IN THE COURT OF COMMON PLEAS

CUYAHOGA COUNTY, OHIO

MARSHELLE PATTERSON,

Plaintiff,

-vs-

JUDGE SUTULA
CASE NO. CV-03-511601

OHIO PERMANENTE MEDICAL GROUP, etc., et al.,

Defendants.

- - -

Deposition of RANDOLPH M. HEINLE, D.O., taken as if upon cross-examination before Colleen M. Malone, a Notary Public within and for the State of Ohio, at the offices of Reminger & Reminger, 1400 Midland Building, 101 Prospect Avenue, West, Cleveland, Ohio, at 10:00 a.m. on Thursday, July 1, 2004, pursuant to notice and/or stipulations of counsel, on behalf of the Plaintiff in this cause.

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EXHIBIT — MARKED

RANDOLPH M. HEINLE, D.O., of lawful age, called by the Plaintiff for the purpose of cross-examination, as provided by the Rules of Civil Procedure, being by me first duly sworn, as hereinafter certified, deposed and said as follows:

CROSS-EXAMINATION OF RANDOLPH M. HEINLE, D.O.

BY MS. TAYLOR-KOLIS:

Q. Doctor, would you pronounce your last name for me, please. I know I'm not going to do well with it, I don't think.

A. Heinle.

Q. Heinle.

Dr. Heinle, go morning. My name is Donna Taylor-Kolis. For identification purposes on the record, I am the attorney that represents Marshelle Patterson.

My purpose today is to ask you about the care and treatment which you rendered to her on November 22, 2002.

Before we get started, I guess for the record would you state your name and your business address.

A. Okay. Randolph M. Heinle, 3871 Broadview Road, Richfield 44286.

Q. Okay. Is Broadview Road actually your business address, Dr. Heinle?
A. I have a private practice and that is my practice address, and I also work with Lakeland Emergency Physicians.
Q. Okay. We'll get into that in a minute.
Doctor, prior to today have you ever had the opportunity to give a deposition?
A. Yes.
Q. Okay. Every attorney has a different approach to taking these depositions. I just want to state my ground rules for you. You understand, of course, you are obligated to answer these questions orally?
A. Yes.
Q. All right. You understand that you are under oath today, just as if you were in a court of law before a Judge and jury?
A. Yes.
Q. Okay. If at any point I ask a question that you don't understand -- a lot of it's the way I ask questions; it's not you -- would you extend me the courtesy of telling me you don't know what information I'm seeking?
A. Yes.

Q. Okay. And when you do that, I'll attempt to clarify it. Okay?
A. Yes.
Q. At some point during the questioning your attorney or the other attorneys representing other parties may interpose an objection. I would ask that when that occurs that you not answer the question until we resolve our differences. Can I secure that agreement with you?
A. Yes.
Q. All right.

Doctor, how many times previous to today have you had an opportunity to give a deposition?

A. A few times.
Q. The few times you gave a deposition, was that in your capacity as a treating physician or as a defendant in a lawsuit?
A. Both.
Q. Okay.

How many times have you been sued, Doctor, other than this lawsuit?

A. There were two cases that were settled in the past few years.
Q. Okay. To the best your recollection, first of

all, who represented you in those two cases?
A. I'm sorry, I don't know at this time. I don't have that information.
Q. Were they in Cuyahoga County?
A. Uhm, one was and one was in Medina.
Q. These two lawsuits that we are discussing, were you sued in your capacity as a private practitioner or as an employee of Lakeland Emergency Services?
A. As an employee of Lakeland Emergency.
Q. The Cuyahoga County case, can you recall either the plaintiff's name or the medical facility where you were employed when that lawsuit arose?
A. I can't remember the plaintiff's name. The facility was Suburban Hospital at the time.
Q. Okay. Medina was Medina General Hospital?
A. Medina General, yes.
Q. Were these cases within the last, say, five years?
A. Approximately.
Q. Okay. Did either of these two cases involve a failure to diagnose acute coronary syndrome?
A. No.
Q. Or a myocardial infarction?
A. No.

Q. I apologize, we are going to have to go through your background on the record because I didn't have the opportunity --
A. Sure.
Q. -- to review this material before today. Briefly, your CV says you went to St. Ed's High School?
A. Uh-huh.
Q. Even though we're not supposed to be cordial, I have a lot of St. Ed's sweatshirts.
A. Okay.
Q. I understand that was 1965?
A. Yes.
Q. You went to John Carroll following that?
A. Yes.
Q. Then you went to the Philadelphia College of Osteopathic Medicine?
A. Correct.
Q. It says '67 graduation. Is that wrong?
A. No. I was entered to medical school before I had my Bachelor's of Science degree. When I returned to this area after my medical degree, I obtained my Bachelor's of Science.
Q. Okay. There seems to be a gap from the time you graduated from high school in the traditional

sense of you go right from college to medical school -- high school to college. Tell me what you did right after you graduated from high school?

A. Attended Adelbert College of Western Reserve for a brief time, dropped out of school, married, had a child, went back to school and completed at John Carroll.

Q. Okay. So it just took you a little bit more time in the lapse there?

A. Right.

Q. The Philadelphia College of Osteopathic Medicine, I'm sorry to say I'm not familiar with that institution. Tell me about your training there. How many years was the program?

A. It's a four-year program. It's one of the original osteopathic schools in our profession. It's presently located on City Line Avenue.

Q. Okay. Now, your curriculum vitae indicates that you participated in an internship from 1967 to 1968 at Cuyahoga Falls General Hospital.

A. Right.

Q. Is that correct?

A. Correct.

Q. All right.

Did you elect not to do a residency in a specialty after that internship?

A. At that time there were no primary care residencies in general medicine or general practice -- family practice, which is the field I was in.

Q. Okay. So at the conclusion of your internship training you had made a determination that you wanted to be a family practice physician, is that right?

A. Right.

Q. Did you then go into that?

A. Yes.

Q. Okay. Where did you do that?

A. In Richfield.

Q. At the address where you are now?

A. Same address. Well, slightly different address. Just a block away. That building is no longer present.

Q. Okay. So in about 1968 you established yourself as a family physician in Richfield, Ohio?

A. Correct.

Q. At that time did you join in with any other physicians in a practice?

A. Yes, at that time I did.

Q. Okay. Sort of take me through it. At what point did you develop an interest in emergency room medicine?
A. During those years, specialty certifications became available for people who had not had a residency.
Q. Okay.
A. And I took and passed a general practice certification for the osteopathic profession and a family practice certification for the M.D. profession. I was a teacher of family medicine at Cuyahoga Falls. At that time it was called -- Green Cross Hospital was the original name. And in approximately 1980 the field of emergency medicine had an opening through an associate of mine and that's when I formally started to practice emergency medicine with Lakeland.
Q. Doctor, are you board certified --
A. Yes. And then again, at --
MR. WALTERS: Let her finish her question before you answer.
Q. I'm sorry.
A. I'm sorry.
Q. Okay. I try to keep eye contact with you so you

know when I'm done.

