

1 IN THE COURT OF COMMON PLEAS

2 CUYAHOGA COUNTY, OHIO

3 MARSHELLE PATTERSON,

4 Plaintiff,

5 -vs-

JUDGE SUTULA

CASE NO. CV-03-511601

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

8 Defendants.

9 Deposition of RANDOLPH M. HEINLE, D.O.,

10 taken as if upon cross-examination before Colleen
11 M. Malone, a Notary Public within and for the
12 State of Ohio, at the offices of Reminger &
13 Reminger, 1400 Midland Building, 101 Prospect
14 Avenue, West, Cleveland, Ohio, at 10:00 a.m. on
15 Thursday, July 1, 2004, pursuant to notice and/or
16 stipulations of counsel, on behalf of the
17 Plaintiff in this cause.
18 - - - - -

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

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

8 BY MS. TAYLOR-KOLIS:

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

12 A. Heinle.

13 Q. Heinle.

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

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

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

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

1 Q. Okay. Is Broadview Road actually your business
2 address, Dr. Heinle?

3 A. I have a private practice and that is my practice
4 address, and I also work with Lakeland Emergency
5 Physicians.

6 Q. Okay. We'll get into that in a minute.

7 Doctor, prior to today have you ever had the
8 opportunity to give a deposition?

9 A. Yes.

10 Q. Okay. Every attorney has a different approach to
11 taking these depositions. I just want to state
12 my ground rules for you. You understand, of
13 course, you are obligated to answer these
14 questions orally?

15 A. Yes.

16 Q. All right. You understand that you are under
17 oath today, just as if you were in a court of law
18 before a Judge and jury?

19 A. Yes.

20 Q. Okay. If at any point I ask a question that you
21 don't understand -- a lot of it's the way I ask
22 questions; it's not you -- would you extend me
23 the courtesy of telling me you don't know what
24 information I'm seeking?

25 A. Yes.

1 Q. Okay. And when you do that, I'll attempt to
2 clarify it. Okay?

3 A. Yes.

4 Q. At some point during the questioning your
5 attorney or the other attorneys representing
6 other parties may interpose an objection. I
7 would ask that when that occurs that you not
8 answer the question until we resolve our
9 differences. Can I secure that agreement with
10 you?

11 A. Yes.

12 Q. All right.

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

15 A. A few times.

16 Q. The few times you gave a deposition, was that in
17 your capacity as a treating physician or as a
18 defendant in a lawsuit?

19 A. Both.

20 Q. Okay.

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

23 A. There were two cases that were settled in the
24 past few years.

25 Q. Okay. To the best your recollection, first of

1 all, who represented you in those two cases?

2 A. I'm sorry, I don't know at this time. I don't
3 have that information.

4 Q. Were they in Cuyahoga County?

5 A. Uhm, one was and one was in Medina.

6 Q. These two lawsuits that we are discussing, were
7 you sued in your capacity as a private
8 practitioner or as an employee of Lakeland

9 Emergency Services?

10 A. As an employee of Lakeland Emergency.

11 Q. The Cuyahoga County case, can you recall either
12 the plaintiff's name or the medical facility
13 where you were employed when that lawsuit arose?

14 A. I can't remember the plaintiff's name. The
15 facility was Suburban Hospital at the time.

16 Q. Okay. Medina was Medina General Hospital?

17 A. Medina General, yes.

18 Q. Were these cases within the last, say, five
19 years?

20 A. Approximately.

21 Q. Okay. Did either of these two cases involve a
22 failure to diagnose acute coronary syndrome?

23 A. No.

24 Q. Or a myocardial infarction?

25 A. No.

1 Q. I apologize, we are going to have to go through
2 your background on the record because I didn't
3 have the opportunity --

4 A. Sure.

5 Q. -- to review this material before today.
6 Briefly, your CV says you went to St. Ed's High
7 School?

8 A. Uh-huh.

9 Q. Even though we're not supposed to be cordial, I
10 have a lot of St. Ed's sweatshirts.

11 A. Okay.

12 Q. I understand that was 1965?

13 A. Yes.

14 Q. You went to John Carroll following that?

15 A. Yes.

16 Q. Then you went to the Philadelphia College of
17 Osteopathic Medicine?

18 A. Correct.

19 Q. It says '67 graduation. Is that wrong?

20 A. No. I was entered to medical school before I had
21 my Bachelor's of Science degree. When I returned
22 to this area after my medical degree, I obtained
23 my Bachelor's of Science.

24 Q. Okay. There seems to be a gap from the time you
25 graduated from high school in the traditional

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

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

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

11 A. Right.

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

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

19 Q. Okay. Now, your curriculum vitae indicates that
20 you participated in an internship from 1967 to
21 1968 at Cuyahoga Falls General Hospital.

22 A. Right.

23 Q. Is that correct?

24 A. Correct.

25 Q. All right.

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

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

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

11 A. Right.

12 Q. Did you then go into that?

13 A. Yes.

14 Q. Okay. Where did you do that?

15 A. In Richfield.

16 Q. At the address where you are now?

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

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

22 A. Correct.

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

25 A. Yes, at that time I did.

1 Q. Okay. Sort of take me through it. At what point
2 did you develop an interest in emergency room
3 medicine?

4 A. During those years, specialty certifications
5 became available for people who had not had a
6 residency.

7 Q. Okay.

8 A. And I took and passed a general practice
9 certification for the osteopathic profession and
10 a family practice certification for the M.D.
11 profession. I was a teacher of family medicine
12 at Cuyahoga Falls. At that time it was
13 called -- Green Cross Hospital was the original
14 name. And in approximately 1980 the field of
15 emergency medicine had an opening through an
16 associate of mine and that's when I formally
17 started to practice emergency medicine with
18 Lakeland.

