

IN THE COURT OF COMMON PLEAS

Doc. 184

CUYAHOGA COUNTY, OHIO

BARBARA GRASGREEN,)
Executrix of the Estate))
of Arthur Grasgreen,)
Plaintiff,)

- vs -

JUDGE GRIFFIN
CASE NO. 263268

MERIDIA HILLCREST)
HOSPITAL, et al.,)
Defendants.)

Deposition of PAT HAWK, taken as if upon
cross-examination before Susan M. Cebren, a
Registered Professional Reporter and Notary
Public within and for the State of Ohio, at the
Meridia Hillcrest Hospital, 6780 Mayfield Road,
Mayfield Heights, Ohio, at 8:10 a.m. on
Wednesday, May 25, 1994, pursuant to notice
and/or stipulations of counsel, on behalf of the
Plaintiff in this cause.

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1 APPEARANCES:

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7 On behalf of the Plaintiff;

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14 On behalf of the Defendant
15 Meridia Hillcrest Hospital;

16 John R. Scott, Esq.
17 Reminger & Reminger
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21 On behalf of the Defendant
22 Physicians Staffing, Inc.

23 ALSO PRESENT:

24 Carlyle A. Kane

25 - - - -

1 PAT HAWK, of lawful age, called by the
2 Plaintiff for the purpose of cross-examination,
3 as provided by the Rules of Civil Procedure,
4 being by me first duly sworn, as hereinafter
5 certified, deposed and said as follows:

6 CROSS-EXAMINATION OF PAT HAWK

7 BY MR. ZUCKER:

8 Q. Pat, as you know, my name is Dale Zucker and I
9 represent the family of Arthur Grasgreen in a
10 lawsuit that was brought against the hospital.
11 The subject matter of the lawsuit centers around
12 the time period between March -- I'm sorry --
13 May 20, 1993 and May 22, 1993.

14 I'm sure you have had an opportunity to
15 discuss the format of the deposition with Andrew
16 and he has explained to you that I'll be asking
17 you a number of questions, and if you don't
18 understand any of my questions for any reason
19 whatsoever, you will make sure to have me repeat
20 it or ask the question in a different way so
21 that you do understand it, okay?

22 And if you answer a question I will assume
23 that you did understand it and that you are
24 telling the truth, okay?

25 A. Okay.

1 Q. You may or may not have discussed with Mr.
2 Pollis the concept of independent recollection.
3 That is what you recall without having to refer
4 to the chart and those matters which you may not
5 recall and you need something to refresh your
6 memory. Is that, in fact, correct?

7 MR. POLLIS: Well, whatever you
8 discussed with me you shouldn't talk about
9 with Mr. Zucker, but you can answer whether
10 you know what independent recollection is.

11 A. I know what independent recollection is.

12 Q. Do you have any independent recollection of this
13 matter, do you recall, in regard to the
14 Grasgreen case?

15 A. Yes, I do.

16 Q. If you remember, what time did you come on on
17 the evening of or the day of May 21st?

18 A. 7:00 a.m.

19 Q. 7:00 a.m. And you were working in the coronary
20 care unit, is that correct?

21 A. Yes.

22 Q. At that time. You were working on another
23 patient in the unit, I assume?

24 A. Yes.

25 Q. Or a couple other patients, is that correct?

1 A. I don't remember how many. It would be one or
2 two.

3 Q. Do you recall if there were a great many people
4 in the coronary care unit at that time or --

5 MR. POLLIS: Object to form.

6 Q. -- or a small number?

7 A. I don't know.

8 Q. All right. Can you tell me if you rendered any
9 care or treatment to Arthur Grasgreen?

10 A. I was at his bedside helping. I don't
11 specifically remember that I gave him any
12 medicine. I just was helping Omar.

13 Q. And can you be more specific in terms of what
14 help you gave Omar?

15 A. I helped him with getting his, you know,
16 medications, IV's, calling EKG.

17 Q. Calling EKG?

18 A. We called them to come and do EKG's. I am
19 usually at the bedside giving a hand because he
20 may have needed a new IV. I mean, anything he
21 needed I would be there.

22 Q. Who did you call or who would you have called to
23 do an EKG?

24 A. EKG department.

25 Q. Okay. So neither Omar nor you did the EKG, is

1 that correct?

2 A. I don't know specifically who did the EKG.

3 Q. It wasn't you, is that correct?

4 A. I don't know.

5 Q. Well, when you say you called the EKG
6 department, what did you call them for?

7 A. To come and do an EKG.

8 Q. So there is a department here at the hospital
9 specifically designed to come to the units and
10 do EKG's, is that correct?

11 A. Yes.

12 Q. And the person who responds to your call would
13 perform the EKG, is that correct?

14 A. Yes.

15 Q. So when you called EKG and they came to the
16 coronary care unit to do an EKG on Arthur
17 Grasgreen, whoever responded to your call did
18 it, is that correct?

19 A. Whoever was working would have done it. If they
20 weren't there, then we do them ourselves.

21 Q. Okay. Do you know approximately what time you
22 began to render care and treatment to
23 Mr. Grasgreen?

24 A. I remember I went to his bedside when he started
25 having pain. I don't know what time that was.

1 Q. Okay. Relative to those pains, you observed Mr.
2 Grasgreen at the time he was having chest pains,
3 is that correct?

4 A. Yes.

5 Q. Okay. Did you hear Omar ask Mr. Grasgreen how
6 severe his pains were?

7 A. Yes.

8 Q. And do you recall what Mr. Grasgreen responded?

9 A. I can't specifically recall what he responded.

10 Q. Okay. By your own observation did he appear to
11 be in great pain?

12 A. He appeared to be uncomfortable and in pain. I
13 don't know -- I couldn't say specifically, you
14 know.

15 Q. Did you note any facial grimacing, if you
16 recall?

17 A. Yes.

18 Q. Okay. Was he holding his chest?

19 A. No.

20 Q. Okay. And what did you or Omar do when
21 Mr. Grasgreen began to have these chest pains?

22 A. I don't know specifically whether we treated him
23 or got an EKG first, I don't know. I would have
24 to look.

25 Q. And what type of treatment would you have

1 rendered irrespective of the order in which you
2 did it?

3 A. If he was having chest pain, nitroglycerin
4 sublingual or IV, whatever he had ordered.

5 Q. Whichever he had ordered?

6 A. Whichever. They are routine orders in the
7 coronary care unit.

8 Q. But you don't specifically recall what
9 medication or the amount of medication that was
10 rendered or that was given to Mr. Grasgreen?