A. That's all right.

Q. Are you board certified in emergency medicine?

A. Yes.

Q. When did you obtain that board?

A. I don't remember the date of the first time. I am currently certified through 2010.

Q. So then you began to -- you continued with your family practice?

A. Right.

Q. But you also served as emergency room physician?

A. Correct.

Q. And can you -- you may have told me and I wasn't listening about what you said, around 1980 you started doing that?

A. Correct.

Q. Okay.

In the calendar year 2002, which is basically the subject matter of this lawsuit, what percentage of your time were you spending -- we'll stop for a second.

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(Thereupon, Mr. Rymond entered the deposition.)

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(Thereupon, Mr. Gannon left the deposition.)

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Q. What percentage of your time were you spending practicing family medicine?
A. I would say 20 percent.
Q. The majority of your cases derived serving as an emergency room physician?
A. Correct.
Q. Did you have a particular schedule that you were keeping in the calendar year 2002 in terms of hours, or how it was determined when you would be in the hospital setting?
A. Yes.
Q. Can you tell me about that?
A. I can't give you the exact hours but it's a published schedule that we obtain on a monthly basis.
Q. And were you only working as an emergency room physician at Huron Road Hospital?
A. Correct.
Q. So that is the only -- that was the only facility in 2002?
A. Correct.
Q. Okay. Generally speaking, though, and I'm not holding you to knowing what your schedule was for that entire year --

A. No.
Q. -- when you worked a shift as an emergency room physician, how many hours at a time would you work?
A. Eight hour shifts.
Q. And you are an employee of Lakeland Emergency Services?
A. I'm an independent contractor.
Q. In your capacity as a family practice physician, do you medically manage patients who have cardiac issues?
A. Yes.
Q. Okay. Prior to today's deposition, Dr. Heinle, can you tell me what medical records you reviewed?
A. The medical records of my care of this patient and medical records of Dr. Celestina.
Q. Referring to his emergency room assessment of November 22nd, 2002?
A. Yes.
Q. Okay.
A. To my knowledge.
I requested records at the time I was caring for this patient, but I didn't have the entire record. I had laboratory and EKG reports.

Q. That was great. Sometimes you start where you didn't mean to start.

When I read through these records, and understand my ability to understand them is limited by handwriting sometimes, it appeared to me in one portion of the records that you generated that, in fact, you were requesting records from Kaiser. In fact, that's what you did, isn't it?

A. Yes.

Q. Okay.

What records had you requested from Kaiser as part of your evaluation of Marshelle Patterson on November 22nd, '02?

A. The care that she received at that date and that location, the documentation.

Q. In other words, is it your representation to me based upon your review of the medical records that you requested, that Kaiser sent you everything that had occurred in the ED that day?

A. Yes.

Q. Did you receive anything from Kaiser?

A. Yes.

Q. Then we're going to get to that as soon as we go through them.

All right. You've seen no other medical records, just the emergency records?

A. Correct.

Q. All right. You don't know anything about Mrs. Patterson's subsequent course after she left Huron Road Hospital?

MR. WALTERS: Don't tell her what I may have told you.

Q. You have not -- let me rephrase that.

MR. WALTERS: Right.

Q. You have not seen any medical records?

A. No.

Q. You have a copy, I'm going to assume, for use of your medical records?

A. Yes.

Q. All right. Sort of beginning at the beginning, I guess, is the easiest way to do this.

A. Okay.

Q. When a person presents in the emergency department at Huron Road Hospital, at least back on November 22nd, because things may have changed since November 22nd, 2002, who is the first person that has an encounter with the patient?

A. It varies with the day, time --

Q. Uh-huh.

A. -- workload.
Q. Okay. Customarily, who would it be? What's the protocol within the emergency department?
A. I'm sorry, I can't answer differently. It depends on the presentation and then the circumstance. I mean, we have a triage person. We get calls that people are coming to us. You know, it just depends on when they arrive who is the first encounter. If they're critical, the physician is involved immediately.
Q. Okay. And I made that question far too simplistic. I guess the way I should ask that question is: For a person like Mrs. Patterson who presents, you know, comes in with certain kinds of complaints, is it usually that they see the triage nurse first if they're not critical; in other words, if they're not bleeding, not a gunshot wound victim, things of that nature?
A. I saw her when she came through the door.
Q. Okay. And you saw her when she came through the door because she had arrived by ambulance?
A. Correct.
Q. And so that type of presentation would warrant the physician perhaps being the first person to see the patient?

A. Not necessarily, but in this case it was.
Q. All right.
I'm going to hand you this document. We're going the mark this Plaintiff's Exhibit A or 1.

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(Thereupon, Plaintiff's Exhibit 1 was marked for purposes of identification.)

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Q. Plaintiff's Exhibit 1. This is the sheet from the records submitted to you that starts at the top Chief Complaint.
Doctor, is this the sheet that was filled out by yourself?
A. Correct.
Q. Okay. Good. I thought it might be. Let's go through that sheet. This document is what? This is the medical record of just your recordation of your initial encounter with the patient?
A. Yes.
Q. Okay. Can you read for us -- your handwriting is not too bad, but I want to make sure I have it correct. It has the time and that's the time in, I take it, the ED?
A. Yes.
Q. 1812. So about 6:12?

A. Yes.
Q. All right. Can you read for us the first portion, the narrative portion of your note?
A. Forty-three year old black female with husband for pain evaluation treated and released Cleveland Clinic Foundation/Kaiser ED today with Naproxen -- or Naprosyn and released. Husband presents. States patient has high job stress presently. Emesis here. Requests something for pain. Reviewed history with husband. Record release from Kaiser.
Q. Okay. I'd like to ask you a couple of questions about that. I may be doing this out of order but that is the first document I saw that I was interested in. Is that the first sheet you filled out, or did you --
A. Yeah.
Q. -- prepare documents out of standardized --
A. No.
Q. -- emergency room records first?
A. This is the first sheet.
Q. Okay. Just presented in that order. I was guessing that might be the first sheet. All right.

So this is the story you were told or -- I

retract the word story. This is the history that you were given at that time.

Did you have a suspicion of what might be wrong with this patient based upon that simple recitation of facts?

A. No.

Q. When it says, reviewed history with husband, what history did you review with Mr. Patterson?

A. When I had the opportunity, he and I went to a quiet room and we sat next to each other on the sofa and I reviewed with him their social history, Mrs. Patterson's work, work history and the fact that she had been at Kaiser earlier that day. The patient had been at Kaiser earlier that day.

Q. Uh-huh. Okay. Why did you find it necessary to review the history, the social history and the history up to date with Mr. Patterson?

A. I always do where it's possible. If there's a family member or significant other, I speak with them and I try to gain as much information as I can.

Q. Do you do that to test the memory of the patient? I mean, are you taking a separate history, I'm going to gather, from the patient? Correct?

