all of life's activities.

32. As a further result, his Estate incurred funeral and/or burial expenses.

33. On or about August 28, 2014, pursuant to Connecticut General Statutes § 52-190a(b), an automatic ninety (90) day extension to the statute of limitations was filed with the Superior Court, a copy of which is attached hereto as Exhibit B.

34. Pursuant to Connecticut General Statutes § 52-190a, a copy of a signed Attorney's certificate that a good faith basis exists for an action against each named Defendant is attached hereto, along with redacted written and signed opinions of similar healthcare providers attached hereto as Exhibits C and D.

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SECOND COUNT: **Loss of Consortium as to Defendants, Backus Corporation d/b/a The William W. Backus Hospital, Backus Physician Services, L.L.C. and Hartford Healthcare Corporation, Anthony Alessi, M.D. and Yahya Qureshi, M.D.**

1.-34. Paragraphs One (1) through Thirty-Four (34) of the First Count are hereby incorporated and made Paragraphs One (1) through Thirty-Four (34) of this the Second Count as if more fully set forth herein.

35. As a result of the negligence and carelessness of the Defendants, as aforesaid, the Plaintiff, Jean Wheelis, wife of the Plaintiff's decedent, Gary Wheelis, has been and will be deprived of the love, comfort, association, companionship, support, services, care, affection, society and consortium of her husband and will continue to suffer such deprivation in the future.

THIRD COUNT: **Bystander Emotional Distress as to Defendants, Backus Corporation d/b/a The William W. Backus Hospital, Backus Physician Services, L.L.C. and Hartford Healthcare Corporation, Anthony Alessi, M.D. and Yahya Qureshi, M.D.**

1.-34. Paragraphs One (1) through Thirty-Four (34) of the First Count are hereby incorporated and made Paragraphs One (1) through Thirty-Four (34) of this the Third Count as if more fully set forth herein.

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35. The Plaintiff, Jean Wheelis, wife of the Plaintiff's decedent, was in close proximity to the Plaintiff's decedent at the time he suffered a massive intracerebral bleed on December 13, 2012 and thereafter up until his death on December 14, 2012. The Plaintiff, Jean Wheelis, witnessed the Plaintiff's decedent receive emergency medical care, witnessed him in a vegetative state and witnessed his death.

36. As a result, the Plaintiff, Jean Wheelis, has suffered nervous shock, extreme emotional turmoil and mental distress and anguish caused by the sight of the painful, tragic and untimely death of her husband, the Plaintiff's decedent, all due to the negligence and carelessness of the Defendants, as aforesaid.

37. As a further result of the Defendants' conduct, the Plaintiff, Jean Wheelis, has suffered painful psychiatric conditions, including, but not limited to, depression, requiring her to spend various sums of money on therapeutic counseling, mental health treatment and prescribed psychiatric medications.

38. As a further result, the Plaintiff, Jean Wheelis, will likely suffer emotional distress and mental pain for the rest of her life, requiring her to spend additional sums of money for psychiatric and mental health care, treatment and medications as deemed necessary, all to her loss and damage.

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FOURTH COUNT: **Estate of Gary D. Wheelis as to Defendants, Neuro Diagnostics, LLC and Anthony Alessi, M.D.**

1.-26. Paragraphs One (1) through Twenty-Six (26) of the First Count are hereby incorporated and made Paragraphs One (1) through Twenty-Six (26) of this the Fourth Count as if more fully set forth herein.

27. The injuries and death suffered by the Plaintiff's Decedent were caused by the negligence, carelessness, and deviations from the appropriate standards of care of the Defendants, Neuro Diagnostics, LLC and Anthony Alessi, in one or more of the following respects in that their employees, servants, apparent agents and/or agents, including the Defendant, Dr. Alessi:

a. failed to promptly and appropriately treat his condition;

b. failed to properly diagnose his condition;

c. failed to properly, adequately and timely administer diagnostic testing and/or laboratory work so as to determine his condition so that it could be properly and appropriately treated;

d. failed to properly determine and consider his INR prior to administration of Heparin;

e. ordered the administration of Heparin to the Plaintiff's Decedent when they know or should have known he was already receiving a therapeutic regimen of anticoagulant medications;

f. ordered the administration of Heparin to the Plaintiff's Decedent when they know or should have known he was already receiving a therapeutic

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regimen of anticoagulant medications and that administration of any additional anticoagulant medication could and/or would result in complications;

g. failed to recognize and appreciate he was on Coumadin and aspirin therapy prior to administration of Heparin;

h. failed to properly and correctly interpret his CT scan;

i. failed to promptly recognize the nature and origin of his symptoms and treat them accordingly;

j. failed to adequately monitor his condition and the administration of additional anticoagulant medications;

k. failed to administer safe and appropriate medications to treat his condition;

l. failed to promptly cease administration of medications upon deterioration of his condition;

m. failed to recognize the level of coagulation in his blood prior to administering Heparin;

n. failed to adequately recognize and appreciate the risk of bleeding associated with administration of Heparin;

o. failed to adequately recognize and appreciate the risk of bleeding associated with administration of Heparin in a patient with a therapeutic INR;

p. failed to adequately recognize and appreciate the risk of bleeding associated with administration of Heparin in a patient on Coumadin and aspirin therapy; and

q. failed to administer appropriate treatment for his condition.

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28. As a result of the negligence and carelessness of the Defendant, the Plaintiff's Decedent suffered physical and mental pain, anguish and anxiety prior to his death, as well as conscious pain and suffering.

29. As a further result, the Plaintiff's Decedent's earning capacity was permanently destroyed.

30. As a further result, the Plaintiff's Decedent suffered the premature loss of the enjoyment of all of life's activities.

