

1 IN THE COURT OF COMMON PLEAS

2 OF CUYAHOGA COUNTY, OHIO

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4 ERIKA EVANS, etc.,

5 Plaintiffs,

6 vs

Case No. 444182

Judge William Coyne

7 LAKEWOOD HOSPITAL, et al.,

8 Defendants.

9 - - - - -

10 DEPOSITION OF BRENDA BRADDOCK, R.N.

11 THURSDAY, JANUARY 24 2002

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13 Deposition of BRENDA BRADDOCK, R.N., a
14 Witness herein, called by counsel on behalf of
15 the Plaintiff for examination under the statute,
16 taken before me, Vivian L. Gordon, a Registered
17 Diplomate Reporter and Notary Public in and for
18 the State of Ohio, pursuant to agreement of
19 counsel, at the offices of Lakewood Hospital,
20 Lakewood, Ohio, commencing at 1:30 o'clock p.m.
21 on the day and date above set forth.

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1 APPEARANCES:

2 On behalf of the Plaintiff

3 Becker & Mishkind

4 KATHERINE A. VADAS, ESQ.

5 Skylight Office Tower Suite 660

6 1660 W. 2nd Street

7 Cleveland, Ohio 44113

8 216-241-2600

9

10 On behalf of the Defendant Lakewood Hospital

11 Moscarino & Treu

12 THOMAS H. ALLISON, ESQ.

13 Hanna Building Suite 660

14 1422 Euclid Avenue

15 Cleveland, Ohio 44115

16 216-621-1000

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18

19 ALSO PRESENT:

20

21 Kathleen Sweeney

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1 BRENDA BRADDOCK, R.N., a witness herein,
2 called for examination, as provided by the Ohio
3 Rules of Civil Procedure, being by me first duly
4 sworn, as hereinafter certified, was deposed and
5 said as follows:

6 EXAMINATION OF BRENDA BRADDOCK, R.N.

7 BY MS. VADAS:

8 Q. Hi, my name is Kathy Vadas and I
9 represent the plaintiff, Erika Evans, in this
10 case.

11 Can you please state your **full** name
12 and spell your last name for the record.

13 A. Brenda Sue Braddock, B-R-A-D-D-O-C-K.

14 Q. What is your home address?

15 A. 5854 Akins Road, North Royalton.

16 Q. Your zip code?

17 A. 44133.

18 Q. Is that an apartment or a single
19 home?

20 A. It's a house.

21 Q. Have you ever had your deposition'
22 taken before?

23 A. Once.

24 Q. Was it in a medical malpractice case?

25 A. No.

1 MR. ALLISON: Alleged medical
2 malpractice case.

3 (Discussion off the record.)

4 Q. I'm just going to go over some
5 basics. The deposition today is a question and
6 answer session under oath. There are no right
7 answers or wrong answers.

8 It's important that you understand
9 the questions that I ask. If you don't
10 understand a question, please feel free to bring
11 it to my attention and I will rephrase it. If
12 your attorney doesn't understand a question, he
13 will bring it to my attention and I'll rephrase
14 it; otherwise, I'll assume that you understood
15 my question if you answer it, okay? Is that
16 fair?

17 A. Uh-huh.

18 Q. Please give all your answers verbally
19 because the court reporter can't take down head
20 nods and that type of thing.

21 A. Okay.

22 Q. This isn't a memory game. If you
23 have questions about your testimony, that you
24 need to refer to the medical records, feel free
25 to do so. I also have medical records here that

1 have been marked as exhibits that I will provide
2 you to look at if you like.

3 During the deposition counsel may
4 object. After he has entered his objection,
5 feel free to go ahead and answer the question
6 unless you have been instructed not to. Okay?

7 A. Yes.

8 Q. What have you reviewed for this
9 deposition today?

10 A. Just the chart records.

11 Q. Did you review the entire chart or
12 portions of it?

13 A. Not the entire chart, just portions.

14 Q. Do you know what portions you
15 reviewed?

16 A. The delivery record and the nurse's
17 notes.

18 Q. Did you review the neonatal
19 flowsheet?

20 A. Yes, that's part of the nurse's
21 notes.

22 Q. I'm sorry. I'm not medically
23 trained, so I'm not familiar what parts of the
24 file go together.

25 Did you review any standards of care?

1 A. For today, no.

2 Q. Did you review any medical literature
3 or reference material?

4 A. No.

5 Q. Did you review any standards of care
6 on this case any other day?

7 A. No.

8 MR. ALLISON: Objection.

9 Q. Did you review any materials
10 referencing meningitis?

11 A. No.

12 Q. Neonatal infection?

13 A. No.

14 Q. Neonatal sepsis?

15 A. No.

16 Q. Have you done any type of on-line
17 research?

18 A. In regard to this case?

19 Q. Yes.

20 A. No.

21 Q. Since this case was filed, have you
22 discussed this case with any of the doctors or
23 nurses at Lakewood Hospital?