A. Of course it's corroborating information. It's just trying to get as much information as I can.
Q. Did Marshelle Patterson sign a records release form for you in the emergency room?
A. I believe she does as a routine. I don't know that for a fact.
Q. When she came through the door, that is not a standard form?
A. It's generally by, implied by her presentation that she is requesting care.
Q. Why did you order a toxicology screen for this patient?
A. Sometimes that alters our presentation of complaints and helps us to determine where to go, what further testing.
Q. Well, when you order a toxicology screen, what are you screening for?
A. A number of -- I don't know all the medications or all of the substances, but, you know, benzodiazepines, opiates. Tetrahydrocannabinol, marijuana.
Q. In your emergency room, is ordering a tox screen a standard test for all emergency room patients?
A. No.
Q. Why did you elect to have Marshelle Patterson tox

screened?

A. She was ill and I'm a liberal orderer of that screening.

Q. Okay. I asked you before this last question whether or not this was a standard test that you used for patients in your emergency room, and I thought you said that it isn't. So I want you to try to be specific as to why you ordered a tox screen from Marshelle Patterson?

A. I felt it was important for the database.

Q. Did you feel it was important for her care and treatment?

A. Yes.

Q. How would it have affected your care and treatment?

A. Depending on the results, we many times order additional tests, or, you know, change.

Q. Her tox screen was negative, wasn't it?

A. Correct.

Q. Did you order a tox screen because her speech was slurred?

A. No.

Q. I'm going to ask a broad question, then we'll go back to the documents, Doctor. How did you determine that Mrs. Patterson was suffering from

musculoskeletal strain?

A. History and physical examination.

Q. Well, what in the history led you to believe that the pain that Marshelle Patterson had was musculoskeletal strain?

A. She was an employee at a desk-type job with I believe it was a computer-type work station. She was working at night and was having difficulties with that over a period of time, and was also having stress.

Q. Okay. Well, perhaps it's the limitation of the person asking the question.

Musculoskeletal strain to me implies some sort of trauma or injury to the muscles. Are you not using it in that context?

A. Yes, I am. It's an overuse syndrome implication.

Q. So you thought she was suffering from overuse syndrome?

MR. WALTERS: He explained --

MS. TAYLOR-KOLIS: I'm asking.

MR. WALTERS: Go ahead.

A. That's one method of describing it.

Q. And would overuse syndrome account for the degree of pain what she expressed to you during your examinations of her?

A. Yes, it can.
Q. Can overuse syndrome account for the vomiting which she was experiencing in your emergency room?
A. I felt that was secondary to the nonsteroidal medicine she was taking.
Q. What in your opinion was the explanation for the fact she was slurring her words?
A. I'm not aware of that. I did not document that.
Q. Okay. Let's go through the record. All right. So this is your initial encounter, brief information and you give us a note that you reviewed the history with her husband, and it says, records released from Kaiser.

Did you, during the time period when Marshelle was at Huron Road, receive any medical documentation from Kaiser?
A. Yes.
Q. What did you receive?
A. Laboratory tests, electrocardiogram.
Q. Did you speak with anyone at Kaiser who had examined Marshelle earlier that day?
A. No.
Q. I know you are probably going to point it out to me. Where in the medical records that you

generated does it indicate that you reviewed labs and the ECG from Kaiser?

A. I'm not --

Q. Go ahead. I'm sorry, I didn't mean to interrupt.

A. That last sentence in my first paragraph, review history with husband, records released from Kaiser, that's what's implied there.

Q. So we're perfectly clear, and certainly I have time and hopefully you do, because I've been through this chart, is there a separate notation other than this sentence, this records released from Kaiser, that can document or confirm for me that you reviewed and were aware of laboratory work and the ECG from Kaiser ED earlier that day?

A. There is a place to do that. I don't think that I notated it there.

Q. Do you recall what labs you saw and what the laboratory values were?

A. I know there were cardiac enzymes. I believe there was a CBC. I don't remember the rest. I -- we had them, but they don't become part of our medical record. So I saw them, but I never saw them after that.

Q. Tossed them?

A. Well, I don't do that, but in medical records, I

don't know how they collate a chart.
Q. All right. I guess we will just go through this document. Under associated symptoms you've circled myalgias, correct?
A. Yes.
Q. And tell me what you're defining when you circle myalgias?
A. Muscle pain.
Q. All right. Did you ask her about the quality and duration of that muscle pain?
A. It had been ongoing for, for that day.
Q. Okay. To the best of your ability as the history taker, could you determine when the onset of this pain was?
A. It had been an ongoing issue.
Q. Ongoing since when, Doctor?
A. I don't have an exact time.
Q. Isn't that important to know?
A. It may be.
Q. Well, in terms of being able to make a diagnosis and perhaps rule in or rule out cardiac ischemia or a heart attack in evolution, do you not need to know when the onset of pain began?
A. On that date, the information was that it was during that day.

Q. You've circled no other symptoms at that point, but you put an X next to vomiting. Was that --
A. She was vomiting. She vomited.
Q. All right. Then next to the associated symptoms, as I'm reading across, it says worsened by and you have circled change position, correct?
A. Yes.
Q. And deep breath?
A. Change position, movement and deep breath.
Q. So -- there were two circles. I couldn't tell what was circled.
A. Yeah.
Q. So you are representing to me that you meant to include change in position, movement and deep breathing, is that right?
A. Uh-huh. Yes.
Q. Did you ask Mrs. Patterson about her family's cardiac history?
A. I do not recall.
Q. Doctor, in examining a woman who comes in with an onset of pain, whether it's chest pain or not, if it's arm and neck, do you agree with me that that can be suggestive of cardiac dysfunction?
A. There's many presentations.
Q. And you were aware of that, of course, in

November of 2002?
A. Yes.
Q. Is it important or not important to determine, first of all, the person's family history with cardiac disease?
A. We generally ask that question.
Q. Well, I don't see any family history noted, do you, at the bottom of the sheet?
A. No.
Q. Okay. It doesn't say family history negative; there's just no information. Would you agree with that?
A. Yes.
Q. Did you ask her about her history in terms of social history for coronary risk such as hypertension, diabetes, cholesterol and smoking? Do you recall asking those questions?
A. Yes. She was a smoker.
Q. Okay. Did you just not X the smoker box?
A. Correct.
Q. But you knew she had a history of smoking?
A. Yes.
Q. And to the best of your ability based upon the documentation in the medical chart, how heavy of a cigarette smoking habit did Mrs. Patterson

have?
A. I do not recall.
Q. Is that important in helping you to make an assessment as to whether there might be coronary issues?
A. It may be.
Q. Is it your recollection from looking at your chart that she had ceased to smoke prior to a presentation at Huron Road Hospital?
A. To the best of my recollection, she was a smoker.
Q. At that time?
A. Correct.
Q. Going back to what you have marked on your sheets, the symptoms -- and this is where I get confused, but that's why I get to ask you questions. You have the associated symptoms of myalgias, vomiting and -- I forgot to mention you had marked she had diarrhea that day. You marked relieved by antacids. Am I just misreading that? There's a circle around the word antacids.
A. I don't --
Q. Here, I can show you my copy.
A. I don't know where you're at.
MR. WALTERS: Right here.
Q. I'm sorry, I'm still reading right across.