11 MR. POLLIS: You mean
12 independently without looking at the
13 chart?

14 MR. ZUCKER: Yes.

15 A. No.

16 Q. Okay. Do you recall or were you present when
17 Omar spoke with Dr. VanDyke?

18 A. I was at the desk, I didn't hear the
19 conversation.

20 Q. But you were aware that he was talking to Dr.
21 VanDyke?

22 A. Yes, I was.

23 Q. Did you ever call or page Dr. VanDyke?

24 A. That evening or anytime?

25 Q. That evening.

- 1 A. No, I didn't talk with Dr. VanDyke.
- 2 Q. Did you page him?
- 3 A. I don't -- no, I didn't page him.
- 4 Q. Do you know who did page him?
- 5 A. No.
- 6 Q. Do you recall who the charge nurse was that
- 7 evening?
- 8 A. I was told I was.
- 9 Q. You were the charge nurse?
- 10 A. I believe so.
- 11 Q. You were told by whom?
- 12 A. I was told by my head nurse.
- 13 Q. When were you told ~~that~~ them?
- 14 A. When was I told that?
- 15 Q. Right.
- 16 A. Last week.
- 17 Q. Who was your head nurse?
- 18 A. Wendy ~~Curdohanson~~ ^{Calla - Hansen}.
- 19 Q. Were you surprised to learn that you were the
- 20 charge nurse that evening?
- 21 A. No.
- 22 Q. Okay. What does a charge nurse do?
- 23 A. A charge nurse makes out assignments for the
- 24 oncoming shift and she assists with anything the
- 25 other nurses may need.

1 Q. Okay. And do you have to have any particular
2 status in order to be a charge nurse?

3 A. You have to be working in the unit at least one
4 year and then they go through an orientation.

5 Q. Okay. Were you present at any time while Omar
6 Jordan was talking to Dr. VanDyke?

7 A. No.

8 Q. Did Dr. VanDyke -- strike that.

9 Did Omar ever tell you about the content of
10 any of his conversations that he had with Dr.
11 VanDyke that afternoon?

12 A. Only that he was going to give him TPA.

13 Q. Okay. Did Omar ask you any questions regarding
14 the administration of TPA to Mr. Grasgreen?

15 A. Omar asked where the order sheets were and where
16 the list of contraindications were.

17 Q. Did he ask you any questions pertaining to the
18 contraindications?

19 A. No.

20 Q. Can you recall?

21 A. No.

22 Q. Were you present at any time while Dr. Chentow
23 was in the room?

24 A. Yes.

25 Q. Okay. Were you present while Dr. Chentow was

1 interpreting the EKG?

2 A. Yes.

3 Q. Okay. Was Dr. Chentow at the nurses' station
4 interpreting the EKG when you observed him?

5 A. Yes.

6 Q. Did you ever observe Dr. Chentow at bedside?

7 A. No.

8 Q. Okay. Did you observe at any time Omar
9 discussing the contraindication sheet, what I
10 think you call the thrombolytic therapy
11 guideline sheets, with Mr. or Mrs. Grasgreen?

12 A. With Mr. Grasgreen.

13 Q. With Mr. Grasgreen. And what did you observe?

14 A. I observed Omar go down the checklist with him
15 and asked him the questions and I heard his
16 answers.

17 Q. So you heard him go down the checklist sheet
18 with Mr. Grasgreen, is that correct?

19 A. Yes.

20 Q. And you heard him explain the items on the sheet
21 to Mr. Grasgreen, is that correct?

22 A. Yes.

23 Q. And you heard Mr. Grasgreen answer his
24 questions, is that correct?

25 A. Yes.

- 1 Q. Okay. Do you recall what Dr. Chentow's
2 interpretation of the EKG was?
- 3 A. I recall that he said it was an acute MI.
- 4 Q. And that's it?
- 5 A. That's my only recollection.
- 6 Q. You don't remember any discussion about ST
7 segments or changes or elevations of any kind?
- 8 A. No.
- 9 Q. Okay. Acute MI is all that you recall?
- 10 A. Yes.
- 11 Q. Did you observe the doctor interpret the EKG?
- 12 A. I saw him look at the EKG, yes.
- 13 Q. Okay. Did you observe him look through any
14 other part of the chart?
- 15 A. No.
- 16 Q. Did you observe Dr. Chentow telling Omar Jordan
17 what his interpretation of the EKG was?
- 18 A. I didn't hear him tell him exactly what it was.
19 All I heard him say was it was an acute MI.
- 20 Q. Who did you hear him say that to?
- 21 A. I heard him say it to Omar. He --
- 22 Q. In the nurses' station?
- 23 A. At the nurses' station.
- 24 Q. Excuse me. At the nurses' station?
- 25 A. Yes.

1 Q. And other than acute MI, that's all you heard
2 him say to Omar Jordan?

3 MR. POLLIS: Objection. She has
4 testified that's all she recalls. I don't
5 know whether she said that's all she
6 heard.

7 A. That's all I recall.

8 Q. That's all you recall hearing?

9 A. Yes.

10 Q. Did you at any time observe Mrs. Grasgreen in
11 the coronary care unit that evening?

12 A. Yes.

13 Q. And do you recall when she came in?

14 A. No.

15 Q. Do you recall what you were doing when she came
16 in?

17 A. No.

18 Q. Do you recall what Omar was doing when she came
19 in?

20 A. No.

21 Q. Relative to the time that Dr. Chentow was in the
22 coronary care unit interpreting the EKG, did
23 Mrs. Grasgreen come in before or after that?

24 A. I don't know.

25 Q. Okay. Relative to the time that you saw Omar

1 going over the thrombolytic therapy guideline
2 sheets with Mr. Grasgreen, did Mrs. Grasgreen
3 come in before or after that?

4 MR. POLLIS: I am just going to
5 object because your question assumes that
6 she only came in before or only came in
7 after as opposed to both, but given that
8 objection you can answer, if you know.