24 A. No.

25 Q. Other than counsel, have you

1 discussed this case with anyone else?

2 A. No.

3 Q. Do you have any personal notes or a
4 personal file on this case?

5 A. Absolutely not.

6 Q. Have you ever generated such notes?

7 A. No.

8 MR. ALLISON: Wait until she finishes
9 her question before you answer.

10 THE WITNESS: Okay.

11 Q. Who is your current employer?

12 A. Lakewood Hospital.

13 Q. Were you an employee of Lakewood
14 Hospital in February of 2000?

15 A. Yes.

16 Q. Are you a registered nurse in the
17 State of Ohio?

18 A. Yes.

19 Q. When did you receive your nursing
20 license?

21 A. 1982.

22 Q. What type of program was your basic
23 nursing program?

24 A. My license in Ohio is from 1982. I
25 graduated from Norfolk State University with an

1 associate degree in '81.

2 Q. Your basic nursing program, did you
3 take any nursing courses in pediatrics?

4 A. Yes.

5 Q. Do you remember when those courses
6 were?

7 A. What specific dates?

8 Q. No. Like possibly your freshman
9 year, sophomore year, junior year?

10 A. No, I don't recall.

11 Q. Did you take more than one pediatrics
12 course?

13 A. No.

14 Q. Do you have any additional medical
15 related training beyond your initial nursing
16 program?

17 A. Yes.

18 Q. What type of training was that?

19 A. I have taken neonatal resuscitation,
20 I have taken high risk labor and delivery, basic
21 and advanced fetal monitoring.

22 Q. Anything else?

23 A. Code pink. And I am a certified
24 lactation consultant.

25 Q. Electrician?

1 A. Lactation.

2 Q. What is a certified lactation
3 consultant?

4 A. A person with specialized training in
5 helping mother's breast-feed. It's an
6 international certification.

7 Q. Was there a course that you had to
8 take to get this certification?

9 A. Yes.

10 Q. Where is that offered?

11 A. There are numerous courses offered.
12 I took one through -- oh, I can't remember what
13 the company was that offered it. We took a
14 course in Washington, D.C.

15 Q. How long was this course, do you
16 recall?

17 A. It was a week-long course.

18 Q. Do you have any other certifications?

19 A. No.

20 Q. Do you subscribe to any pediatric
21 journals?

22 A. Not personally. The ones that are on
23 the floor.

24 Q. Do you know what pediatric journals
25 are on the floor?

1 A. There are several. I don't know the
2 exact titles of them, no.

3 Q. Do you own any pediatric nursing
4 texts?

5 A. No. Other than the ones relating to
6 breast-feeding.

7 Q. Do you recall which texts you own
8 with regard to breast-feeding?

9 A. Clinical Pathways of Breast Feeding.
10 I'm not sure that is the whole title. And
11 Medications and Breast Milk.

12 Q. Do you know who the authors of these
13 may be?

14 A. Medications book is Thomas Hale.

15 Q. The Clinical Pathways?

16 A. I'm not sure.

17 Q. Do you refer to these?

18 A. Yes.

19 Q. Would you consider these texts to be
20 authoritative?

21 MR. ALLISON: Objection. Go ahead
22 and answer.

23 A. I consider them to have good
24 information that supports breast-feeding.

25 Q. Do you refer to these texts

1 occasionally?

2 A. Yes.

3 Q. Are there any other texts that you
4 refer to?

5 A. We have several on the floor that
6 deal with breast-feeding and deal with
7 postpartum care of mothers and infants.