A. No, no, I had circled rest.

It was worsened by positional change. It was relieved by rest.

Q. All right. Good. That's why we get to do this because I couldn't tell. So you're saying you elicited it from her history, she felt better if she was resting?

A. Correct.

Q. And does resting mean sitting down? Laying down? Do you, do you have a recollection of what she told you?

A. When you're not using the sore area.

Q. Then we skip down and the next box obviously is time course. It says, symptoms still present. Continuous.

Once again, that box is sort of blank in terms of onset and duration, correct?

A. Correct.

Q. But you had a general sense that it was that day?

A. Correct.

Q. You don't mark anything about the quality of the pain that I can see, but then I've got a hole punched through the corner. Did you mark anything?

A. Under quality is the word aching, and that's what

I have circled.

Q. So that's probably what is hole punched on my copy. All right.

You didn't really diagram the precise location where she complained of pain. Do you see where the box says location?

A. Yes.

Q. Can you cue me as to what you believe the areas of discomfort were for this patient?

A. Neck and shoulder.

Q. When you received the labs from Kaiser -- let me ask it this way: Were you surprised that they had run cardiac enzymes at Kaiser?

A. No.

Q. What would be your belief -- I understand you didn't talk -- you've already testified you did not talk with the emergency room physician at Kaiser. Why would you believe that they would have run cardiac enzymes for this patient?

A. It was just a neutral -- I didn't perceive it as positive or negative. I just perceived it as a test that was done.

Q. Did you assume that it was done because there was some, perhaps, concern or indication that she might have some form of cardiac ischemia?

A. I just cannot comment on the decision that was made to do that.

Q. I'd like to stop sort of looking at this page and just ask you some general medical questions for a couple of minutes.

I assume that people present to Huron Road Hospital with cardiac issues, correct?

A. Correct.

Q. All right. As of November 22nd, 2002, Doctor, please tell me what you believe the possible presentations were for cardiac ischemia in a female.

MR. WALTERS: Every possible presentation, from nothing to a headache?

MS. TAYLOR-KOLIS: Well, not from nothing.

Q. What are the things that you see on presentation that make you believe that you need to include or exclude possible cardiac ischemia?

A. Generally some form of chest complaint of pain or pressure; some change in respiration, breathing; a list of risk factors.

Q. Tell me the risk factors, please.

A. High blood pressure; high cholesterol; smoking; obesity.

Q. Anything else?
A. That's a beginning list.
Q. Okay. Do patients always present with chest pain?
A. No.
Q. Do you have a belief -- I don't like to ask questions do you have a belief, but to the best your knowledge at that point in your career, had you read studies that women are more likely are more likely than men not to present with a complaint of chest pain? From reading your emergency room journals?
A. Women may have a different presentation.
Q. When you say that women may have a different presentation, are you recalling an article you read within the five years prior, to emergency presentation that described that presentation?
A. No, it's my general medical knowledge.
Q. Based on your general medical knowledge, what should an emergency room physician be on the alert for in a female that's different than chest pain for the presentation of cardiac issues?
A. There may be different presentations. There may be more atypical presentations.
Q. Can you be any more specific than they may have

more atypical presentations?
A. No, not at this time.
Q. All right. Why don't we go on then with the rest of at this point your initial encounter with the patient. The line that says for injury, it says occurred, and you said today. Once again, I don't want to beat a dead horse, I just want to make sure we're speaking at somewhat of the, of the same language. Your understanding is she had the onset of this pain that day?
A. Correct.
Q. Okay. Clearly there's no mechanism of injury because you didn't elicit a history of injury, correct?
A. Correct.
Q. In terms of ROS, is -- ROS stands for?
A. Review of systems.
Q. Review of systems, correct. Sorry about that.
What about the review of systems helped you to formulate a diagnosis for this patient?
A. On the right-hand column myalgias is circled.
Q. Okay. Now, on these you've got lines --
A. Those are negative responses.
Q. Okay. So whenever there's like a line through something, that's a negative response, is that

right?
A. Yes.
Q. I'm sorry. It's really me; it's not you. Unless something is circled, it's negative if you have a line through it, is that right?
A. Correct.
Q. You didn't circle nausea or vomiting but it was present, correct?
A. Correct.
Q. All right.
A. There's a lot of repetition on these charts.
Q. That's -- yeah, I just wanted to be sure.
You ask her about her past history, is that right?
A. Yes.
Q. And you have it negative, correct?
A. Yes.
Q. Did you ever ask her if she had any previous chest pain?
A. I do not recall.
Q. Fair enough.
All right. So after this evaluation, this is your initial evaluation, what did you determine should happen, or did you do a further examination?

A. We did a further examination.
Q. Is it this page? I'm trying to see if I have these in order.
A. Correct.
Q. Okay. I'm going to have the court reporter mark this Plaintiff's Exhibit 2.

- - - -

(Thereupon, Plaintiff's Exhibit 2 was marked for purposes of identification.)

- - - -

Q. Doctor, is this you charting this examination again?
A. Yes.
Q. All right. Let's go on then with this particular examination. You have her blood pressure as 116 over 70, is that right?
A. 78, I believe.
Q. Oh, sorry. Okay.
Pulse?
A. I think something is missing here. There's a hole there. I think it would be eight plus another number but there's, something's blacked out here.
Q. I didn't think her pulse could be eight. I was pretty sure about that.

A. I think if you look to the right a little bit, there's a white spot in the black line and that's probably where these things were put.
Q. Stuck at the top of the chart. Okay.
So you don't really know what her pulse was, I mean, as you're sitting here today?
A. I knew it at the time.
Q. Then you --
A. From this, I would say 80 plus.
Q. Respirations were 16?
A. Yes.
Q. Did you think she was breathing a little shallowly or not?
A. No, she was breathing okay. I mean --
Q. The next line is, is that constitution, is that what that's an abbreviation for?
A. Yes.
Q. And you marked mod, meaning moderate distress?
A. Yes.
Q. It said, mood and affect.
Does that say flat?
A. Yes.
Q. Okay. Why did you describe her mood and affect as flat?
MR. WALTERS: You mean other than

that's a descriptive term?

MS. TAYLOR-KOLIS: Good one, Mr. Walters.

Q. What about her -- first of all, what do you mean by flat affect when you use that word?

A. The feedback I was getting was just that. I can't describe it differently.

Q. What does it say next to memory?

A. Intact.

Q. Okay.

And then I have a hole in my sheet of paper, but under something slash face?

A. Normal cephalic.

Q. All right.

On -- let's go to see respiratory. Obviously she was clear bilaterally. I think that's what that says. Is that right?