9 A. Specifically I don't know when she came in.

10 Q. Was she present while Omar was going over the
11 guideline sheets with Mr. Grasgreen?

12 A. I don't remember her being present.

13 Q. Okay. Do you recall -- strike that.

14 Did you observe Omar setting up the TPA?

15 A. Yes.

16 Q. Okay. Was Mrs. Grasgreen there while Omar was
17 setting up the TPA?

18 A. I don't know.

19 Q. And do you recall when the TPA was discontinued?

20 A. No.

21 Q. Okay. You were not aware that Dr. VanDyke had
22 ordered Omar to discontinue the TPA that
23 evening?

24 A. I was not there. I had already gone home.

25 Q. Good point. What time did you go home that day?

1 A. 7:30 p.m.

2 Q. The TPA, according to Omar's chart, was
3 discontinued -- strike that.

4 At 7:15 Mr. Grasgreen complained of being
5 clammy and his blood pressure dropped. Do you
6 recall that?

7 A. No.

8 Q. Were you doing some type of reporting between
9 7:00 a.m. and 7:30 p.m. as part of your
10 regular --

11 A. 3:00 p.m.

12 Q. I'm sorry, 7:00 and 7:30 p.m.?

13 A. Yes.

14 Q. Were you still in the coronary care unit?

15 A. Yes.

16 Q. But you were at the nurses' station, I assume,
17 doing your reporting?

18 A. Yes.

19 Q. Okay. What is the last observation that you
20 recall having of the Grasgreen case that
21 evening?

22 A. Just with Omar being at the bedside
23 administering the TPA, and that's it.

24 Q. So that I don't have to continue to ask you
25 questions regarding what happened after a

1 certain period of time, I want to understand
2 that after -- strike that -- the last thing you
3 recall about the Grasgreen matter that evening
4 was seeing Omar bedside administering the TPA to
5 Mr. Grasgreen?

6 A. Correct.

7 Q. Okay. And before you left you did not observe
8 Mrs. Grasgreen come into the room, is that
9 correct?

10 MR. POLLIS: Objection. I am not
11 sure that's what she testified to.

12 MR. ZUCKER: I am not either.
13 That's why I am asking the question again.

14 Q. Do you recall ever seeing Mrs. Grasgreen that
15 evening?

16 A. Yes.

17 Q. And you were at the nurses' station between 7:00
18 and 7:30 p.m., is that correct?

19 A. Correct.

20 Q. You didn't step foot back into the patient area
21 during that period of time, is that correct?

22 MR. POLLIS: If you recall.

23 MR. ZUCKER: Yes, of course.

24 A. No.

25 Q. Can you see the patient area from the nurses'

1 station?

2 A. Yes.

3 Q. Okay. And you have no recollection of the event
4 that Omar describes at 7:15 where Mr. Grasgreen
5 began to complain of being clammy and a drop in
6 his blood pressure occurred, is that correct?

7 A. That's correct.

8 Q. When you were bedside assisting Omar, do you
9 recall what portion, if any, of the -- of Arthur
10 Grasgreen's hospital chart was at the bedside?

11 A. The nurses' portion, our nurses' portion.

12 Q. And what would that include?

13 A. That would include the nurses' notes, the MAR's.

14 Q. What is the MAR?

15 A. The medication records, the nurses' interview
16 sheets, vital signs sheet and all that stuff.

17 Q. Excuse me, for the day?

18 A. For the day.

19 Q. No other portion of the part -- no other portion
20 of the chart is present or was present at the
21 bedside, as best you recall?

22 A. As best I recall.

23 Q. Okay. Did you ever observe Omar Jordan
24 reviewing the master chart that was kept at the
25 nurses' station, and specifically Arthur

1 Grasgreen's hospital chart?

2 A. I don't recall.

3 Q. Did you ever observe Mr. Grasgreen's master
4 chart at the nurses' station?

5 A. No.

6 Q. You didn't review it at all?

7 A. No.

8 Q. As charge nurse in a situation where a patient
9 in the coronary care unit is going to receive
10 TPA, is there any obligation on the part of the
11 nurse administering the drug to report to you?

12 MR. POLLIS: Object to form. To
13 report to her that there is going to be a
14 TPA administration?

15 MR. ZUCKER: Right.

16 A. Yes.

17 Q. There is a requirement that the nurse report to
18 you that he or she has been ordered to
19 administer TPA by a doctor?

20 A. Written requirement, no. Courtesy, yes.

21 Q. Why is that?

22 A. So we can know what is going on and make sure
23 that there is an appropriate staffing for the
24 next end of the shift, because they are usually
25 a lot busier patients.

1 Q. Those receiving TPA are the busier patients?

2 A. Usually, yes.

3 Q. Does it require your approval or your
4 permission, this courtesy that you referred to?

5 A. Excuse me?

6 MR. POLLIS: Object to form.

7 Q. As charge nurse, does a nurse who is going to
8 administer TPA need to get your permission or
9 your approval?

10 A. No.

11 Q. Just needs to report to you so that you can set
12 up for further treatment, correct?

13 A. Further staffing.

14 Q. Further staffing. What type of staffing are you
15 referring to?

16 A. Nurse staffing, how many nurses we are going to
17 have on after that.

18 Q. Do you normally bring on more nurses when a
19 patient is having TPA to tend to that patient?

20 A. Not necessarily.

21 Q. What staffing are you referring to?

22 A. I am referring to, we change shifts at 7:00. If
23 it was starting earlier we may need another
24 nurse because he may be tied up for a while. If
25 available, then sometimes we will get them on.

1 Q. Why would he be tied up for a while?

2 A. TPA is involved, you need to start the drug, we
3 stay with the patient as much as possible, we
4 have to start other IV's, we have to do frequent
5 neuro checks.

6 Q. If a shift -- strike that.

7 If a nurse is administering TPA to a
8 patient and his or her shift ends, does that
9 nurse usually leave and another nurse comes on,
10 or would the nurse who initially administered
11 the TPA stay on until the TPA is finished being
12 administered?

13 A. They leave at the end of their shift.

14 Q. When did you come to work for the hospital?

15 A. In 1981.

16 Q. And have you always been in the coronary care
17 unit?

18 A. Since 1982.

19 Q. Okay. You had worked with Omar prior to the
20 evening of May 21st, 1993, is that correct?

21 A. Yes.

22 Q. And do you have much experience with TPA?

23 MR. POLLIS: Object to form.

24 A. Yes.

25 MR. POLLIS: You can answer.

1 A. Yes.

2 Q. Had you prior to May 21st, 1993 had much
3 experience with TPA?

4 MR. POLLIS: Object to the term
5 "much experience," but you can answer.

6 A. Yes.

7 Q. Did you then know what the indications were for
8 TPA?

9 A. Yes.

10 Q. And could you tell me what they were in May of
11 1993?

12 A. Anybody having an acute MI with new changes and
13 no contraindications.

14 Q. And can you tell me what those contraindications
15 were in May of 1993?

16 A. Any previous oral surgery, recent oral surgery,
17 excuse me, any previous strokes, aneurysms, any
18 bleeding problems.

19 MR. POLLIS: If you need to review
20 the chart to answer that --

21 A. Can I -- I mean, I know.

22 Q. Are you referring to the thrombolytic therapy
23 guideline sheets?

24 A. Yes.

25 Q. Let me ask you this and you are free to look at

1 it, but let me ask you this, are all of the
2 contraindications -- strike that.