31. As a further result, his Estate incurred funeral and/or burial expenses.

32. On or about August 28, 2014, pursuant to Connecticut General Statutes § 52-190a(b), an automatic ninety (90) day extension to the statute of limitations was filed with the Superior Court, a copy of which is attached hereto as Exhibit B.

33. Pursuant to Connecticut General Statutes § 52-190a, a copy of a signed Attorney's certificate that a good faith basis exists for an action against each named Defendant is attached hereto, along with redacted written and signed opinions of similar healthcare providers attached hereto as Exhibits C and D.

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FIFTH COUNT: **Loss of Consortium as to Defendants, Neuro Diagnostics, LLC and Anthony Alessi, M.D.**

1.-33. Paragraphs One (1) through Thirty-Three (33) of the Fourth Count are hereby incorporated and made Paragraphs One (1) through Thirty-Three (33) of this the Fifth Count as if more fully set forth herein.

34. As a result of the negligence and carelessness of the Defendants, as aforesaid, the Plaintiff, Jean Wheelis, wife of the Plaintiff's decedent, Gary Wheelis, has been and will be deprived of the love, comfort, association, companionship, support, services, care, affection, society and consortium of her husband and will continue to suffer such deprivation in the future.

SIXTH COUNT: **Bystander Emotional Distress as to Defendants, Neuro Diagnostics, LLC and Anthony Alessi, M.D.**

1.-33. Paragraphs One (1) through Thirty-Three (33) of the Fourth Count are hereby incorporated and made Paragraphs One (1) through Thirty-Three (33) of this the Sixth Count as if more fully set forth herein.

34. The Plaintiff, Jean Wheelis, wife of the Plaintiff's decedent, was in close proximity to the Plaintiff's decedent at the time he suffered a massive intracerebral bleed on December 13, 2012 and thereafter up until his death on December 14, 2012.

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The Plaintiff, Jean Wheelis, witnessed the Plaintiff's decedent receive emergency medical care, witnessed him in a vegetative state and witnessed his death.

35. As a result, the Plaintiff, Jean Wheelis, has suffered nervous shock, extreme emotional turmoil and mental distress and anguish caused by the sight of the painful, tragic and untimely death of her husband, the Plaintiff's decedent, all due to the negligence and carelessness of the Defendants, as aforesaid.

36. As a further result of the Defendants' conduct, the Plaintiff, Jean Wheelis, has suffered painful psychiatric conditions, including, but not limited to, depression, requiring her to spend various sums of money on therapeutic counseling, mental health treatment and prescribed psychiatric medications.

37. As a further result, the Plaintiff, Jean Wheelis, will likely suffer emotional distress and mental pain for the rest of her life, requiring her to spend additional sums of money for psychiatric and mental health care, treatment and medications as deemed necessary, all to her loss and damage.

SEVENTH COUNT: Estate of Gary D. Wheelis as to Defendants, Norwich Medical Associates, L.L.C. and Yahya Qureshi, M.D.

1.-26. Paragraphs One (1) through Twenty-Six (26) of the First Count are hereby incorporated and made Paragraphs One (1) through Twenty-Six (26) of this the Seventh Count as if more fully set forth herein.

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27. The injuries and death suffered by the Plaintiff's Decedent were caused by the negligence, carelessness, and deviations from the appropriate standards of care of the Defendants, Norwich Medical Associates, L.L.C. and Dr. Qureshi, in one or more of the following respects in that their employees, servants, apparent agents and/or agents, including the Defendant Dr. Qureshi:

a. failed to promptly and appropriately treat his condition;

b. failed to properly diagnose his condition;

c. failed to properly, adequately and timely administer diagnostic testing and/or laboratory work so as to determine his condition so that it could be properly and appropriately treated;

d. failed to properly determine and consider his INR prior to administration of Heparin;

e. ordered the administration of Heparin to the Plaintiff's Decedent when they know or should have known he was already receiving a therapeutic regimen of anticoagulant medications;

f. ordered the administration of Heparin to the Plaintiff's Decedent when they know or should have known he was already receiving a therapeutic regimen of anticoagulant medications and that administration of any additional anticoagulant medication could and/or would result in complications;

g. failed to recognize and appreciate he was on Coumadin and aspirin therapy prior to administration of Heparin;

h. failed to properly and correctly interpret his CT scan;

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i. failed to promptly recognize the nature and origin of his symptoms and treat them accordingly;

j. failed to adequately monitor his condition and the administration of additional anticoagulant medications;

k. failed to administer safe and appropriate medications to treat his condition;

l. failed to promptly cease administration of medications upon deterioration of his condition;

m. failed to recognize the level of coagulation in his blood prior to administering Heparin;

n. failed to adequately recognize and appreciate the risk of bleeding associated with administration of Heparin;

o. failed to adequately recognize and appreciate the risk of bleeding associated with administration of Heparin in a patient with a therapeutic INR;

p. failed to adequately recognize and appreciate the risk of bleeding associated with administration of Heparin in a patient on Coumadin and aspirin therapy; and

q. failed to administer appropriate treatment for his condition.

28. As a result of the negligence and carelessness of the Defendants, the Plaintiff's Decedent suffered physical and mental pain, anguish and anxiety prior to his death, as well as conscious pain and suffering.

29. As a further result, the Plaintiff's Decedent's earning capacity was permanently destroyed.

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30. As a further result, the Plaintiff's Decedent suffered the premature loss of the enjoyment of all of life's activities.