A. Yes.

Q. Cardiovascular. Can you tell me what the wording or markings are, because I can't make them out.

A. Auscultation. I have 80 and regular.

Q. All right. Chest?

A. Normal contour.

Q. So you're just doing a description of the physical in that regard, correct?

A. Correct.
Q. All right. Gastrointestinal?
A. Soft and bowel sounds.
Q. Okay. Lymph.
A. Negative.
Q. What does it say right under that, because I can't --
A. Full function.
Q. Under back I think you've written --
A. Normal contour.
Q. Okay.
And her neuro exam seemed normal to you?
A. Yes.
Q. Okay. Skin?
A. Warm and dry.
Q. Okay. Based upon that examination, what did you determine you needed to do?
A. On her initial presentation, she was quite uncomfortable and she was throwing up and asking for something for pain.
Q. All right.
A. It was my feeling that the medication may well have caused her this upset stomach and I sought to have our staff establish an intravenous of saline and give her the antiemetic Phenergan

intravenously and at the same time obtain some laboratory work.

Q. Okay. All right. So you felt that the Naprosyn that she advised you of was what was causing the nausea?

A. Yes.

Q. And cardiac dysfunction causes nausea?

A. Yeah, it may.

Q. And vomiting?

A. It may.

Q. Okay. All right.

On the triage short form -- we're just skipping around here for a second. We're going to mark this as Plaintiff's Exhibit 3.

- - - -

(Thereupon, Plaintiff's Exhibit 3 was marked for purposes of identification.)

- - - -

Q. It is Bates stamp 5 if you're going that way.

Doctor, who filled out this form?

A. It's two persons. It's the triage person Adam Bell, emergency medicine technician, and the bottom is a nurse.

Q. Now, do you know if they filled this out before or after you examined the patient, or

simultaneous?

A. In this case, probably simultaneous. As I said, I saw this patient very early on in her presentation.

Q. Okay. In this particular document, which is now Plaintiff's Exhibit 3, presenting complaint as recorded by -- do you know which of the two of them recorded that?

A. Which are you referring to?

Q. I'm over to the right at the top. Is that the emergency room technician who writes on the top?

A. Yes.

Q. Okay.

He recorded back, neck pain and arm pain, correct?

A. Yes.

Q. Did you confirm independently with her that that was what her history was, back, neck and arm pain?

A. Yes.

Q. Okay. One second. Actually, I should read my highlighted copy. It makes it easier to --

Do you think -- not do you think.

When you spoke with Mrs. Patterson relative to her expression that she was in enough pain

that she needed pain medication, did you believe she was in severe pain?

A. I believed that she was in pain.

Q. Okay. Did you believe that she needed pain medication to deal with that pain?

A. I explained to her and to her husband that I thought that pain medicine at that moment would not be of service to her. I wanted to help her to be more comfortable and eliminate the vomiting.

Q. Did you feel that eliminating the vomiting would change the quality of the pain she was experiencing in her back, neck and arms?

A. Yes.

Q. And you explained that to them?

A. Yes.

Q. All right. Did you believe that Marshelle Patterson was demonstrating drug-seeking behavior?

A. No.

Q. All right.

So this is the history as they take it on -- I asked you a couple times, but I didn't see it in your notes. Do you agree with me that on the assessment written on, I'm going to call

it 8:00, the bottom of Plaintiff's Exhibit 3, it says -- does that say continues? If you know. I mean, you work with these folks, so I'm assuming you know their handwriting better than I do.

A. I believe it does.

Q. What does it say?

A. Continues to complain of generalized back pain.

Q. Okay. It says, patient speech slurred, correct?

A. Correct.

Q. Once again, I'm asking you to what did you attribute this slurred speech in this patient?

MR. WALTERS: I think you asked him that already, and I think he said he didn't find slurred speech in the patient, as I note.

A. I didn't appreciate that. She, she was uncomfortable. She was attempting to rest and, you know, we had given her medication to help with that.

Q. Okay. Well, Phenergan wouldn't make a patient have slurred speech, would it, it's an antiemetic?

A. It may. Generally not.

Q. When you say it may, how would a dose of Phenergan to control nausea create a slurred

speech pattern in a patient?
A. It is an antiemetic. It is an antihistamine and it effects each person differently.
Q. Did the nurse bring that to your attention, that Mrs. Patterson had slurred speech?
A. I do not recall.
Q. Okay. What time did you discharge this patient from your emergency room?
A. Approximately midnight.
Q. How many times did you observe her between six and midnight?
A. Many times.
Q. Well, can you look in the record and tell me?
A. They're not recorded.
Q. What were you attempting to evaluate her for as you returned many times in this six-hour period?
A. Her progress. Her comfort. And it was during that time that I spent the time I mentioned with her husband to glean what information I could and it was during that time that I received the records from Kaiser and I reviewed those records to complete her care.
Q. Did Marshelle Patterson have any muscle spasms that you documented anywhere?
A. In her upper neck and back area.

Q. Okay. You're saying she has muscle spasms in her upper neck and back?
A. Yes.
Q. Can you tell me where in your record you documented that finding?
A. Back in the beginning we spoke of myalgias. It's in the first sheet that's historical.
Q. The historical sheet?
A. Yes.
Q. Page two or three? One or two? Sorry.
A. The very first sheet. Myalgias.
Q. Okay. But isn't that a history sheet?
A. Yeah, that --
Q. That's not a physical findings?
A. Yes, that is correct, it is a history sheet.
Q. So the answer to my question as to whether or not you documented --

MR. WALTERS: I don't know if you were done with your answer. Were you done with your answer?

THE WITNESS: I am finished.

MR. WALTERS: Go ahead.

Q. My question is whether or not there exists documentation that you physically laid your hands upon this patient and found her to have muscle

spasms in the neck or arms?

A. There's not a specific notation, but I recall and recollect doing that.

MR. WALTERS: I think she also --

Q. All right. So you gave Mrs. Patterson Phenergan, correct?

A. Right.

Q. What else did you do for her while she was in the emergency room?

A. Hydrate her. Gave her intravenous fluids.

Q. What kind of IV fluid did you give her?

A. Saline.

Q. Any other therapy administered?

A. No.

Q. And then you had some laboratory work done, correct?

A. Yes.

Q. At the time that you had the laboratory work ordered, had you already arrived at a diagnosis of muscle sprain -- strain? Excuse me, you didn't say sprain, you said strain.

A. No.

Q. What were you looking for by drawing the blood work?

A. We generally do a fact gathering or database

based on laboratory work, urinalysis, and our history and physical.

Q. You ordered a urinalysis?

A. Yes.

Q. Did you think that she perhaps was infected?

A. No. Urine is tested for many substances.

Q. I was just asking what was in your differential. I'm trying to find out why you ordered a urine screen.

MR. WALTERS: You should have ask him that.

Why did you order a urine? Do you remember?

MS. TAYLOR-KOLIS: You can ask him at trial.

A. It's a general --

MR. WALTERS: Well, no, if you want -- if that was your question, that's the question you should have put to him.

A. We ordered blood work. We ordered urine. The urine is done as a standard urinalysis. It's also what they do the toxicology screen on.