3 Is it your understanding that all of the
4 contraindications to TPA are listed on the
5 thrombolytic therapy guideline sheets?

6 MR. POLLIS: I am going to object
7 to this question. The witness is not a
8 pharmacologist or a physician. It is not
9 her place to make any call as to whether
10 TPA is indicated.

11 But if you know of any other
12 thrombolytic guidelines other than what is
13 on the sheet, you may answer.

14 A. I don't know.

15 Q. My question was in May of 1993, was it your
16 understanding that all of the contraindications
17 to TPA that a person may have were listed on the
18 thrombolytic therapy guideline sheets?

19 MR. POLLIS: Same objection. You
20 may answer, if you can.

21 A. Yes.

22 Q. Would you in May of 1993 prior to administering
23 TPA, would you personally have reviewed a
24 person's chart?

25 MR. POLLIS: Object to the form of

1 the question and to the vagueness of the
2 question given that there is no other
3 description of the person that you are
4 asking about.

5 Given that caveat, you may answer.

6 A. It would depend on the circumstances at the
7 time.

8 Q. In May of 1993 would you have thought it
9 necessary where a patient was alert and oriented
10 to obtain an informed consent to administer TPA?

11 MR. POLLIS: Object to the form of
12 the question. Also in part it implies a
13 mischaracterization what a nurse's duty is
14 with respect to informed consent.

15 Having made that objection, you may
16 answer.

17 A. Are we talking oral or written?

18 Q. Either way. Oral.

19 A. Oral? Yes.

20 Q. Before you were talking about the
21 contraindications you mentioned bleeding.

22 A. Uh-huh.

23 Q. I think you said bleeding problems?

24 A. Yes.

25 Q. If there were any bleeding problems. What are

1 you referring to?

2 A. Ulcers, some, you know, somebody who had already
3 developed some GI bleeding, some gastric
4 bleeding, any history of any internal bleeding
5 or anything like that.

6 Q. Would a person's prothrombin time have any
7 bearing on your concept of bleeding problems?

8 MR. POLLIS: Object. If you
9 know.

10 A. Would it? It depends on why, because medication
11 can increase prothrombin time. So I couldn't
12 answer that. It depended on what they were on.

13 Q. Have you ever seen the Meridia Hillcrest
14 Hospital policy manual regarding the
15 administration of thrombolytic agents?

16 A. Yes.

17 Q. You have seen that?

18 A. Yes.

19 Q. Okay. Do you remember when the last time is
20 that you saw it?

21 A. No.

22 Q. When did you initially see it?

23 A. When we initially used the drug.

24 Q. When it first came to the hospital, is that
25 correct?

- 1 A. Correct.
- 2 Q. Do you have any idea when that was?
- 3 A. Specifically, no.
- 4 Q. Can you tell me how long you have been using
- 5 TPA?
- 6 A. Maybe five to seven years, I don't know exactly.
- 7 Q. So you saw the policy manual at that time, five
- 8 to seven years ago?
- 9 A. When we started it, yes.
- 10 Q. And to the best of your knowledge you haven't
- 11 seen it since, is that correct?
- 12 MR. POLLIS: Objection. She
- 13 didn't say that.
- 14 Q. Correct me if I'm wrong.
- 15 A. Have I seen it since then? Yes, I have.
- 16 Q. Is that something that you would review
- 17 regularly?
- 18 A. I review it when I precept new nurses in the
- 19 unit with them.
- 20 Q. In May of 1993 what literature, if any, were you
- 21 reading on a regular basis, medical literature,
- 22 that is?
- 23 A. I don't know.
- 24 Q. You don't recall?
- 25 A. No.

1 Q. What medical literature or nursing literature do
2 you read on a regular basis at this time?

3 A. Just basically articles that are left around the
4 unit on what we do, specifically. There is drug
5 articles from the drug companies. There is
6 articles from the head nurse in there that she
7 thinks might be of interest to us.

8 Q. Have you ever read any articles in any of the
9 literature regarding thrombolytic therapy?

10 A. Yes.

11 Q. In those articles they speak of
12 contraindications to TPA, is that correct?

13 A. That's correct.

14 Q. That you recall?

15 A. As I recall.

16 Q. Do you know who mixed the TPA for Arthur
17 Grasgreen?

18 A. No.

19 Q. And in May of 1993, in your opinion, was it
20 standard procedure to throw away the unused
21 portion of TPA where it may have been
22 discontinued?

23 A. Yes.

24 Q. Do you recall if you made any entries in Arthur
25 Grasgreen's hospital chart?

1 A. No, I don't recall.

2 Q. You don't recall?

3 A. I don't recall.

4 Q. Relative to the policy manual that we were just
5 talking about a few minutes ago, do you recall
6 whether a current anticoagulation therapy was a
7 contraindication to TPA?

8 A. I don't recall that being a contraindication.

9 Q. Or a prothrombin time greater than 15 seconds?

10 A. I don't recall that being a contraindication.

11 Q. Are you as a nurse required to know what's in
12 the policy manual that applies to your job or to
13 your department?

14 A. Yes.

15 Q. Do you recall if there was another nurse
16 assigned to Mr. Grasgreen in May of 1993, on May
17 21st, 1993, besides Omar?

18 A. During that shift?

19 MR. POLLIS: During the same
20 time?

21 MR. ZUCKER: Yes.

22 A. No, Omar was the assigned nurse.

23 Q. Do you know if Omar was treating any other
24 patients at the time?

25 A. I don't know offhand.

- 1 Q. Did you, in fact, assign sign Omar to
2 Mr. Grasgreen?
- 3 A. I possibly could have.
- 4 Q. As the charge nurse?
- 5 A. Yes, I possibly could have. I can't say for
6 sure.
- 7 Q. Who else would have if not you?
- 8 A. If I was not in charge from 7 to 3, whoever was
9 in charge from 7 to 3 could have done that.
- 10 Q. Okay. Do you remember who the charge nurse was
11 before you came on?
- 12 A. No.
- 13 Q. When Omar went over the guideline sheets with
14 Mr. Grasgreen, which you stated you heard --
- 15 A. Yes.
- 16 Q. -- do you recall him asking Mr. Grasgreen if he
17 ever had a previous stroke?
- 18 A. Yes.
- 19 Q. And do you recall what Mr. Grasgreen's answer to
20 that was?
- 21 A. No.
- 22 Q. You don't recall the answer?
- 23 A. The answer was no.
- 24 Q. The answer was no. Did Mr. Grasgreen mention
25 anything about seizures?