31. As a further result, his Estate incurred funeral and/or burial expenses.

32. On or about August 28, 2014, pursuant to Connecticut General Statutes § 52-190a(b), an automatic ninety (90) day extension to the statute of limitations was filed with the Superior Court, a copy of which is attached hereto as Exhibit B.

33. Pursuant to Connecticut General Statutes § 52-190a, a copy of a signed Attorney's certificate that a good faith basis exists for an action against each named Defendant is attached hereto, along with redacted written and signed opinions of similar healthcare providers attached hereto as Exhibits C and D.

EIGHTH COUNT: Loss of Consortium as to Defendants, Norwich Medical Associates, L.L.C. and Yahya Qureshi, M.D.

1.-33. Paragraphs One (1) through Thirty-Three (33) of the Seventh Count are hereby incorporated and made Paragraphs One (1) through Thirty-Three (33) of this the Eighth Count as if more fully set forth herein.

34. As a result of the negligence and carelessness of the Defendants, as aforesaid, the Plaintiff, Jean Wheelis, wife of the Plaintiff's decedent, Gary Wheelis, has been and will be deprived of the love, comfort, association, companionship, support,

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services, care, affection, society and consortium of her husband and will continue to suffer such deprivation in the future.

NINTH COUNT: **Bystander Emotional Distress as to Defendants, Norwich Medical Associates, L.L.C. and Yahya Qureshi, M.D.**

1.-33. Paragraphs One (1) through Thirty-Three (33) of the Seventh Count are hereby incorporated and made Paragraphs One (1) through Thirty-Three (33) of this the Ninth Count as if more fully set forth herein.

34. The Plaintiff, Jean Wheelis, wife of the Plaintiff's decedent, was in close proximity to the Plaintiff's decedent at the time he suffered a massive intracerebral bleed on December 13, 2012 and thereafter up until his death on December 14, 2012. The Plaintiff, Jean Wheelis, witnessed the Plaintiff's decedent receive emergency medical care, witnessed him in a vegetative state and witnessed his death.

35. As a result, the Plaintiff, Jean Wheelis, has suffered nervous shock, extreme emotional turmoil and mental distress and anguish caused by the sight of the painful, tragic and untimely death of her husband, the Plaintiff's decedent, all due to the negligence and carelessness of the Defendants, as aforesaid.

36. As a further result of the Defendants' conduct, the Plaintiff, Jean Wheelis, has suffered painful psychiatric conditions, including, but not limited to, depression,

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requiring her to spend various sums of money on therapeutic counseling, mental health treatment and prescribed psychiatric medications.

37. As a further result, the Plaintiff, Jean Wheelis, will likely suffer emotional distress and mental pain for the rest of her life, requiring her to spend additional sums of money for psychiatric and mental health care, treatment and medications as deemed necessary, all to her loss and damage.

WHEREFORE, the Plaintiffs claim fair, just, and reasonable money damages.

THE PLAINTIFFS,

By 
Attorney Kelly E. Reardon
THE REARDON LAW FIRM, P.C.
Their Attorneys

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RETURN DATE: NOVEMBER 4, 2014

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V.	:	JUDICIAL DISTRICT OF NEW LONDON
BACKUS CORPORATION d/b/a THE WILLIAM W. BACKUS HOSPITAL; BACKUS PHYSICIAN SERVICES, L.L.C.; HARTFORD HEALTHCARE CORPORATION; ANTHONY ALESSI, M.D.; NEURO DIAGNOSTICS, LLC; YAHYA QURESHI, M.D.; AND NORWICH MEDICAL ASSOCIATES, L.L.C.	:	AT NEW LONDON
	:	OCTOBER 8, 2014

CERTIFICATION

I hereby certify that I have made reasonable inquiry, as permitted by the circumstances, to determine whether there are grounds for a good faith belief that there has been negligence in the care and treatment of the Plaintiff, Gary D. Wheelis. This inquiry has given rise to a good faith belief on my part that grounds exist for an action against each named Defendants in this lawsuit. I base this belief, in part, on the written and signed medical opinion of similar health care providers, attached hereto as Exhibits C and D, in accordance with Connecticut General Statutes § 52-190a (as amended).

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THE PLAINTIFFS,

By _____
Attorney Kelly E. Reardon
THE REARDON LAW FIRM, P.C.
Their Attorneys

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	:	OCTOBER 8, 2014

STATEMENT RE: AMOUNT IN DEMAND

The amount, legal interest or property in demand is greater than Fifteen Thousand and No/100 ($15,000.00) Dollars, exclusive of interest and costs.

THE PLAINTIFFS,

By _____
Attorney Kelly E. Reardon
THE REARDON LAW FIRM, P.C.
Their Attorneys

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EXHIBIT A

THE REARDON LAW FIRM, P.C.
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FIDUCIARY'S PROBATE CERTIFICATE
PC-450 REV. 7/13

STATE OF CONNECTICUT

COURT OF PROBATE

COURT OF PROBATE, Southeastern CT Regional Probate District **DISTRICT NO. PD30**

ESTATE OF/IN THE MATTER OF	DATE OF CERTIFICATE
Gary D. Wheelis, (13-00027)	*September 26, 2014* *Valid for:* 1 year from this date

FIDUCIARY'S NAME AND ADDRESS	FIDUCIARY'S POSITION OF TRUST	DATE OF APPOINTMENT
Jean T. Wheelis, 62 Lakeside Drive, Ledyard, CT 06339	Administrator	February 6, 2013

The undersigned hereby certifies that the fiduciary of the above-named estate has accepted appointment, has executed bond according to law or has been excused from executing bond by will or by statute, and is legally authorized and qualified to act as such fiduciary on said estate because said appointment is unrevoked and in full force as of the above date of certificate.