Q. Okay. So did you have differential diagnosis at that point, the point that you ordered this, these laboratory tests?

A. Yes. We always do.
Q. Well, what were your differentials, based upon the presentation of this patient?
A. I can't, you know, I can't recall or recollect all of them at this time.
Q. Well, Doctor, you're sitting here looking at a chart and you know what the symptoms were that you recorded and took by history, so what would have been within your differential contained within the chart?
A. That she was vomiting; that she had a gastrointestinal scenario; that she was very uncomfortable and was having musculoskeletal disorders; and that she was under a fair amount of stress.
Q. So the toxicology screen that you ordered, was that going to help you include or exclude the GI scenario?
A. Could be either.
Q. How would that help?
A. It can exclude or include gastrointestinal disorders.
Q. Doctor, you've had an opportunity to review the chart, obviously, before testifying today. Do you have any criticisms of the employees of Huron

Road Hospital who assisted you in the emergency room?

A. No.

Q. All right.

So the results came back, the laboratories that you ordered, and did you find them remarkable in any regard?

A. No.

Q. Okay. So they were benign, correct?

A. Correct.

Q. All right. You didn't ask for cardiac enzymes, did you?

A. No.

Q. You didn't have an EKG performed, did you?

A. No.

Q. Did you consider ordering a chest film for any of the presenting symptoms?

A. No.

Q. What time did you decide to discharge the patient?

A. I believe it was approximately midnight.

Q. Okay. At that point you had arrived at your diagnosis of muscle strain?

A. Yes.

Q. Okay. And you told her to take Tylenol, rest and

go home, is that right?

A. Yes.

MS. TAYLOR-KOLIS: Okay. Doctor, I don't have any further questions for you. Perhaps one of the other two attorneys do.

MR. MILLER: I don't have any questions.

MR. RYMOND: I have some questions. One or two quick follow-up questions.

- - - -

CROSS-EXAMINATION OF RANDOLPH M. HEINLE, D.O.

BY MR. RYMOND:

Q. You were asked whether you had any criticisms of Huron Road Hospital employees who worked in the emergency room that night. I just want to follow up on those. I take it by your testimony that the staff of Huron Hospital did what they were supposed to do, in your opinion, in terms of their care and treatment of this patient. Is that right?

A. Yes.

Q. And I take it then that they completed the testing that you ordered in a timely manner. Is that right?

A. Yes.

Q. And they recorded those reports to you in a timely manner. Is that right?

A. Yes.

MR. RYMOND: Thank you. That's all I have.

MS. TAYLOR-KOLIS: I'll waive the seven day reading requirement, as long as we get it done in 30.

RANDOLPH M. HEINLE, D.O.

C E R T I F I C A T E

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

I, Colleen M. Malone, 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 witness 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; that said deposition was taken at the aforementioned time, date and place, pursuant to notice or stipulation of counsel; and 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; that 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 seal of office, at Cleveland, Ohio, this 8th day of July A.D. 20 04.

Colleen M. Malone, Notary Public, State of Ohio
1750 Midland Building, Cleveland, Ohio 44115
My commission expires August 18, 2007

Q

R

S

CHIEF COMPLAINT: (Time: 12K) ______ **Historian:** ✓ Patient **More History:** ✓ Family ___ Medics ___ Other
___ Interpreter ___ N/H EMS Arrival ______

HPI: ☐ Nurses Notes Reviewed

43 y/o B/F with husband for pain evaluation. [illegible] treated and released CCF [illegible] ED today with [illegible] and released. Husband presents states patient has high job stress recently. [illegible] here recently [illegible] for pain. Recently c̄ husband [illegible] record release [illegible]

Prior Treatment:

Baseline MS: [illegible] Baseline PS: [illegible] DNR: yes ✓ no ___

ASSOC SX: none, ~~myalgias~~ (circled), fatigue, fever, chills, sweating, headache, sore throat, cough, SOB, chest pain, abdominal pain, nausea X, vomiting X, constipation X, diarrhea X, hematemesis, hematochezia, melena, frequency, urgency, dysuria, hematuria, vag. discharge, rash

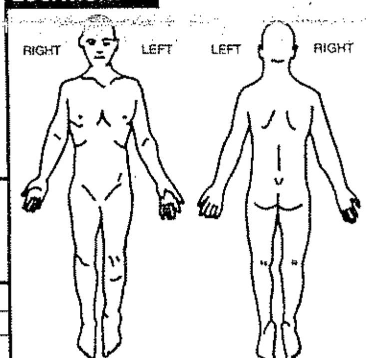
WORSENED BY: nothing, change position, ~~movement~~, deep breath, supine, upright, walking, cough, food

RELIEVED BY: nothing, supine, sitting, ~~rest~~, ~~antacids~~

MEDICATIONS: ___ none, ✓ see NN, ASA, acetaminophen, OCP's

ALLERGIES: ✓ NKDA ___ see NN
IVP dye, Codeine, PCN, NSAIDS, ASA, Sulfa

LOCATION:



TIME COURSE: Sx still present (circled), better, worse, similar Sx previously; continuous (circled), intermittant Q, resolved

SEVERITY: ___ /10 (pain scale), mild, moderate, severe

QUALITY: aching (circled), "pain", sharp, dull, squeezing, burning, stabbing, cramping, tightness, fullness, pressure, Sx/pain radiates to

FOR INJURY: Occurred: just PTA, yesterday, today (circled), ___ days PTA
Location: home, school, work, street
Mechanism of Injury: fall, GSW, MVA, burn, direct blow, stab wound, laceration
LOC: yes/no, dazed, amnesia
Dom. Viol.: yes/no

ROS: Unable to obtain due to: LOC ↑ acuity Δ MS non verbal

Constitutional: weight loss X, weight gain X, ↓ appetite, fatigue X, fever X

Heent: blurred vision X, headache X, hearing loss X, seasonal allergies, sore throat X, ear pain X, nose bleeds X

Pulm/CVS: cough X, sputum X, hemoptysis X, chest pain X, palpitations X, pleurisy X, dyspnea X, wheezing X, ankle edema X

GI: diarrhea X, constipation/last BM, melena X, nausea X, vomiting X, hematochezia X, hematemesis X, abdominal pain X

Female Reproductive: LNMP 3 wks ago, P ___, vaginal discharge, abnormal bleeding, post menopausal

Skin/Lymph/MS/Hematologic: rash X, edema X, back pain X, joint pain, myalgias (circled)

Psych: depression X, suicidal X, hallucinating: audit, visual X

Neuro: headache X, syncope X, imbalance X, paresthesias X, diplopia X, paresis/paralysis X, Δ mental status X, seizures X