- 1 A. No.
- 2 Q. Did Mr. Grasgreen mention anything about
- 3 Coumadin?
- 4 A. I don't recall him mentioning anything about
- 5 Coumadin.
- 6 Q. Did Mr. Grasgreen mention anything about
- 7 bleeding easily?
- 8 A. Not that I recall.
- 9 Q. Do you remember how Omar explained to
- 10 Mr. Grasgreen what a bleeding diathesis was?
- 11 A. No.
- 12 Q. You don't recall that?
- 13 A. I don't recall that terminology.
- 14 Q. The therapy guideline sheet states, on the
- 15 portion that I assume Omar went over with
- 16 Mr. Grasgreen, known bleeding diathesis?
- 17 A. Yes.
- 18 Q. Correct?
- 19 A. Correct.
- 20 Q. But you don't remember him going over that with
- 21 Mr. Grasgreen?
- 22 A. I don't remember him using that terminology. I
- 23 remember him asking him the questions, but he
- 24 used his own terminology. I don't know exactly
- 25 how he described it.

1 MR. POLLIS: Do you want her to
2 look at the contraindication checklist?

3 MR. ZUCKER: If she wants to.

4 MR. POLLIS: Do you want to see
5 it?

6 A. It's fine.

7 Q. At any time that you observed Mr. Grasgreen that
8 evening was he alert and oriented?

9 A. Yes.

10 Q. His speech was clear and appropriate?

11 A. Correct.

12 Q. Do you recall Omar discussing hypertension with
13 Mr. Grasgreen?

14 A. I recall him asking all -- I mean, asking about
15 the hypertension when he went over this.

16 Q. Well --

17 MR. POLLIS: You have to specify
18 what "this" is for the court reporter.

19 A. Excuse me. The thrombolytic guidelines, he went
20 down each of them and asked them.

21 Q. I understand that, and I noticed when I asked
22 that question your eyes glanced over to the
23 sheet itself?

24 A. Uh-huh.

25 Q. Do you have an independent recollection, do you

1 recall him discussing hypertension with
2 Mr. Grasgreen?

3 A. Specifically hypertension?

4 Q. Yes.

5 A. I would say that I don't remember offhand.

6 Q. Then regarding some of the other questions I
7 asked you, for example the known bleeding
8 diathesis, whether it was in those terms or not,
9 do you remember specifically Omar going over
10 that topic with Mr. Grasgreen?

11 A. Specifically?

12 Q. Yes. Do you have a specific recollection or
13 independent recollection of that conversation?

14 A. Specifically I remember him asking the questions
15 and Mr. Grasgreen answered no to all of them.

16 Q. He answered no to all of them?

17 A. Right.

18 Q. Can you explain to me how the thrombolytic
19 therapy guideline sheets are completed beginning
20 with Page 1 of 2?

21 A. How they are completed?

22 Q. Yes. Yes.

23 MR. POLLIS: I am going to object
24 to the vagueness of the question. You can
25 answer, if you can.

1 Q. For example, Page 1 of 2, is that completed by a
2 nurse or doctor normally?

3 MR. POLLIS: Are you asking
4 whether the handwritten portions on it are
5 written by a nurse or a doctor?

6 MR. ZUCKER: Correct.

7 A. It can be either.

8 Q. Okay. Is that generally the first thing that's
9 done when these sheets are being used, when TPA
10 is being administered?

11 A. The orders are given?

12 Q. Yes.

13 A. Yes.

14 Q. And then the second thing that would be done
15 would be for the nurse to go over Page 2 of 2,
16 Items 1-A through I with the patient, is that
17 correct?

18 A. Yes.

19 Q. Now, what or when does 2 through 11 on Page 2 of
20 2 come into effect?

21 A. At the same time that they give orders for the
22 first page they give orders for the second page.

23 Q. So the Items 2 through 11 are things to be done
24 after the administration of the thrombolytic
25 agent, is that correct?

1 A. Not necessarily. Some are during and some are
2 after.

3 Q. You'll agree that the decision to use
4 thrombolytic agents has to be made in rather
5 short order, isn't that correct?

6 A. Yes.

7 Q. You will also agree, however, that a careful
8 history has to be taken so that the nurse and/or
9 doctor can ascertain whether or not there are
10 any contraindications to TPA, isn't that
11 correct?

12 A. Yes.

13 Q. You understand that there is a great risk of
14 bleeding involved with the use of thrombolytic
15 agents, correct?

16 A. There is a risk, yes.

17 Q. In fact, that is the greatest risk involved with
18 a thrombolytic agent, isn't that correct?

19 MR. POLLIS: Object to the
20 question. If you know the risks of TPA, if
21 you know that bleeding is the greatest
22 risk, you may answer.

23 A. No, I don't have that definite knowledge of it.

24 Q. Do you know of any other risks that are involved
25 with thrombolytic agents besides bleeding?

1 A. Besides bleeding?

2 MR. POLLIS: You are asking for
3 her knowledge now?

4 MR. ZUCKER: Yes, I am asking her
5 if she knows.

6 A. Besides bleeding, I can't answer that at this
7 time. I don't have an answer for you.

8 Q. Okay. Did you observe Omar Jordan asking Mrs.
9 Grasgreen -- strike that.

10 I believe you stated you saw Mrs. Grasgreen
11 in the unit that evening, you don't recall the
12 time, correct?

13 A. Correct.

14 Q. Did you observe any conversation between Omar
15 and Mrs. Grasgreen?

16 A. I observed from a distance. I didn't hear the
17 conversation.

18 Q. Okay. Where were you standing when you heard
19 Omar ask Mr. Grasgreen the questions on the
20 thrombolytic therapy guideline sheet?

21 A. I was on the opposite side of the bed as Omar.

22 Q. So you were tending to Mr. Grasgreen at the
23 time, also, is that correct?

24 A. Correct.

25 Q. Did Mr. Grasgreen ask any questions while Omar

1 was going over the thrombolytic therapy
2 guideline sheets with him, that you recall?

3 A. Not to my knowledge.

4 Q. You don't recall any questions?

5 A. I don't recall any questions from Mr. Grasgreen.

6 Q. All you remember Mr. Grasgreen saying was the
7 word no?

8 A. Yes.

9 Q. For each question that Omar asked?

10 A. Omar asked him, yes.

11 Q. Did Omar ask him any other questions regarding
12 his medical history aside from those that are
13 listed on the thrombolytic therapy guideline
14 sheet?

15 A. Not to my knowledge.

16 Q. Do you know what Mr. Grasgreen's blood pressure
17 or do you recall what Mr. Grasgreen's blood
18 pressure was at the time that Omar administered
19 the TPA?