Limitation, if any, on the above certificate:

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of this Court on the above date of certificate.

Susan Cardinal, Clerk

Court Seal

NOT VALID WITHOUT COURT OF PROBATE SEAL IMPRESSED

EXHIBIT B

THE REARDON LAW FIRM, P.C.
Attorneys at Law
160 Hempstead Street • P.O. Drawer 1430 • New London, CT 06320 • Tel. (860) 442-0444 • Juris No. 102515

ESTATE OF GARY D. WHEELIS
BY JEAN T. WHEELIS, ADMINISTRATOR

V.

YAHYA QURESHI, M.D.;
ANTHONY ALESSI, M.D.;
BACKUS PHYSICIAN SERVICES, L.L.C.;
BACKUS CORPORATION;
BACKUS HEALTH CARE, INC.;
HARTFORD HEALTHCARE
CORPORATION; NORWICH MEDICAL
ASSOCIATES, L.L.C.; NEURO
DIAGNOSTICS, LLC; AND, NEURO
DIAGNOSTICS CONSULTING, LLC

SUPERIOR COURT

JUDICIAL DISTRICT
OF NEW LONDON
AT NEW LONDON

AUGUST 28, 2014

FILED

AUG 28 2014

SUPERIOR COURT - NEW LONDON
JUDICIAL DISTRICT AT NEW LONDON

PETITION FOR EXTENSION OF STATUTE OF LIMITATIONS DATE

Pursuant to Connecticut General Statute § 52-190a(b), the undersigned respectfully petitions for a ninety (90) days extension of the statute of limitations date regarding a possible suit against YAHYA QURESHI, M.D.; ANTHONY ALESSI, M.D.; BACKUS PHYSICIAN SERVICES, L.L.C.; BACKUS CORPORATION; BACKUS HEALTH CARE, INC.; HARTFORD HEALTHCARE CORPORATION; NORWICH MEDICAL ASSOCIATES, L.L.C.; NEURO DIAGNOSTICS, LLC; NEURO DIAGNOSTICS CONSULTING, LLC and others not yet known with respect to the Petitioner's claims of medical negligence that occurred on or about December 12, 2012.

THE REARDON LAW FIRM, P.C.
Attorneys at Law
160 Hempstead Street • P.O. Drawer 1430 • New London, CT 06320 • Tel. (860) 442-0444 • Juris No. 102515

This extension of the statute of limitations date is necessary to allow additional time for a reasonable inquiry to determine whether there are grounds for a good faith belief that there has been negligence in the health care or treatment of Gary D. Wheelis.

THE PETITIONER,

By: Kelly Reardon
Kelly E. Reardon
THE REARDON LAW FIRM, P.C.
Her Attorneys

Granted,

By the Clerk.

8/28/14

THE REARDON LAW FIRM, P.C.
Attorneys at Law
160 Hempstead Street • P.O. Drawer 1430 • New London, CT 06320 • Tel. (860) 442-0444 • Juris No. 102515

EXHIBIT C

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10 Septernber 2014

Kelly E. Reardon
The Reardon Law Firm, P.C.
160 Hempstead St.
P.O. Drawer 1430
New London, CT 06320

RE: The Estate of Gary Wheelis

Dear Attorney Wheelis:

I have reviewed the following medical records sent to me in this matter and have prepared the report below.

Medical Records from The William W. Backus Hospital 12/12/12 – 12/14/12 including ED, hospital, laboratories, and radiological reports
Head CT films of 12/12/12 and 12/13/12 x 2

I am a board certified vascular neurologist and neurologist, having completed a neurology residency and a stroke fellowship. I have over 25 years of clinical experience treating acute stroke patients within a hospital and academic setting. I regularly teach and publish on stroke-related issues, including acute stroke management.

Gary Wheelis was admitted on December 12, 2012 at 14:18 to William Backus Hospital as a 63-year-old man with an esophageal foreign body (chicken from prior night stuck in throat). He had intermittent episodes of this for 2-3 years and it had been getting progressively worse and more frequent. It usually occurred with meat. His pulse oximetry was 99%, blood pressure 150/74 and creatinine of 1.3. He was taken to the operating room for endoscopy. He left the operating room at 16:26, Kristin Beck recorded that he was alert and oriented x 3, no active distress. While in recovery, he developed acute altered mental status, confusion, and a mild left hemiparesis. It was advised that he go to the ED. This was not done. He was to be admitted through the recovery area. He had mumbling, slurred speech, a mild left hemiparesis and was transferred to the ICU and admitted for possible stroke.

He was on Coumadin for chronic atrial fibrillation and also had a medical history of arthritis, coronary artery disease, chronic obstructive pulmonary disease, testicular hydrocele, hyperlipidemia, benign prostatic hypertrophy, GERD, esophageal strictures s/P dilatations, peripheral venous insufficiency with edema, basal skin cancer, right testicular excision at age 19, and kidney disease/renal insufficiency. He had a

defibrillator/AICD/pacemaker and a cervical spine fusion surgery in 2007. He was also on Advair, Lasix, Metoprolol, Lisinopril, aspirin, Symbicort, Spiriva, Lipitor, and Nexium. There was a family history of hypertension and lung cancer in a sister and asthma in his mother. He smoked a pack of cigarettes daily for 4 years.

At 19:05 he was alert and oriented x 3, speech was unclear at times. At 19:40 he had numbness in both hands and was not moving his left arm to command and was confused. A CT was ordered and Dr. Yahya Qureshi was notified. BP was 162/62. At 20:30 he had a left facial droop.