Endo: polydipsia X, polyuria X, skin/hair changes X

GU: frequency X, dysuria X, urethral discharge X, hematuria X, incontinence X

☐ ROS otherwise negative
☐ ROS limited to

PAST HISTORY: ✓ negative
HEENT, thyroid, bronchitis, pneumonia, asthma, COPD, pneumothorax, pulmonary embolism, CADz, arrythmia, CHF, DVT, MI, hyperlipidemia, HTN, peptic ulcer, gallstones, colitis, pancreatitis, diverticulitis, PID, ovarian cysts, UTI, kidney stones, renal Dz, cancer, DM/insulin/oral, anemia, sickle cell dz, seizures, migraine, psych, CVA
Hospitalization:

SURGERY/PROCEDURES: ✓ negative
angioplasty, appendectomy, CABG, cardiac cath, cholecystectomy, c-section, ectopic, hernia, hysterectomy, mastectomy R/L, tonsils/adenoids, tubal ligation, tumor

SOCIAL HISTORY: Coronary risks: HTN / DM / Cholest / Smoker / FH
smoker ___ packs per day; alcohol ___ occas ___ heavy; drugs
Lives with: family
Occupation:

FAMILY HISTORY: ___ negative, MI, HTN, DM, ulcers, gallstones, cancer

EUCLID, HILLCREST, HURON, SOUTH POINTE AND SAGAMORE
EMERGENCY DEPARTMENT MEDICAL RECORD

PATTERSON,MARSHELLE
06/08/1959 43Y F
11/22/02 NONE,UNKNOWN
00246651
02326-00205

EMI

PLAINTIFF'S EXHIBIT 1 CM 7-1-04
PENGAD-Bayonne, N. J.

KEY: circle = positive X = negative

Patient Name: ______ Age: ______

VS: Time 1212 BP 116/70 P 8 R 16 T 36

Const. General appearance — NAD Distress: Mild — Mod — Severe

Psych Orientation: alert — yes — no, oriented x

Mood and affect — Memory

Head/Face

Eyes Conjunctiva and lids

Pupils and irises PERLA

Fundi

ENMT Ears

Nose

Mouth/Throat

Neck

Resp Resp. effort

Perc./Auscultation

CV Palpation

Auscultation

Pulses

Abdominal aorta

Chest

GI Abdomen

Liver and spleen

Rectum

GU/Pelvic

Lymph

Ext

Periph. edema

Back

Neuro Cranial nerves

Tendon reflexes

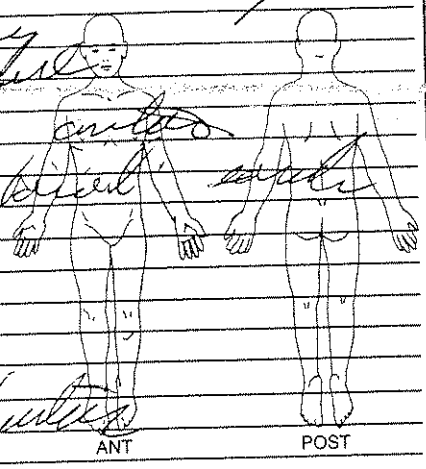
Sensation

Muscle strength and tone

Cerebellum Plantar reflexes

Skin Inspection Palpation

Wound Length cm



X	X-RAY	TS	TIME/INITIALS	PX
	FACIAL		1220	
	NASAL			
	ORBIT R L			
	SINUS, PARANASAL			
	MANDIBLE			
	PANOREX			
	SKULL			
	C SPINE PORT			
	C SPINE SERIES			
	NECK SOFT TISSUE			
	CXR: PORT PA/LAT			
	KUB/ ABD SERIES			
	SHOULDER R L			
	HUMERUS R L			
	ELBOW R L			
	FOREARM R L			
	WRIST R L			
	HAND R L			
	RIBS R L			
	T-SPINE			
	L/S SPINE			
	PELVIS			
	HIP UNILAT R L			
	FEMUR R L			
	KNEE R L			
	TIBIA FIB R L			
	ANKLE R L			
	FOOT R L			
	IVP:			
	VQ:			

ORDERS	
IV BOLUS	Saline 2L
IV	cc/hr.
HEP. LOCK	
O2 ☐ MONITOR	
DT. 5cc IM	
ORTHOSTATICS	
FOLEY ☐ NG	
BETADINE ASEPSIS ☐ DSD	
PULSE OX ☐ RA	L/MIN
RESP. Tx/PEAK FLOW	
12:45	Phenergan 25mg IV
OLD CHART	

US:

CT: Run By: Read By: SD Dr.

EKG:

Rhythm strip:

X	TEST	RESULT	X	TEST	RESULT	X	TEST	RESULT	REF. RANGE
	Na			DIGOXIN			STAT BLOOD GLUC.		65-110 Mg/dl
	K			THEOPHYLLINE			GASTROCULT		NEGATIVE
	Cl			SALICYLATE			HEMOCULT		NEGATIVE
	CO_2			ACETAMINOPHEN			URINE DIPSTICK		NEGATIVE
	GLUCOSE			RPR			U/A WITHOUT MICROSCOPIC 81003		
	BUN		X	HCG ☐URINE ☐SERUM	Neg	X	U/A WITH MICROSCOPIC 81001		
	CREAT			HCG QUANT					
	Ca			MONO					
	Mg			ETOH	<10				
	SGOT			TOX SCREEN	Negative				
	SGPT			CBC/DIFF			ABG ☐RA ☐	L/MIN	
	ALK Ø			WBC	11.9		PH		
	BILIRUBIN			HgB	13		PCO_2		
	CPK			HCT	36		PO_2		
	CPK-MB			PLT	141		HCO_3		
	TROPONIN			PT	14.6		O_2SAT		
	MYOGLOBIN			INR	0.8		COHB		
	AMYLASE			PTT			TYPE ☐SCREEN ☐CROSS		
	LIPASE			ESR			BAS.MET.PANEL		
	DILANTIN			D-DIMER			COMP.MET.PANEL		
	Ø BARB			TRICH ☐ YEAST			HEP.FUNC.PANEL		

GC C&S	URINE C&S	WND C&S	STOOL C&S	GRM STAIN	
CHLAMYDIA	SPUTUM C&S	BLOOD C&S x 2	8 STEP SCR	THROAT C&S	

Exam done by: ___ Resident ___ PA-C ___ NP X ED Attending
under the supervision of attending Physician.