8 Q. Do you know the titles of any of
9 those?

10 A. No, not word for word.

11 Q. Do you know the authors of any of
12 them?

13 A. Ruth Lawrence. That's the only one I
14 know.

15 Q. When did you first become employed at
16 Lakewood Hospital?

17 A. February 1986.

18 Q. Did you work anywhere else in nursing
19 before becoming employed at Lakewood?

20 A. I worked at University Hospital.

21 Q. Approximately what years did you work
22 at UH?

23 A. From February of '82 until February
24 of '86.

25 Q. What unit did you work in at UH?

1 A. Hanna 4, Hanna House 4.

2 Q. And what type of care, what type of
3 patients are housed --

4 A. Medical.

5 Q. What is your current title and
6 position?

7 A. I'm an assistant nurse manager.

8 Q. In February of 2000, was your title
9 and position the same?

10 A. Yes.

11 Q. Have you ever held any other titles
12 or positions at Lakewood Hospital?

13 A. I mean, just registered nurse and
14 assistant nurse manager on another floor, on the
15 other unit that I worked on.

16 Q. Which other unit did you work on?

17 A. Floor B. It's closed now.

18 Q. What type of patients were housed on
19 4 - B?

20 A. Surgical.

21 Q. What does an assistant nurse manager
22 do?

23 A. We do a lot of the day-to-day
24 management of the unit, including taking care of
25 patients.

1 Q. Can you give me a couple of examples
2 of what would be involved in the day-to-day
3 management?

4 A. Making staffing assignments.
5 Assigning the patients that came through the
6 door that were admitted. Changing the
7 assignments to match what is happening on the
8 unit. Handling any code pinks.

9 Q. What is a code pink?

10 A. It's an infant that's born that needs
11 more than just routine care, because of risk
12 factors at the birth.

13 Q. What risk factors?

14 A. There is a whole cascade. I mean, it
15 could be meconium stained fluid. It could be
16 fetal heart decelerations during labor. It
17 could be a maternal temp. It could be a
18 pregnancy that is thought to be more high risk,
19 like someone is diabetic or someone that has low
20 amniotic fluid, multiples, twins. And it could
21 just be a doctor, an obstetrician that decides
22 that he wants a code pink name.

23 Q. Would placental abruption put a baby
24 in a code pink category?

25 A. Yes.

1 Q. In February of 2000, were you a
2 full-time employee of Lakewood Hospital?

3 A. Yes.

4 Q. I'm sorry, I want to go back to this
5 code pink. Are code pink infants kept in the
6 nursery?

7 A. Not all the time, no.

8 **a.** How is a code pink infant treated
9 differently than a normal newborn?

10 MR. ALLISON: Objection. Go ahead
11 and answer.

12 A. As I said, there are more people at
13 the delivery to take care of the infant.

14 Q. What type of care would be rendered
15 to this infant?

16 A. That would completely depend on how
17 the infant responds when it comes out.

18 **a.** Thank you.

19 In February of 2000, were you a
20 regular staff member of the birthing center?

21 A. Yes.

22 Q. When did you start working in the
23 birthing center?

24 A. I have been there seven years in May.

25 Q. Were you required to have any special

1 training to work on that unit?

2 A. I was required to do all the special
3 training, except the lactation consultant that I
4 stated earlier.

5 Q. In February 2000, what were your
6 duties and responsibilities at Lakewood
7 Hospital?

8 A. The same as they are now.

9 Q. What are your duties as they are now?

10 A. I'm an assistant manager on the
11 floor. I take care of daily staffing needs,
12 planning for the next day. I am responsible for
13 ordering special order things for the day-to-day
14 things that we need to get from the storeroom.
15 I make staffing assignments. I have patient
16 care duties.

17 Q. Do you consult with physicians
18 regarding baby's care?

19 A. Yes.

20 Q. Regarding mother's care?

21 A. Yes.

22 Q. Are you responsible for checking for
23 new orders and initiating appropriate action for
24 babies?

25 A. Yes.

1 Q. For mothers?

2 A. Yes.

3 Q. What was the usual shift that you
4 worked at Lakewood Hospital in February of 2000?

5 A. Day shift.

6 Q. What time did your day shift start?

7 A. 7:00 a.m.

8 Q. Did you work the 12 hours until 7:00
9 p.m.?

10 A. You know what, I don't think I was
11 then. I have gone back and forth. I did 12
12 hours when I started there and then for a while
13 I did eight hour shifts and now I'm back on 12
14 hour shifts, so I don't remember.