His initial head CT at 20:32, completed at 20:45 was negative for hemorrhage. Stat INR at 22:19 was 2.7. PTT was elevated to 41.7 (normal 23.2-34.8). He was noted to have difficulty finding words and a left hemiparesis and left-sided neglect. At 22:50 he was more restful.

Dr. Yahya Qureshi contacted the neurologist, Dr. Anthony Alessi, right after the first CT was performed and there was discussion about t-PA and heparin treatments.

A decision was made to start heparin, despite a therapeutic INR from Coumadin and concomitant aspirin therapy (from prior to the stroke). The heparin order form was blank – no signature on it. It was to start at 150U/kg/hr. Bolus heparin dose was given at 23:00 or 23:10 or 23:20 (depending on different notes), started in PACU and no names of MD ordering it. It appears to have been ordered by Dr. Yahya Qureshi. BP was 142/63.

An INR at 6:41 a.m. on December 13 was 3.2 and then rose to 3.5 hours later.

He deteriorated neurologically and heparin was turned off at 08:19 according to one note. A head CT at 8:48 demonstrated a large left temporo-parietal intracerebral hemorrhage with intraventricular extension.

An order to discontinue heparin drip was written at 09:40 (1 hour after CT was done). Heparin was discontinued at 10:20 according to another note. Stat vitamin K was ordered at 10:46.

A follow-up head CT at 15:36 showed a massive left temporo-parietal intracerebral hemorrhage and intraventricular hemorrhage in both the third and fourth ventricle. He subsequently died.

Opinion:

Mr. Wheelis suffered an initial cerebral ischemic event in the setting of chronic atrial fibrillation (although his EKG showed normal sinus rhythm, unchanged from July 12, 2012) and a therapeutic INR and on aspirin shortly after a cerebral ischemic event. Giving him full dose intravenous heparin while he was therapeutic by INR on Coumadin is not the standard of care and was actually negligent: creating significantly greater risk

for cerebral hemorrhage without any proven benefit in this setting. It is documented in Dr. Anthony Alessi's note of 12/13/12 that he knew (and not clear if Dr. Yahya Quershi knew) that the stat INR at the time of the normal head CT scan was 2.7 as he included that INR in his note.

Mr. Wheelis suffered a fatal intracerebral hemorrhage from the combination of Coumadin (therapeutic INR), aspirin, and the intravenous heparin he received. The heparin was a major contributing cause to his death from intracerebral hemorrhage.

More likely than not, Mr. Wheelis would not have suffered a fatal intracerebral hemorrhage had he not been treated with intravenous heparin. I hold these opinions to a reasonable degree of medical probability.

Professor of Neurology & Emergency Medicine
Vice Chair, Department of Neurology
Chief of Neurology
Board Certified in Neurology
Board Certified in Vascular Neurology

EXHIBIT D

THE REARDON LAW FIRM, P.C.
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August 31, 2014

Kelly E. Reardon, Esquire.
The Reardon Law Firm PC
160 Hempstead St.
PO Drawer 1430
New London, CT 06320

RE: Estate of Gary Wheelis

As you have requested, I have reviewed the care provided by the William W. Backus Hospital, and specifically Dr. Yahya Qurishi for Mr. Gary Wheelis, who died on 12/14/12, following inappropriate treatment for an ischemic stroke.

I am qualified to comment on the care provided for Mr. Wheelis based upon 40-years of experience as an internist and geriatrician, providing direct care to patients in outpatient, hospital, nursing home and assisted living facility settings. I am board certified in internal medicine.

I am currently Chief of the Geriatrics Service at where my responsibilities as an academician and clinical professor at include teaching the principles of geriatric medicine to medical students and residents.

I am thus qualified by experience, education, and training to offer this opinion, and I have demonstrated competence with the standard of care for an internist treating a patient such as Mr. Wheelis when presenting with an ischemic stroke, while on a therapeutic dosage of Coumadin, and will comment on that standard as relates to the decision by Dr. Qurishi to initiate a course of heparin in that setting.

William W. Backus Hospital

Mr. Wheelis was 63-years of age, when on 12/12/12, he presented to the Emergency Department at William W. Backus Hospital with the sensation of an esophageal foreign body. He reported to nurse practitioner Stroich-Eisley that at 6 o'clock the night before, he ate a piece of chicken, and "felt like it was stuck" in his lower esophagus ever since. He had been unable to eat or drink anything without vomiting. He denied abdominal or chest pain.

Mr. Wheelis reported that he had experienced occasional episodes of dysphagia over the past several years, but the episodes were becoming progressively worse and more frequent, usually happening with eating a piece of meat. He was able to swallow his own secretions without difficulty, and denied shortness of breath.

Ms. Stroich-Eisley records Mr. Wheelis' past medical history; arthritis, CAD, COPD, and renal insufficiency. She further documents that an AICD and cardiac pacemaker were in place, and that Mr. Wheelis and had prior neck surgery.

Ms. Stroich-Eisley chose not to record that Mr. Wheelis had been diagnosed in the past with atrial fibrillation.

Mr. Wheelis was a nonsmoker with occasional alcohol use.

Medications are recorded by the ED nurse; Spiriva, Advair, Tylenol, Motrin, Centrum, vitamin C, Lasix, metoprolol, warfarin, lisinopril, aspirin, Symbicort, Lipitor, Nexium, and metoprolol.

Mr. Wheelis attempted to drink a small quantity of water, but he immediately vomited. Ms. Stroich-Eisley discussed the case with Dr. Kolala Sridhar from gastroenterology, who then came to the emergency room to evaluate Mr. Wheelis. Dr. Sridhar records a history of chronic atrial fibrillation and chronic anticoagulation. He refers to "numerous medications which is noted in the hospital EMR," but does not mention warfarin specifically. He then made arrangements to take Mr. Wheelis to the operating room for endoscopy and evaluation.