20 A. No.

21 MR. POLLIS: Independently of the
22 chart you mean?

23 Q. Yes. Independently of the chart.

24 A. Independently, no.

25 Q. Well, if you would, take a look at the flow

1 sheet for that time. Page 89, if you have
2 that --

3 A. Okay.

4 Q. Do you see the time period 6:40?

5 A. Yes.

6 Q. And a blood pressure of 179 over 94?

7 A. Uh-huh.

8 Q. Would you consider that to be a high blood
9 pressure?

10 MR. POLLIS: Objection. Vague.

11 A. Would I consider that high blood pressure?

12 Q. Yes.

13 A. Yes.

14 Q. Would you consider that to be a contraindication
15 to giving a patient TPA?

16 A. No.

17 Q. Would you consider wide fluctuations in blood
18 pressure over a 24-hour period a
19 contraindication to giving a patient TPA?

20 MR. POLLIS: Objection. You can
21 answer, if you know.

22 A. I would have to know the reason for the wide
23 fluctuation before I could answer that.

24 Q. Okay. Are you referring to the drug effect
25 versus the underlying hypertension?

1 A. Yes.

2 Q. When you administer TPA to a patient in May of
3 1993, was it customary for you to review the
4 persons chart or any portion of the chart prior
5 to administering the TPA?

6 MR. POLLIS: I am going to object
7 to that question on the basis that it is
8 vague in terms of the patient that you are
9 asking about, but with that objection in
10 mind, you may answer.

11 A. I think it would depend on the circumstance at
12 the time of what was going on, whether I would
13 have or not.

14 Q. In terms of what, time?

15 A. Time, urgency.

16 Q. Did you ever speak with Mrs. Grasgreen that
17 evening?

18 A. Not to my knowledge.

19 Q. You had no conversation with her?

20 A. No.

21 Q. Did you ever have any conversation with
22 Mr. Grasgreen?

23 A. Not prior to his starting to have the pain, when
24 I was at the bedside.

25 Q. Prior to his starting to have the pains you had

1 never spoken to Mr. Grasgreen, correct?

2 A. Correct.

3 Q. After that did you have any conversation with
4 Mr. Grasgreen?

5 A. After --

6 Q. After the chest pains?

7 A. When it started?

8 Q. Yes.

9 A. I was at the bedside. I would have asked him
10 probably how his pain was. Other than that,
11 there was no other conversation.

12 Q. Do you have any independent recollection of any
13 conversation that you had with him?

14 A. No.

15 Q. So at best you are speculating that you
16 discussed his chest pain with him, is that
17 correct?

18 MR. POLLIS: I am going to
19 object. If it is what you would normally
20 do in a situation like that, I don't think
21 it is speculation.

22 But with that in mind, you can
23 answer.

24 A. That's what I normally do when I am at a bedside
25 and someone is having chest pain and I am

1 helping.

2 Q. Did you observe Omar taking any notes as Dr.
3 Chentow was interpreting the EKG?

4 A. No.

5 Q. Did you observe Omar writing anything during the
6 time that you were present on May 21st, 1993?

7 A. Yes.

8 Q. You observed him making entries in the nursing
9 chart, correct?

10 A. Correct.

11 Q. You never observed him on the telephone with Dr.
12 VanDyke, is that correct?

13 A. I was down at the other end -- from a distance
14 he was on the phone with him, but I didn't hear
15 the conversation.

16 Q. Okay. How did you know he was on the phone with
17 Dr. VanDyke?

18 A. Because when Dr. VanDyke called it is announced,
19 Dr. VanDyke is on the phone Omar, and then the
20 phone is transferred down to him.

21 Q. So you heard that?

22 A. Yes.

23 Q. And did you observe Omar reading off of a piece
24 of paper as he was speaking to Dr. VanDyke?

25 MR. POLLIS: If you have recall.

1 A. I don't recall.

2 Q. You don't recall?

3 A. I don't recall.

4 Q. You don't recall if you saw it?

5 A. I don't recall if he was reading off a paper, if
6 I saw that or not.

7 Q. In your opinion, is it customary when a doctor
8 -- strike that -- a house doctor interprets an
9 EKG, is it customary for the nurse communicating
10 that interpretation to another doctor to make an
11 entry in the chart regarding the house doctor's
12 interpretation?

13 MR. SCOTT: Could I hear that
14 question again?

15 - - - -

16 (Thereupon, the requested portion of
17 the record was read by the Notary.)

18 - - - -

19 A. Yes.

20 MR. ZUCKER: I will state the
21 question another way. It wasn't very
22 clear.

23 Q. If a house doctor interprets an EKG that you
24 have asked him to interpret, would you write his
25 interpretation in the nursing chart on a

1 customary basis?

2 A. I would write that he was over, looked at the
3 EKG, and that I called the doctor with what he
4 told me. I would not specifically write exactly
5 what he told me.

6 Q. You wouldn't put -- you would not write his
7 interpretation in your nursing chart?

8 A. In my nursing notes, no.

9 Q. In his deposition Omar Jordan made it quite
10 clear that he went over the thrombolytic therapy
11 guideline sheets with both Mr. and Mrs.
12 Grasgreen. However, it's your -- it was your
13 observation that Mrs. Grasgreen was not present
14 at that time, is that correct?

15 A. I don't recall when exactly Mrs. Grasgreen was
16 present.

17 Q. You were standing bedside, though, when he went
18 over the guideline sheets, is that correct?

19 A. Correct.

20 Q. And Mrs. Grasgreen was not there, is that
21 correct?

22 A. I don't know because I wasn't paying attention
23 to Mrs. Grasgreen. I was only paying attention
24 to what I was doing on the patient.

25 Q. But what Omar said was he went over the

1 questions with Mr. and Mrs. Grasgreen. If she
2 would have been there you would have surely seen
3 her if, in fact, he was going over the questions
4 with them, isn't that correct?

5 MR. POLLIS: I am just going to
6 object to the question because, first of
7 all, this witness said she doesn't recall,
8 but secondly you are attempting to elicit
9 testimony from her that Omar never went
10 over the TPA checklist with Mrs.
11 Grasgreen.

12 MR. ZUCKER: I didn't hear you.

13 MR. POLLIS: You are attempting to
14 elicit testimony from this witness to the
15 effect that Omar did not go over the
16 thrombolytic checklist with Mrs. Grasgreen,
17 this witness cannot testify to that. She
18 can only testify to what she saw, not to
19 what she did not see, and she already
20 testified that she did not recall that as
21 far as Mrs. Grasgreen in any event.