JUSTIFICATION FOR LABS AND STUDIES | **PULMONARY** | **GI/DIGESTIVE** | **MUSCULOSKELETAL** | **NEURO** | **OTHER**

CARDIAC

Anemia
Angina, unstable
Arrhythmia
Atrial Fibrillation
CAD
CHF
Chest Pain, Unspecified
HTN
Hypotension
Palpitations
S/P CABG
Thrombophlebitis/DVT
Tachycardia
Use of anticoagulants
Bronchitis
COPD
Cough
Emphysema
Pneumonia
Renal colic
Short of breath
ABD Pain
RUQ/RLQ/LUQ/LLQ
Gen abd pain, Unspecified
Constipation
GI Bleed, unspecified
Hematuria
Pancreatitis
Rectal bleeding
Back Pain
DJD spine
Extremity injury
Herniated disk
Spinal stenosis
Spine injury
CVA
Dizziness
Headache
Head injury
Δ Mental status
Seizure
Syncope
TIA
Dehydration
Diabetes
Fever/Sepsis
Hx of Ca
Manage high risk med
Multiple Trauma

EUCLID, HILLCREST, HURON, SOUTH POINTE AND SAGAMORE

EMERGENCY DEPARTMENT MEDICAL RECORD

KEY: circle = positive X = negative

Patient Name: _____ Age: _____

PRIMARY CARE PHYSICIAN

PATTERSON,MARSHELLE EMI
06/08/1959 43Y F 545531
11/22/02 NONE,UNKNOWN
00246651
02328

PLAINTIFF'S EXHIBIT 2 2-1-04 CR

34000080 4/0

000004

4B Huff

☐ Euclid ☐ Hillcrest ☒ Huron ☐ South Pointe ☐ Sagamore Hills Medical Center

TRIAGE SHORT FORM | **PRIORITY** | **PATIENT TYPE**

Date: 11-22-02 TIME 1812 ☐ AM ☒ PM | ☐ IMMEDIATE ☐ URGENT ☐ NON-URGENT | ☒ EMERGENCY ☐ THRU CARE ☐ TRAUMA ☐ PEDS

NAME: LAST Patterson FIRST Marshelle ♀ AGE 43 PRESENTING COMPLAINT: Back/neck/arm pain ALLERGIES: ☐ NONE — NKDA

TRIAGE LONG FORM

DATE OF INJURY/ILLNESS 11-22-02 ☐ UNKNOWN | TIME OF INJURY/ILLNESS [illegible] ☐ UNKNOWN | WEIGHT: 190lbs HEIGHT: | LMP: ☐ N/A [illegible] | PREGNANT: ☐ YES ☒ NO ☐ ? | LAST TETANUS ☐ N/A

B/P: 118/[illegible] P. 80 R. 16 T. 35.8 ☒ ORAL ☐ RECTAL ☐ TYMPANIC | PAIN 10/10 | PULSE OX - RA 100% ☐ N/A | VISUAL ACUITY ☐ N/A OS 20/ OD 20/ OU 20/ ☐ CORRECTED ☐ UNCORRECTED | CHILD IMMUNIZATION STATUS: ☐ N/A UP TO DATE ☐ YES ☐ NO ☐ INFO GIVEN

CURRENT MEDICATION ☐ NONE ☐ DOSE/FREQ. UNKNOWN	DOSE	FREQUENCY
1. Naprosen @ Kaiser today		
2.		
3. denies other		
4. meds		
5.		
6.		
7.		

PAST MEDICAL HISTORY ☐ NONE

☐ HTN ☐ DM ☐ SEIZURES ☐ ASTHMA ☐ COPD ☐ MI ☐ CHF ☐ CABG

☐ SURGICAL HX denies

☐ OTHER

IS LIFE SAFE AT HOME? ☒ YES ☐ NO ☐ ABUSE SUSPECTED ☐ INFO GIVEN

LIST TREATMENT PRIOR TO ARRIVAL ☐ NONE ☒ EMS ☐ HOME

P/X, VS, transport

MECHANISM OF INJURY/HISTORY OF ILLNESS: pt c/o pain in neck/back/arms, ⊕ [illegible] x24 pt denies specific [illegible] pt sts "get the Dr, I need pain medicine" pt seen @ Kaiser today for same ā calling EMS ē Dx "might be muscular"

TRIAGE INTERVENTIONS: ☐ NONE A&Ox3 ⊕N/V x3 during triage

FAMILY PRESENT ☒ YES ☐ NO ☐ CALLED TIME

☐ TO WAITING AREA TIME: Chemstrip 139 ☒ TO TREATMENT AREA TIME: 1812

NURSE SIGNATURE A. [illegible] EMT-P/RN

NURSING ASSESSMENT: **TIME:** 1830

Mental Status: A + O X 3 | ☐ Confused ☐ Cooperative ☐ Crying ☐ Normal for Patient ☐ Unresponsive ☐ Combative ☐ Appropriate for Age Lethargic

Breathing: ☐ NSF | ☒ LEFT: ☒ Clear ☐ Rales ☐ Rhonchi ☐ Wheezes ☐ Diminished | ☒ RIGHT: ☒ Clear ☐ Rales ☐ Rhonchi ☐ Wheezes ☐ Diminished

Neuro: ☐ NSF | ☐ PERRLA ☐ Not reactive ☒ MAE Loss of Consciousness: Y / N | ☐ Unequal ☐ Hand Grasps

Skin ☐ NSF | ☐ Cool ☐ Pale ☐ Flushed ☐ Jaundiced ☐ Diaphoretic ☐ Cyanotic | ☐ Hot ☒ Dry Capillary Refill: ☐ < 2 sec. ☐ > 2 sec.

G.I. ☐ NSF | ☒ Non-tender ☒ Soft ☐ Rigid ☐ Distended ☐ Tender ☐ Guarding | Bowel Sounds: ☐ Present ☐ Absent ☐ Hyperactive ☐ Hypoactive | ☒ Nausea ☒ Vomiting ☐ Occult ☐ Stool Pos/Neg ☐ QC Done | ☐ Diarrhea ☐ Constipation Blood ☐ Gastric Pos/Neg ☐ QC Done

G.U. ☒ NSF | ☐ Dysuria ☐ Hematuria ☐ Frequency ☐ Burning ☐ Urgency ☐ Foley

Pain/Musculo Skeletal: ☐ NSF ☐ N/A | Location: Neck & Back. | Quality: ☐ Intermittent ☐ Constant ☐ Sharp ☐ Dull ☐ Achy ☐ Pressure ☐ Cramping | Radiates / Edema ☐ / Deformity ☐ / Discoloration ☐ / Onset / Presently 10 / Time Pain Began

VITAL SIGNS

Time	LOC	Temp.	BP	Pulse	Resp.	PO / FiO2	Pain Scale
2100	A&Ox3		124/71	76	20		10
2355	A&Ox3		129/62	70	20		0 / 10
							10
							10
							10
							10
							10
							10
							10
							10
							10
							10
							10
							10

POSTURALS

TIME:	B/P	PULSE
lying		
sitting		
standing		

TIME:	B/P	PULSE
lying		
sitting		
standing		

NARRATIVE: TIME: 1920 – pt med for Nausea

2000 Pt continues to c/o ~~knowledge~~ ~~chest~~ back pain. Pt speech slurred, restless in bed, Respirations even & unlabored, skin warm/dry, Nausea persists. IV sites s infil/[illegible] Dr 2010 Unable to get labs p numerous attempts. Dr Heinle aware Dr 2050 P straight cathed ē 15Fr foley, clear yellow urine obt, pt tolerated procedure Dr 2200 Resting quietly, eyes closed, easily arousable. — [initials]

ADDRESSOGRAPH

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11/22/02 NON[E]
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PENGAD-Bayonne, N.J. PLAINTIFF'S EXHIBIT 3

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LAWYER'S NOTES

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