Ms. Stroich-Eisley also discussed this case with Dr. Goulding, who agreed with the plan.

Numerous laboratory testing was ordered on admission, but the providers chose not to order an INR. In the anesthesia pre-operative review, there is no evidence that an INR was checked, despite the fact that Mr. Wheelis was on Coumadin.

Mr. Wheelis was taken to the operating room. He was given midazolam, fentanyl and propofol, after which he was intubated. Following intubation, Dr. Sridhar performed an endoscopy, which revealed a cervical esophageal web with stricture at the esophageal junction, with foreign body impaction. A piece of chicken was removed, and the esophagus was dilated. Minimal bleeding was noted.

This procedure was carried out at 16:30 hours, and completed at 17:30 hours.

At 18:20 hours, in the PACU, Mr. Wheelis vomited a small amount of mucous with old blood, Phenergan was provided.

At 19:40 hours, it is recorded that Mr. Wheelis was complaining of numbness in both hands, and was not moving his left arm on command. He "seemed confused." His blood pressure at this time was 162/62.

It is recorded that his left hand was "tingling." His left arm and hand grasp were "weak." His right hand grasp was strong. The left lower extremity was "weak with poor movement." The right lower extremity strong, with good movement.

Dr. Jo was consulted, and asked that Dr. Khim come in to assess to Mr. Wheelis.

At 20:30 hours, Mr. Wheelis was now exhibiting a left facial droop. Dr. Bonicor was notified of Mr. Wheelis' condition, and transferred Mr. Wheelis to radiology for a head CT.

At 20:45 hours, the CT was completed, and Mr. Wheelis was transferred to the PACU on a stretcher.

In the PACU at 20:50 hours, Mr. Wheelis was having difficulty finding words. Mr. Wheelis was assessed with a left facial droop and weakness of his entire left side. He complained of both arms tingling, and was expectorating "old bloody sputum."

At 20:50 hours, Mr. Wheelis was "slightly agitated." He complained of a frontal headache and right hip pain.

The head CT was read at 21:07 hours by Dr. William Donovan. Dr. Donovan assessed the CT as revealing no evidence of acute or chronic infarct, with no intracranial mass, hemorrhage, or hydrocephalus.[1]

At 21:30 hours, the blood pressure was elevated again at 155/60.

At 21:50 hours, increasing left arm weakness is noted. Mr. Wheelis' pupils were assessed as equal, but the left pupil response was more brisk than the right.

At 21:55 hours, Dr. Yahya Qureya-Qureshi, the attending physician, was called. At 22:00 hours, he returned the call and became aware Mr. Wheelis' neurological changes.

The blood pressure was 170/70 at 22:00 hours.

At 22:10 hours, the nursing supervisor was made aware of new orders given by Dr. Qureshi for Dilaudid as needed for pain.

The first INR noted in the medical record is dated 12/12/12, at 22:19 hours, with a value of 2.7.

At 22:20 hours, the systolic blood pressure was elevated, but the value is not recorded, and Mr. Wheelis continued to complain of a headache. Nitro paste, 1-inch, was applied in an attempt to lower the systolic pressure.

At 22:30 hours, the blood pressure was 172/70

At 22:45 hours, Mr. Wheelis complained of headache. He was restless and agitated. Orders were obtained for Dilaudid, which lessened the headache pain.

At 22:50 hours, Dr. Qureshi was again called, with a request to re-evaluate Mr. Wheelis.

The blood pressure was 140/60 at 23:00 hours.
At 23:10 hours, Dr. Qureshi was at the bedside with Mr. Wheelis and his wife.

Dr. Qureshi ordered that a heparin drip be started, despite an INR of 2.7, and he transferred Mr. Wheelis to the ICU. The systolic blood pressure was 142, with a diastolic of 63.

An admission note is dated 12/12/12, and is signed by Dr. Qureshi. It is not timed, and appears to be taken from prior history at a different site. Dr. Qureshi records at the end of this note that he "dictated" a report, but it appears that he dictated his report later, as it is dated 12/13/12 at 12:41 hours.

Dr. Qureshi documents current medications: Nexium, Advair, Spiriva, Toprol, aspirin, Lipitor, Pulmicort, Aleve, lisinopril, and hydrochlorothiazide.

Dr. Qureshi chose not to record that Mr. Wheelis had been on Coumadin.

Dr. Qureshi documents left sided neglect with left upper and lower extremity weakness. The blood pressure at the time was 150/74.

In his "Admit" report, dated 12/12/13, Dr. Qureshi assessed Mr. Wheelis as follows: "Right frontoparietal hemorrhagic CVA with midline shift; Dr. Alessi, neurosurg, Dr. Bellahgund consulted."

He further records hypertension, CAD, and atrial fibrillation/flutter. "Dr. Atef consulted, now NSR."

It is thus clear that the "admission" note by Dr. Qureshi was written after Mr. Wheelis had suffered a hemorrhagic stroke.

At 23:50 hours, Mr. Wheelis was having difficulty finding words. His speech was slightly unclear.

At 24:20 hours, his blood pressure was 134/69.

At 00:14 hours, Mr. Wheelis was transferred to the ICU.

On 12/13/12 at 06:41 hours, the INR was 3.2.

Another head CT was performed on 12/13/12 at 08:19 hours, and was read by Dr. Ajay Dalal.

Dr. Dalal documents a large intracerebral hematoma involving the left temporoparietal lobe and occipital lobe, with minimal rightward midline shift by approximately 5 mm. Extension of the hemorrhage into the left lateral ventricle and into the fourth ventricle, as well as mass effect over the left frontal horn is noted.