15 Q. Do you recall in February of 2000
16 approximately how many babies and mothers you
17 were responsible for at one time?

18 MR. ALLISON: Are you talking about
19 on the 11th of February of 2000, or just
20 generally during the month?

21 MS. VADAS: February of 2000. I
22 didn't think she could remember the exact date.

23 A. It would depend on what the census
24 was for each day. It would range anywhere from
25 one to three mother/baby couples.

1 Q. During the day, how many registered
2 nurses are usually working in the birthing
3 center?

4 A. A minimum of three.

5 Q. In February of 2000, if one of the
6 babies had symptoms of infection which you
7 believed required a physician's evaluation, was
8 there a procedure you would follow?

9 A. We would follow standard of care.

10 Q. Under the standard of care, what was
11 the first thing you would do?

12 A. After the assessment of the infant,
13 if the infant was exhibiting signs of infection,
14 then I would call the pediatrician.

15 Q. In your training and education, did
16 you learn how to do a physical assessment of a
17 neonate?

18 A. Yes.

19 Q. Were you taught to recognize
20 deviations from normal?

21 A. Yes.

22 Q. Is there a standard of care on how
23 often a newborn's temperature should be taken?

24 MR. ALLISON: Objection. Go ahead
25 and answer.

1 A. Yes.

2 Q. And what does that standard require?

3 MR. ALLISON: Objection. Go ahead
4 and answer.

5 A. I don't understand what you are
6 asking.

7 Q. How often should a newborn's
8 temperature be taken pursuant to the standard of
9 care?

10 MR. ALLISON: Objection. Go ahead
11 and answer.

12 A. That would depend on the situation
13 with the newborn, and whether the newborn was
14 considered to have more than normal newborn risk
15 factors.

16 Q. On a normal newborn.

17 A. Once a shift.

18 Q. Would it be accurate to describe them
19 as a high risk newborn?

20 MR. ALLISON: Objection.

21 A. A normal newborn. No.

22 Q. Normal is once a shift. Let's move
23 on to a newborn that has -- I don't want to
24 misquote you -- more than average risk factors.
25 How often would the standard of care require

1 that their vitals --

2 A. I'm not sure you are quoting me
3 correctly. A normal newborn without risk
4 factors needs to have vital signs taken once a
5 shift.

6 Q. And a newborn with risk factors?

7 A. That would depend on what the risk
8 factors were.

9 Q. Is there a standard of care on when a
10 newborn should be attempted to be fed for the
11 first time?

12 MR. ALLISON: Objection. Go ahead
13 and answer.

14 A. I don't think it actually states that
15 there is a standard of care that states when an
16 infant should be fed the first time.

17 Q. What is a normal body temperature of
18 a newborn?

19 A. They should register 36.5 to 37.4.

20 Q. At what temperature is a newborn's
21 temperature considered low?

22 A. Below 36.5.

23 Q. At what temperature is a newborn's
24 temperature considered high?

25 A. Above 37.4.

1 Q. At what low temperature would you
2 start to be concerned about the newborn?

3 MR. ALLISON: Objection. Go ahead
4 and answer.

5 A. Below 37. -- 36.5 you need to look at
6 the surrounding factors. Is the infant wrapped
7 well enough, has it been uncovered? Is the room
8 cool and the infant is wrapped lightly? It
9 depends on the surrounding circumstances.

10 Q. Is there a low temperature where you
11 would become concerned regardless of the
12 surrounding circumstances?

13 MR. ALLISON: Objection. Go ahead
14 and answer.

15 A. I would be concerned for any temp
16 that was below 36.5 and look at the surrounding
17 circumstances.

18 Q. Is there a standard of care for
19 treating a newborn with a low body temperature?

20 MR. ALLISON: Objection. Go ahead
21 and answer.

22 A. There is a standard of care that says
23 how often infants should have vital signs and
24 what to do for out of the norm.

25 Q. If the newborn's body temperature is

1 out of the norm, what does the standard of care
2 require you to do?

3 MR. ALLISON: Objection. Go ahead
4 and answer.

5 A. It requires me to do what I've
6 already said; to look at the surrounding factors
7 and act appropriately.

8 Q. What are some possible causes of low
9 body temperatures?

10 MR. ALLISON: Objection. Go ahead
11 and answer.

12 A. The things that I have already
13 stated, not being wrapped well enough, being
14 in a cool room, also illness, low blood sugar.