22 MR. ZUCKER: Fair enough.

23 Q. Did you at any time observe Omar Jordan going
24 over the thrombolytic therapy guideline sheets
25 with both Mr. and Mrs. Grasgreen?

1 MR. POLLIS: Did you ever observe
2 that, if you recall?

3 A. Not as I recall.

4 Q. Did you or did you not observe it?

5 A. Excuse me?

6 Q. Did you or did you not observe it was my
7 question.

8 A. I don't remember Mrs. Grasgreen at the bedside.

9 Q. So then the answer is no, isn't it, you did not
10 see Omar go over the thrombolytic therapy
11 guideline sheets with Mr. and Mrs. Grasgreen?

12 MR. POLLIS: Objection.

13 A. With Mr. Grasgreen.

14 Q. Right. The question is, did you see him go over
15 that sheet with both Mr. and Mrs. Grasgreen
16 present at the same time?

17 A. No.

18 Q. Did you ever hear Mrs. Grasgreen mention
19 Coumadin to Omar?

20 A. No.

21 Q. Did you ever hear Omar mention heparin to Mrs.
22 Grasgreen?

23 A. No.

24 Q. Did you and Omar discuss the Coumadin or heparin
25 relative to Mr. Grasgreen?

1 A. No.

2 Q. To your knowledge, had Mr. Grasgreen's chest
3 pains subsided prior to the TPA administration?

4 A. No.

5 Q. Was he still having chest pains at the time the
6 TPA was began?

7 A. Yes.

8 Q. How do you recall that?

9 MR. POLLIS: Objection. If you
10 can answer.

11 A. I recall being at the bedside and I recall him
12 still being in pain the last time I was at the
13 bedside and the TPA was just started.

14 Q. Were you present as the TPA was being started?

15 A. The beginning of it, yes.

16 Q. The bolus dose?

17 A. Yes.

18 Q. You saw that administered?

19 A. Omar did it, yes.

20 Q. And you say Mrs. Grasgreen was not there at the
21 time?

22 A. I don't recall Mrs. Grasgreen.

23 Q. But you do recall that Mr. Grasgreen was still
24 having chest pains at the time he received the
25 bolus dose, is that correct?

1 A. Yes.

2 Q. Because Omar Jordan testified in his deposition
3 that he believes Mr. Grasgreen's chest pain had
4 subsided prior to the administration of TPA.
5 But that's not your recollection?

6 A. That's not my recollection.

7 Q. You remember him still having the chest pains,
8 specifically independently?

9 A. I remember him having chest pain.

10 Q. At the time the TPA was administered?

11 A. Yes, I believe so.

12 Q. Okay. And you left at -- you left bedside at
13 7:00, is that correct?

14 A. Specifically I don't know if it was exactly at
15 7:00 or before that.

16 Q. Approximately?

17 A. Approximately.

18 Q. And you have no further observations, you heard
19 nothing further regarding Mr. Grasgreen after
20 7:00, is that correct?

21 MR. POLLIS: If you recall.

22 A. I don't recall hearing anything further.

23 Q. Your answer was --

24 A. I said I don't recall anything else that I
25 heard.

- 1 Q. But you can't say whether or not you did hear
2 anything?
- 3 A. I can't say whether or not I did.
- 4 Q. Or observed anything?
- 5 A. No, I can't.
- 6 Q. It will only be a few minutes more.
- 7 A. It's okay.
- 8 Q. If you recall, was there any discussion between
9 Omar and Dr. Chentow regarding TPA?
- 10 A. I don't recall.
- 11 Q. Did you have any discussion with Dr. Chentow at
12 all regarding Arthur Grasgreen?
- 13 A. The only conversation I had with Dr. Chentow was
14 when he returned and asked what Dr. VanDyke
15 said.
- 16 Q. And could you tell me what you recall about
17 that?
- 18 A. I told him that the patient was going to get TPA
19 and he said good, that's what I recall.
- 20 Q. Do you recall how long Dr. Chentow was in the
21 room initially?
- 22 A. I don't recall. I recall him reading the EKG.
23 I don't recall him at the bedside.
- 24 Q. Do you recall how long he was in the coronary
25 care unit?

1 A. Not specifically, no.

2 Q. Were there any other nurses assisting Omar and
3 yourself in rendering treatment to
4 Mr. Grasgreen?

5 A. I don't recall.

6 Q. You don't recall any other nurses?

7 A. I don't recall who. In that type of situation
8 usually everybody that can help that's around
9 does.

10 Q. You have referred to that type of situation a
11 few times here.

12 A. Uh-huh.

13 Q. Are you referring to an emergent situation?

14 A. Yes.

15 Q. You would consider Mr. Grasgreen's situation
16 that evening as an emergency situation, is that
17 correct?

18 MR. POLLIS: I am just going to
19 object to the question and I will tell you
20 why.

21 If you believed that the situation
22 was emergent, but did not make that
23 determination on your own, then I don't
24 want you to answer yes to Mr. Zucker's
25 question.

1 In other words, if you think
2 that --

3 MR. ZUCKER: Can I restate it?

4 Q. Did you consider Mr. Grasgreen's situation that
5 evening to be an emergency situation?

6 MR. POLLIS: You may answer.

7 A. Yes.

8 Q. Were you aware at the time that Mr. Grasgreen
9 had a previous MI?

10 A. No.

11 Q. Were you aware at the time that he had had a
12 pulmonary embolism?

13 A. No.

14 Q. Were you aware at the time that he was on
15 Coumadin at the time he was admitted into the
16 hospital?

17 A. No.

18 Q. Were you aware of any laboratory findings from
19 the time of his admission to the time that you
20 assisted Omar?

21 A. No.

22 Q. Pat, when you go over the questions on the
23 thrombolytic therapy guideline sheets with the
24 patient, do you find it necessary to explain to
25 them what some of these medical terms mean?

1 A. Yes.

2 Q. For example, where it says severe uncontrolled
3 hypertension, and then it says SBP greater than
4 180 and DPB greater than 110, what do you
5 explain relative to that statement to the
6 patient?

7 A. I first determine if they have hypertension,
8 what their normal blood pressure was, what
9 medications they were on, that type of thing.

10 Q. Were you aware that Mr. Grasgreen had a well
11 documented history of hypertension at the time
12 of the assistance you rendered to Omar Jordan?

13 MR. POLLIS: Objection. You may
14 answer.

15 A. No.

16 Q. You were not aware of his hypertension?

17 A. I was not aware of it, no.

18 Q. So you -- strike that.

19 Do you recall when Omar asked Mr. Jordan
20 whether he had severe uncontrolled hypertension
21 what Mr. Grasgreen answered?