Mr. Wheelis was intubated, and his blood pressure was controlled.

Another head CT was repeated mid-afternoon on this day, and it was read by Dr. Donovan. A modest increase in the size of the left temporal lobe hematoma is noted, with hemolysis compared to the previous study. Increased blood was noted throughout the ventricular system particularly in the right third and fourth ventricles, with an increase

in hydrocephalus, and increased effacement of the basilar cisterns. Increased brainstem compression, midline shift and uncal herniation are noted.

At 11:19 hours the INR was 3.5.

At 11:59 hours, the INR was 2.7. At 15:00 hours, it was 0.9. At that time the fibrinogen level was elevated, at 484.

Dr. Qureshi dictated his "admission" history and physical on 12/13/12 at 12:41 hours, following his written report, and following the diagnosis of a hemorrhagic stroke, as discussed.

Here he notes that Mr. Wheelis had undergone endoscopic extraction of a food particle from the esophagus, and in recovery he received a call from the nurse saying that Mr. Wheelis had altered mental status with confusion and mild weakness on the left side. Dr. Qureshi ordered that Mr. Wheelis be transferred to the Emergency Department, but "for some reason, that was not done." He received another call saying that Mr. Wheelis would have to be admitted for recovery. He notes that when he saw Mr. Wheelis, he was able to talk, but was mumbling. He was oriented to person and place with mild weakness on his left side. He notes that he was transferred to the ICU for a "possible CVA." A stat CT was ordered.

Dr. Qureshi again documents Mr. Wheelis' past medical history, but chose not to record the history of atrial fibrillation.

Dr. Qureshi recorded Mr. Wheelis' medications, but chose not to record that Mr. Wheelis was on Coumadin.

In this dictated report, his assessment includes the following:
1. Altered mental status, "rule out cerebrovascular accident."
2. Hypertension.
3. Coronary artery disease.
4. Atrial fibrillation/flutter, on anticoagulation.
5. Grade-I diastolic dysfunction.

Dr. Qureshi then documents a plan to reverse anticoagulation, control Mr. Wheelis ' blood pressure, start neuro checks, head CT without contrast to rule out an intracranial bleed, and admission to the ICU.

As stated, Dr. Qureshi dictated this report at 12:41 hours on 12/13/12, long after Mr. Wheelis had suffered a hemorrhagic stroke. Therefore, at the time of this dictation, Dr. Qureshi's review of the hospital course is incorrect.

On 12/13/12, at 10:37 hours, Dr. Anthony Alessi, a neurologist, records that Mr. Wheelis suffered an intracerebral hemorrhage, "most likely hypertensive in origin." He notes a history for hypertension, coronary artery disease and atrial fibrillation. He reviewed the endoscopic events and the left sided weakness following surgery. He documents that the initial head CT was "entirely normal," and he reviewed that study. He then notes that when Mr. Wheelis was on his way to the CT suite, he was able to move his right side without difficulty, and at the time of the CT he was found to have an acute left hemisphere hemorrhage involving the left parietal, occipital, and temporal lobes, with a

midline shift and blood in the ventricle. He notes that Mr. Wheelis was stuporous, with no previous history for stroke.

Dr. Alessi notes that Mr. Wheelis was given heparin the prior evening, with an INR of 2.7 for atrial fibrillation and "what was believed to be an ischemic event. That was discontinued this morning."

Dr. Alessi ordered Decadron and mannitol, contacted the clinical care team to have Mr. Wheelis selectively intubated, and notes that neurosurgery would follow.

At 11:05 hours, Dr. Gregory Criscuolo from neurosurgery evaluated Mr. Wheelis. He notes that postoperatively, Mr. Wheelis developed confusion and speech difficulty the previous evening. He further documents that Mr. Wheelis had known atrial fibrillation and was on Coumadin. He notes that Dr. Alessi was called regards an initially negative CT scan.

Dr. Criscuolo then records the following: "Discussion was carried out as to treatment measures including TPA versus heparinization. It was decided to go forward with a heparin bolus and to place the patient on a drip, which remained on overnight".

Dr. Criscuolo then notes that Mr. Wheelis suffered an acute change in status, with confusion, decreased speech, and paresis affecting the right upper and lower extremities. He documents the findings of a massive intracranial hemorrhage on the left side by CT.

Dr. Criscuolo documents an impression of a spontaneous intracerebral hemorrhage of "unclear etiology." He noted that Mr. Wheelis was at a "high state of anticoagulation" and that it needed to be reversed "aggressively." He documents that from a neurosurgical standpoint he did not have much to offer, except that dexamethasone was not recommended in this setting, and a trial of mannitol might reduce some of the brain swelling and mass effect. He expressed concern, however, that with the ongoing state of coagulopathy which would "take some time to correct," and "it will only result in a rapid progression of his hemorrhage shift and herniation, irrespective of our efforts. Certainly, from a standpoint of a surgical intervention any approach would be catastrophic given his anticoagulated state given that. I believe this gentleman's prognosis unfortunately overall was rather poor. I do believe, however, we should institute the appropriate measures with regards to blood pressure and airway support as well as reversible of his anticoagulation at this time."

Dr. Pooja Belligund assessed Mr. Wheelis on this day at 12:45 hours. Dr. Belligund documents symptoms after surgery suggesting stroke in evolution. He records that after the first CT, "question of TPA versus IV heparin was entertained and placed on an IV heparin drip with bolus." Dr. Belligund then noted that Mr. Wheelis suffered a "large intracranial bleed of the left temporal occipital region."