15 Q. Would infection be considered an
16 illness?

17 A. Yes.

18 Q. Would acrocyanosis that persists for
19 longer than two and a half hours be considered
20 abnormal?

21 MR. ALLISON: Objection. Go ahead
22 and answer.

23 A. In a newborn, acrocyanosis is
24 sometimes normal up to 24 hours.

25 Q. If you have an infant with persistent

1 acrocyanosis, when would you contact the
2 physician?

3 MR. ALLISON: Objection. Go ahead
4 and answer.

5 A. It would depend on the surrounding
6 circumstances and the assessment of the infant.
7 That's not a full assessment.

8 Q. If all other factors in the
9 assessment were normal, how long would you wait
10 before you contacted a physician?

11 MR. ALLISON: Objection. Go ahead
12 and answer.

13 A. It's normal in an infant up to 24
14 hours.

15 Q. If the acrocyanosis was combined with
16 a low body temperature --

17 A. Then the pediatrician would be
18 called.

19 Q. What factors do you take into
20 consideration when assessing the quality of
21 intake?

22 A. Whose intake are we asking about?

23 **a.** The baby's.

24 A. It depends on whether the infant is
25 bottle fed or breast-fed. You look at wet

1 diapers, stooled diapers, the quality of the
2 feed, the infant's behavior after the feed, and
3 the age of the infant.

4 Q. Is it normal for a newborn to be a
5 poor feeder?

6 MR. ALLISON: Objection. Go ahead
7 and answer.

8 A. Newborns are sometimes poor feeders
9 up to 24 to 48 hours. It depends on the
10 surrounding circumstances.

11 Q. What surrounding circumstances?

12 A. It depends on the other behaviors of
13 the infant.

14 Q. When you say other behaviors, what
15 would you take into account?

16 A. Whether the infant was easily
17 awakened, the color was good, the vital signs
18 are stable, the muscle tone, the skin turgor.

19 Q. On average, how often do newborns
20 usually eat?

21 A. There is no average. We ask the
22 parents to attempt to awaken them every two to
23 three hours if they are breast-fed and every
24 three to four hours if they are bottled fed.

25 Q. Is there an average on how many cc's

1 a newborn usually consumes during a single
2 feeding in the first 24 hours of life?

3 MR. ALLISON: Objection. Go ahead
4 and answer.

5 A. There is no average when it comes to
6 infants. They are all individual.

7 Q. How many cc's of intake would you
8 consider to be a successful feed?

9 MR. ALLISON: Objection. If you can
10 answer that, go ahead **in** that general context.

11 A. There is no way to determine what an
12 average feed is for a newborn infant. There is
13 too wide of a range, and there is too wide of a
14 range compared to age and I wouldn't be able to
15 give you an answer.

16 Q. If we qualify it by saying the first
17 24 hours of life.

18 MR. ALLISON: Objection. Go ahead.

19 A. We ask the parents to try and feed
20 them every two to three hours or every three to
21 four hours for bottled fed infants and tell them
22 that they might feed anywhere from a couple of
23 cc's to an ounce to two ounces.

24 Q. If a newborn less than 24 hours of
25 life is not feeding, when would you contact a

1 physician?

2 MR. ALLISON: At all?

3 A. It would depend on the surrounding
4 circumstances and how the infant looks.

5 Q. If a newborn less than 24 hours of
6 life isn't feeding and has poor reflexes, how
7 long would you wait before consulting a
8 physician?

9 MR. ALLISON: Objection. Go ahead
10 and answer.

11 A. What reflexes are you talking about?

12 Q. Gag, suck, root and swallow.

13 MR. ALLISON: Objection.

14 A. That would depend on whether that was
15 every feeding. It would depend on the whole
16 picture.

17 Q. What are the rest of the things you
18 would take into account in your picture?

19 A. How the infant looks when you awaken
20 it. How easily to awaken, whether the rest of
21 the vital signs are normal, whether that's
22 happening every feeding or just an occasional
23 feed.