22 MR. POLLIS: You mean when he
23 asked Mr. Grasgreen?

24 Q. Do you remember him asking Mr. Grasgreen if he
25 had severe uncontrolled hypertension?

- 1 A. I remember him asking about the hypertension.
2 His answer was no. I don't remember anything --
- 3 Q. Mr. Grasgreen said he did not have hypertension?
- 4 A. He said uncontrolled.
- 5 Q. Uncontrolled. And Omar explained to him what
6 uncontrolled was, is that correct?
- 7 A. I don't know that specifically. I don't
8 remember.
- 9 Q. But you remember Mr. Grasgreen stating he did
10 not have severe uncontrolled hypertension, is
11 that correct?
- 12 A. Correct.
- 13 Q. Do you remember him saying well, I have
14 hypertension?
- 15 A. I don't remember him specifically saying that.
- 16 Q. You weren't aware that he had hypertension at
17 that time, is that correct?
- 18 A. No, I wasn't aware of his history.
- 19 Q. If he would have stated he had it, then you
20 would have been aware, correct?
- 21 A. Correct.
- 22 Q. On the Page 1 of 2 of the thrombolytic therapy
23 guideline sheets there are initials up in the
24 right-hand corner which appear to me to be EI.
25 Would you take a look at those?

1 A. Sure.

2 Q. And tell me if you know whose initials those
3 are?

4 A. Uh-huh.

5 Q. Page 1 of 2?

6 A. Right there? I believe those are the
7 secretary's initials.

8 Q. The secretary of what?

9 A. The coronary care unit that evening. Yes, it
10 had to be that evening because we don't keep
11 these in the charts.

12 Do you want me to tell you who it was?

13 Q. Yes, if you would.

14 A. Elaine Ingram.

15 Q. Okay. Would you take a look at the orders in
16 the original hospital chart there, doctors'
17 order sheets, and tell me if you made any
18 entries on any one of those sheets?

19 A. On doctors' orders?

20 Q. Yes.

21 A. Sure. Just that evening or anytime?

22 Q. Anytime.

23 A. No, I didn't ~~make~~^{take} any orders on here.

24 Q. Did you review any documents in preparation for
25 your deposition this morning?

1 A. No.

2 Q. You didn't look at the hospital chart?

3 A. No.

4 Q. Before today?

5 A. No.

6 Q. Okay. Have you discussed this case with anybody
7 besides Mr. Pollis or any of the hospital
8 attorneys since the evening of May 21st, 1993?

9 A. Yes.

10 Q. Whom?

11 A. I belong to a nursing peer review committee and
12 we discussed it during that time.

13 Q. And when did that take place?

14 MR. POLLIS: Objection. Don't
15 answer any questions about the peer
16 committee review.

17 A. I can't answer any questions about the nursing
18 peer review committee.

19 Q. Would you take a look at the nurses' notes from
20 the time you were on during Mr. Grasgreen's
21 admission, May 21st, and tell me if you made any
22 entries in the nurses' notes.

23 A. This is when I started?

24 No.

25 Q. Would you look in the medication administration

1 record and tell me if you made any notes in that
2 portion of the chart?

3 A. Wait a second. This is May, right? This is
4 from February.

5 Q. That might have been --

6 MR. POLLIS: Off the record.

7 - - - -

8 (Thereupon, a discussion was had off
9 the record.)

10 - - - -

11 A. No, I didn't sign off anything on here.

12 Q. Do you recall Omar himself or having somebody
13 fax an EKG to Dr. VanDyke?

14 A. No. No. No.

15 Q. You are not aware that Dr. VanDyke had a couple
16 of EKG's faxed to him the evening of May 21st,
17 1993 by Omar or somebody who did it at Omar's
18 request?

19 A. I am not aware of that.

20 Q. Is this the first that you have heard of it?

21 A. Heard of what?

22 Q. Is this the first time that you heard that any
23 EKG's were faxed to Dr. VanDyke that evening?

24 A. Yes.

25 Q. You have never reviewed this chart in toto, is

1 that correct?

2 A. In total?

3 Q. Yes.

4 A. Correct.

5 Q. Did you ever look at the progress notes of this
6 chart?

7 A. Not to my recollection.

8 Q. Are you aware that the TPA was discontinued
9 after Dr. VanDyke had read and interpreted the
10 EKG's from the chart?

11 A. I am aware, yes.

12 Q. You are aware of that?

13 A. Yes.

14 Q. When did you become aware of that?

15 A. I became aware of that when I came back to work
16 Monday.

17 MR. ZUCKER: I have no further
18 questions.

19 - - - -

20 CROSS-EXAMINATION OF PAT HAWK

21 BY MR. SCOTT:

22 Q. Let me just ask you a couple, if I might.

23 A. Sure.

24 Q. Do you remember where you were when you saw Dr.
25 Chentow talking with Omar?

1 A. I was at the other end of the nurses' Desk.

2 Q. Okay. Do you recall what you were doing at that
3 time?

4 A. No.

5 Q. Do you specifically recall Dr. Chentow saying
6 acute MI or did he say words meaning acute or
7 translated to be acute MI, do you recall what he
8 said specifically?

9 A. I recall him saying that it was an acute MI. I
10 don't recall specifically where.

11 Q. Did you see Dr. Chentow again after that second
12 occasion?

13 MR. POLLIS: I'm sorry, after
14 what?

15 Q. After the second occasion.

16 A. After he came back and asked what the patient --

17 Q. Right.

18 A. No.

19 MR. SCOTT: That's all I have. I
20 thank you.

21 MR. POLLIS: We will read it.

22

23

PAT HAWK

24

25

C E R T I F I C A T E

The State of Ohio,) SS:
County of Cuyahoga.)

I, Susan M. Cebon, a Notary Public within and for the State of Ohio, authorized to administer oaths and to take and certify depositions, do hereby certify that the above-named PAT HAWK, was by me, before the giving of their deposition, first duly sworn to testify the truth, the whole truth, and nothing but the truth; that the deposition as above-set forth was reduced to writing by me by means of stenotypy, and was later transcribed into typewriting under my direction; that this is a true record of the testimony given by the witness, and was subscribed by said witness in my presence; that said deposition was taken at the aforementioned time, date and place, pursuant to notice or stipulations of counsel; that I am not a relative or employee or attorney of any of the parties, or a relative or employee of such attorney or financially interested in this action.

IN WITNESS WHEREOF, I have hereunto set my hand and seal of office, at Cleveland, Ohio, this _____ day of _____, A.D. 19 ____.

Susan M. Cebon, Notary Public, State of Ohio
1750 Midland Building, Cleveland, Ohio 44115
My commission expires August 17, 1998