Dr. Belligund documents that vitamin K and fresh frozen plasma were underway, along with urgent recombinant factor VII and I, followed by additional doses every six hours as needed, including platelets "given his aspirin use." Dr. Belligund suggested keeping the blood pressure at about 140/90.

Mr. Wheelis was unable to recover from this massive intracerebral bleed, and on 12/14/12, Dr. Alessi assessed Mr. Wheelis at 12:10 pm, as he was asked to perform an examination for brain death. All reflexes were absent. Mr. Wheelis had a flaccid paraplegia with an up-going plantar response. Based on his evaluation he felt that Mr. Wheelis met the clinical criteria for brain death, and after discussion with family, Mr. Wheelis was provided a morphine drip, was extubated and expired.

Dr. Qureshi dictated a discharge summary at 12:57 hours on 12/14/12. It is confusing to say the least.

He records that Mr. Wheelis developed left arm weakness and slurred speech in the recovery room. "A stat INR and PT was ordered." He notes that the initial CT "did not show any hemorrhage or embolic stroke." He then records that Mr. Wheelis was transferred to the ICU for blood pressure control, and was provided nicardipine, labetolol, nitropaste and enalopril. "A stat INR was ordered, INR was 2.7, and the patient was started on FFP and was given vitamin K. INR continued to increase into the next day up to 3.5 and then he went down to 2.7 and 0.9."

Dr. Qureshi documents that Dr. Criscuolo was consulted because a second repeat CT showed a right temporoparietal hemorrhage with midline shift. He then records; "Dr. Alessi was consulted right after the first CAT was done, which was normal."

Dr. Qureshi twice reports that the second CT showed a right temporal parietal hemorrhage with a midline shift when in fact it was left sided.

The discharge summary must be an accurate summation of decision making and care provided. Yet, Dr. Qureshi chose not to record in this summary that he ordered a bolus of heparin, followed by IV heparin, following which time Mr. Wheelis suffered a massive intracerebral bleed.

Discussion

Mr. Wheelis did not suffer a "hypertensive hemmorhagic stroke." In fact, his blood pressure never exceeded 185/110, the level above which rtPA is contraindicated.

Warfarin has repeatedly been shown to significantly reduce the risk of stroke associated with atrial fibrillation by about 60% compared with 20% with aspirin. In essence, warfarin is not totally protective against embolic/ischemic stroke, and thus Mr. Wheelis did indeed suffer an embolic/ischemic stroke despite a therapeutic INR at the time.

Urgent anticoagulation, even in instances of presumed cardio-embolism, as with atrial fibrillation, with the goal of preventing early recurrent stroke and halting neurological worsening, and improving outcomes, is not recommended for treatment of patients with acute ischemic stroke because of an increased risk of serious intracranial hemorrhagic complications.[1]

Dr. Qureshi knew or should have known this recommendation, as any reasonable internist would know.

The risk of serious intracranial hemorrhagic complications is of course significantly increased in the presence of a therapeutic INR, and that is exactly what happened in this case.

Dr. Qureshi knew or should have known this complication, as any reasonable internist would know.

The sensitivity of standard non-contrast CT for brain ischemia increases after 24 hours. However, in a systematic review involving 15 studies where CT scans were performed within six hours of stroke onset, the prevalence of early CT signs of brain infarction was 61 percent[2]. Thus, it is not surprising that the initial CT did not show an infarct.

The available evidence suggests that early anticoagulation with heparin or low molecular weight heparin is associated with a higher mortality and worse outcomes compared with aspirin treatment initiated within 48 hours of ischemic stroke onset.[3]

Similarly, a 2013 individual patient level meta-analysis of five trials that compared heparins (ie, unfractionated heparin, heparinoids, or low molecular weight heparin) with aspirin or placebo for acute ischemic stroke found no benefit of heparins for subgroups of patients considered to have an increased risk of thrombotic events or a decreased risk of hemorrhagic events.[4]

In my opinion, had heparin not been given following the development of the ischemic stroke, Mr. Wheelis would have sustained substantial, if not complete recovery in function, as the stroke was very small. The decision to initiate a course of heparin in a patient with a therapeutic INR defies logic, is inconsistent with current standards of care for an internist in 2012, and this decision directly resulted in an intracerebral hemorrhage from which Mr. Wheelis could not recover, directly resulting in a premature death.

All my opinions are made with a reasonable degree of medical certainty. I reserve the option of amending my opinion should further information be provided.

Respectfully submitted,

References

1) Adams HP Jr., del Zoppo G, Alberts MJ et al. Guidelines for the early management of adults with ischemic stroke: A guideline from the American heart Association/American stroke association stroke council, clinical cardiology council, cardiovascular radiology and intervention council, and the atherosclerotic peripheral vascular disease and quality of care outcomes in research interdisciplinary working groups. Stroke. 2007: 38 (5): 1655-1711.
2) Wardlaw JM, Mielke O. Early signs of brain infarction at CT: observer reliability and outcome after thrombolytic treatment--systematic review. Radiology. 2005;235(2):444
3) Berge E, Sandercock P. Anticoagulants versus antiplatelet agents for acute ischaemic stroke. Cochrane Database Syst Rev. 2002
4) Whiteley WN, Adams HP Jr, Bath PM, Berge E, Sandset PM, Dennis M, Murray GD, Wong KS, Sandercock PA. Targeted use of heparin, heparinoids, or low-molecular-weight heparin to improve outcome after acute ischaemic stroke: an individual patient data meta-analysis of randomised controlled trials. Lancet Neurol. 2013 Jun; 12(6):539-45. Epub 2013, May.