24 Q. Is it normal for a newborn to have a
25 lack of reflexes?

1 MR. ALLISON: Objection. Go ahead
2 and answer.

3 A. No, it's not.

4 Q. As a birthing center nurse, have you
5 been trained to recognize signs and symptoms of
6 newborn sepsis?

7 A. Yes.

8 Q. What is sepsis?

9 A. It's an overwhelming infection.

10 Q. What are the signs and symptoms of
11 newborn sepsis?

12 A. Unstable temperature, tachycardia,
13 tachypnea, cyanosis, decreased tone, lethargy,
14 unstable blood sugar, irritability, jitteriness.

15 Q. What is tachypnea?

16 A. Fast respirations.

17 Q. Can hypothermia be a sign of newborn
18 sepsis?

19 A. Yes.

20 Q. Can poor feeding be a sign of newborn
21 sepsis?

22 A. Yes.

23 Q. Can jaundice be a sign of newborn
24 sepsis?

25 A. Yes.

1 Q. As a birthing center nurse under the
2 direction of a doctor, have you ever cared for a
3 newborn with sepsis?

4 A. Yes.

5 Q. Do you know approximately how many
6 babies?

7 A. No.

8 Q. As a birthing center nurse, under the
9 direction of a physician, have you ever cared
10 for a newborn with meningitis?

11 A. Yes.

12 Q. Can you recall how many?

13 A. No.

14 Q. Were *you* involved in the long-term
15 treatment of the baby?

16 MR. ALLISON: I'm sorry, are you
17 talking about which baby?

18 MS. VADAS: The baby with meningitis.

19 A. What baby are we talking about?

20 Q. *You* testified that you had cared for
21 a newborn with meningitis under the direction of
22 a physician, previously.

23 I'm wondering, were *you* involved in
24 the treatment of that child, the baby, the
25 entire time or was the child transferred out to

1 another hospital?

2 A. Sometimes they are transferred and
3 sometimes we keep them.

4 Q. Were there any newborns on the unit
5 at approximately the same time Jasmine Evans was
6 born?

7 A. Are you asking me if there were
8 newborns on the unit that had meningitis?

9 Q. Yes.

10 MR. ALLISON: Objection. Go ahead
11 and answer.

12 A. Not that I remember.

13 Q. What responsibility do you have as a
14 nurse if you suspect neonatal sepsis?

15 A. To call the pediatrician, to care for
16 the infant, to keep them stable until the
17 pediatrician is available and treatment has been
18 started.

19 Q. Do you have any recollection separate
20 from the medical records of Baby Jasmine?

21 A. Yes.

22 Q. What do you remember?

23 A. I remember resuscitating her or
24 attempting to resuscitate her. I remember
25 checking into the room that morning, and I

1 remember taking care of her mother while she was
2 holding her after she died.

3 Q. What shift did you work on February
4 10th?

5 A. Day shift. February 10th?

6 Q. 10th, 2000.

7 MR. ALLISON: The day before. The
8 day of the baby's birth.

9 A. I don't think I worked the day
10 before.

11 Q. February 11th, I'm sorry.

12 A. Day shift.

13 That still says the 10th.

14 Q. We will get a copy of the transcript
15 and it will be right.

16 When you started your shift, do you
17 recall who it was that provided you the updates
18 on the patients that you were about to assume
19 care for?

20 A. The person that I remember giving me
21 report was Laura Hoover.

22 Q. Do you recall whether Laura had
23 anything to say about Baby Jasmine or Erika?

24 A. Yes.

25 Q. Anything abnormal?

1 A. No. She told me about their last
2 feeding attempt and how it had gone.

3 Q. Do you recall how Laura described the
4 last feeding attempt?

5 A. She said that baby awakened and was
6 vigorous, and that they put her to breast and
7 she fell asleep when she went to breast, and she
8 awakened her and they tried between changing
9 diapers and getting her awakened to breast-feed
10 for about an hour.

11 Q. I'm handing you what has been marked
12 previously as Plaintiff's Exhibit 1. Can you
13 identify that for the record, please?

14 A. Yes.

15 Q. What is it?

16 A. It's a nurse's note from an infant's
17 chart, from Baby Evans' chart.

18 Q. Baby Jasmine. It appears from that
19 progress note that you first assessed Jasmine
20 and Erika on February 11th at 0715; is that
21 correct?

22 A. Yes.

23 Q. Can you read your progress note into
24 the record, please.

15 A. 7:15 entered room, entered room to

1 assess. Mother/infant appear asleep,
2 respirations even and unlabored.

3 Q. Why did you write appear asleep?

4 A. Because I can't say whether they are
5 asleep. Only they can say whether they were
6 asleep.

7 Q. When you entered the room, do you
8 recall how close to the mother you came?

9 A. Four to five feet away from her bed.

10 Q. Do you recall how close to the baby
11 you came?

12 A. The infant's bed was right beside the
13 mother's.

14 Q. Was it on the other side of the bed?

15 A. Yes.

16 Q. Was it closer to you?

17 A. It was on the other side of the bed.

18 Q. Were you close enough to determine
19 whether or not they were sleeping?

20 A. You can't determine that they are
21 sleeping by looking at them. You can only
22 determine that by waking them up and having them
23 be awake and telling you you woke them up.

24 Q. Do you have a reason to believe that
25 they may have been pretending to sleep?

1 A. No.

2 Q. During your assessment, did you check
3 the vital signs of the baby?

4 A. No.

5 Q. Your next progress note appears to be
6 written on February 11th at 0745; is that
7 correct?

8 A. Yes.

9 Q. Can you please read into the record
10 what the note says.

11 A. 7:45 in room to assess needs.
12 Mother/infant appear asleep. Infant pink.
13 Respirations even and unlabored.

14 Q. When you entered the room, how close
15 did you come to the mother?

16 A. The same.

17 Q. About the same?

18 A. Yes.

19 Q. And about the same for the baby?

20 A. Yes.

21 Q. When you say that the respirations
22 were even and unlabored, did you hear the
23 respirations?

24 A. You could see rise and fall of the
25 chest.

1 Q. Could you see rise and fall of the
2 baby's chest from where you were standing?

3 A. No. There was no gasping and the
4 infant was pink.

5 - - - - -

6 (Thereupon, Plaintiff's Deposition
7 Exhibit 5 was marked for
8 purposes of identification.)

9 - - - - -

10 Q. I'm handing you what has been marked
11 as Plaintiff's Exhibit 5. Can you identify that
12 for the record, please?

13 A. Yes.

14 Q. What is it?

15 A. Another nurse's note from Baby Evans'
16 chart.

17 Q. Would this be the code sheet?

18 A. This would be a minute-by-minute
19 narrative of the code, yes.

20 Q. In the corner of the sheet it appears
21 to say to NSY at 0833. Does that mean to
22 nursery?

23 A. Yes.

24 Q. How did you learn of the code?

25 A. We were passing trays in the hallway

1 and Erika came to the door and said she couldn't
2 awaken her baby, and Geri went into the room
3 with her and came out with the baby.

4 Q. How did Erika appear to you when she
5 said that she couldn't awaken her baby?

6 A. Not in distress. She just came to
7 the door and asked Geri to come in because she
8 couldn't awaken the baby. She wasn't crying,
9 she didn't appear to be extremely anxious or
10 nervous or panicked.

11 Q. Do you remember who was present for
12 the code?

13 A. Geri Kern, myself, Kim Krause. Chris
14 Ward was there shortly after we started, and
15 then Dr. Perlman.

16 a. On the top line, it says B and M
17 immediately. What does that mean?

18 A. I don't know.

19 Q. By 0844 it says Dr. C. Do you know
20 who Dr. C is?

21 A. Dr. Choban.

22 a. What kind of doctor is he?

23 A. Anesthesia.

24 Q. In the code sheet it says deep
25 suctioned formula; is that correct?

1 A. Yes.

2 Q. Is this a normal thing that would
3 happen?

4 A. It would depend on whether the infant
5 looked like it needed to be suctioned.
6 Sometimes if they would aspirate or they bring
7 formula up, whatever happened, then you might
8 get formula out.

9 Q. You had several encounters with Erika
10 after Jasmine died; is that correct?

11 A. Yes.

12 Q. In your experience as a nurse, was
13 Erika's response to Jasmine's death appropriate?

14 MR. ALLISON: Objection. Go ahead
15 and answer if you can.

16 A. Erika's response to her infant dying
17 seemed normal for Erika.

18 Q. What do you mean seemed normal for
19 Erika?

20 A. She seemed to be responding like I
21 would expect an 18-year-old who lost a child to
22 respond.

23 Q. You stated that you were present when
24 Erika asked to hold her baby after she had died.

25 A. Yes.

1 Q. Did Erika appear loving with the
2 child even after it had passed?

3 A. Yes.

4 Q. Is there anything about that
5 encounter that you remember that particularly
6 stands out as being abnormal?

7 A. No.

8 MR. **ALLISON**: Objection. Go ahead
9 and answer.

10 A. No.

11 Q. Do you recall approximately how long
12 Erika held the baby?

13 A. No, I don't recall.

14 Q. I believe the records state that
15 there was a pastor or a priest present when
16 Jasmine -- I mean when Erika was holding the
17 baby; is that correct?

18 A. Yes.

19 Q. Did Erika request that the baby be
20 baptized?

21 A. I asked her if she wanted the baby
22 baptized and she said yes.

23 Q. Is it normal to baptize a baby after
24 it has passed?

25 A. We ask the parents if they want the

1 baby baptized.

2 Q. Is there anything that you remember
3 from your interactions with Erika to lead you to
4 believe that Erika could have injured Jasmine?

5 MR. ALLISON: Objection. Go ahead
6 and answer.

7 A. I didn't really see Erika take care
8 of Jasmine before the baby died. I really
9 couldn't even start to answer that.

10 Q. Is there anything in the medical
11 records that you have reviewed for today's
12 deposition that would lead you to believe that
13 Erika was anything other than a loving mom in
14 the 30 hours of her daughter's life?

15 MR. ALLISON: Objection. Go ahead
16 and answer.

17 A. I reviewed my notes and the delivery
18 record, so there would be nothing, because my
19 notes didn't -- I didn't take care of her before
20 the delivery.

21 Q. Did anybody ever indicate to you that
22 they thought this Erika did something that
23 caused Jasmine's death?

24 MR. ALLISON: Objection. Go ahead
25 and answer.

1 A. Not that I remember.

2 Q. Do you have an understanding as to
3 the cause of Jasmine's death?

4 A. No.

5 Q. Have you given any statements to
6 anyone concerning the information, concerning
7 any information about the death of the baby?

8 MR. ALLISON: Objection. **Go** ahead
9 and answer.

10 A. I have only spoken with the lawyer.

11 MR. ALLISON: That would be me.

12 Q. In your opinion, as a birthing center
13 nurse, did Erika appear in the days after
14 Jasmine's death, but prior to her discharge from
15 the hospital, to react appropriately to the
16 death of her daughter?

17 MR. ALLISON: Objection. Go ahead
18 and answer to the extent you can.

19 A. I can only say again that she seemed
20 to be reacting normally for an 18-year-old who
21 had lost an infant.

22 Q. Do 18-year-olds react differently
23 than, say, an older person?

24 A. They react according to their age. I
25 mean, different age people act differently to

1 different life events.

2 Q. Prior to Erika's discharge, do you
3 recall having any other interactions with Erika
4 that are not in the records?

5 A. Not that I recall.

6 Q. Since her discharge, do you recall
7 having any other interactions with Erika?

8 A. No.

9 MS. VADAS: I have no further
10 questions. Thank you for your time.

11 - - - - -

12 (Deposition concluded at 2:30 p.m.)

13 (Signature not waived.)

14 - - - - -

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1 AFFIDAVIT

2 I have read the foregoing transcript from
3 page 1 through 39 and note the following
4 corrections:

5 PAGE LINE REQUESTED CHANGE

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BRENDA BRADDOCK, R.N.

18

19 Subscribed and sworn to before me this
20 day of , 2002.

21

22 Notary Public

23

24 My commission expires .

25

CERTIFICATE

State of Ohio,

SS:

County of Cuyahoga.

I, Vivian L. Gordon, a Notary Public within and for the State of Ohio, duly commissioned and qualified, do hereby certify that the within named BRENDA BRADDOCK, R.N. was by me first duly sworn to testify to the truth, the whole truth and nothing but the truth in the cause aforesaid; that the testimony as above set forth was by me reduced to stenotypy, afterwards transcribed, and that the foregoing is a true and correct transcription of the testimony.

I do further certify that this deposition was taken at the time and place specified and was completed without adjournment; that I am not a relative or attorney for either party or otherwise interested in the event of this action. I am not, nor is the court reporting firm with which I am affiliated, under a contract as defined in Civil Rule 28 (D).

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal of office at Cleveland, Ohio, on this 30th day of January, 2002.



Vivian L. Gordon, Notary Public
Within and for the State of Ohio

My commission expires June 8, 2004.

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