19 Q. Doctor, are you board certified --

20 A. Yes. And then again, at --

21 MR. WALTERS: Let her finish her
22 question before you answer.

23 Q. I'm sorry.

24 A. I'm sorry.

25 Q. Okay. I try to keep eye contact with you so you

1 know when I'm done.

2 A. That's all right.

3 Q. Are you board certified in emergency medicine?

4 A. Yes.

5 Q. When did you obtain that board?

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

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

10 A. Right.

11 Q. But you also served as emergency room physician?

12 A. Correct.

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

16 A. Correct.

17 Q. Okay.

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

22 - - - -

23 (Thereupon, Mr. Rymond entered the deposition.)

24 - - - -

25 (Thereupon, Mr. Gannon left the deposition.)

1

- - - -

2 Q. What percentage of your time were you spending
3 practicing family medicine?

4 A. I would say 20 percent.

5 Q. The majority of your cases derived serving as an
6 emergency room physician?

7 A. Correct.

8 Q. Did you have a particular schedule that you were

9 keeping in the calendar year 2002 in terms of
10 hours, or how it was determined when you would be
11 in the hospital setting?

12 A. Yes.

13 Q. Can you tell me about that?

14 A. I can't give you the exact hours but it's a
15 published schedule that we obtain on a monthly
16 basis.

17 Q. And were you only working as an emergency room
18 physician at Huron Road Hospital?

19 A. Correct.

20 Q. So that is the only -- that was the only facility
21 in 2002?

22 A. Correct.

23 Q. Okay. Generally speaking, though, and I'm not
24 holding you to knowing what your schedule was for
25 that entire year --

1 A. No.

2 Q. -- when you worked a shift as an emergency room
3 physician, how many hours at a time would you
4 work?

5 A. Eight hour shifts.

6 Q. And you are an employee of Lakeland Emergency
7 Services?

8 A. I'm an independent contractor.

~~9 Q. In your capacity as a family practice physician,~~
10 do you medically manage patients who have cardiac
11 issues?

12 A. Yes.

13 Q. Okay. Prior to today's deposition, Dr. Heinle,
14 can you tell me what medical records you
15 reviewed?

16 A. The medical records of my care of this patient
17 and medical records of Dr. Celestina.

18 Q. Referring to his emergency room assessment of
19 November 22nd, 2002?

20 A. Yes.

21 Q. Okay.

22 A. To my knowledge.

23 I requested records at the time I was caring
24 for this patient, but I didn't have the entire
25 record. I had laboratory and EKG reports.

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

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

10 A. Yes.

11 Q. Okay.

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

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

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

21 A. Yes.

22 Q. Did you receive anything from Kaiser?

23 A. Yes.

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

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

3 A. Correct.

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

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

~~9 Q. You have not -- let me rephrase that.~~

10 MR. WALTERS: Right.

11 Q. You have not seen any medical records?

12 A. No.

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

15 A. Yes.

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

18 A. Okay.

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

24 A. It varies with the day, time --

25 Q. Uh-huh.

1 A. -- workload.

2 Q. Okay. Customarily, who would it be? What's the
3 protocol within the emergency department?

4 A. I'm sorry, I can't answer differently. It
5 depends on the presentation and then the
6 circumstance. I mean, we have a triage person.
7 We get calls that people are coming to us. You
8 know, it just depends on when they arrive who is
9 the first encounter. If they're critical, the
10 physician is involved immediately.

11 Q. Okay. And I made that question far too
12 simplistic. I guess the way I should ask that
13 question is: For a person like Mrs. Patterson
14 who presents, you know, comes in with certain
15 kinds of complaints, is it usually that they see
16 the triage nurse first if they're not critical;
17 in other words, if they're not bleeding, not a
18 gunshot wound victim, things of that nature?

19 A. I saw her when she came through the door.

20 Q. Okay. And you saw her when she came through the
21 door because she had arrived by ambulance?

22 A. Correct.

23 Q. And so that type of presentation would warrant
24 the physician perhaps being the first person to
25 see the patient?

1 A. Not necessarily, but in this case it was.

2 Q. All right.

3 I'm going to hand you this document. We're
4 going to mark this Plaintiff's Exhibit A or 1.

5 - - - -

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

8 - - - -

9 Q. Plaintiff's Exhibit 1. This is the sheet from

10 the records submitted to you that starts at the
11 top Chief Complaint.

12 Doctor, is this the sheet that was filled out
13 by yourself?

14 A. Correct.

15 Q. Okay. Good. I thought it might be. Let's go
16 through that sheet. This document is what? This
17 is the medical record of just your recordation of
18 your initial encounter with the patient?

19 A. Yes.

20 Q. Okay. Can you read for us -- your handwriting is
21 not too bad, but I want to make sure I have it
22 correct. It has the time and that's the time in,
23 I take it, the ED?

24 A. Yes.

25 Q. 1812. So about 6:12?

1 A. Yes.

2 Q. All right. Can you read for us the first
3 portion, the narrative portion of your note?

4 A. Forty-three year old black female with husband
5 for pain evaluation treated and released
6 Cleveland Clinic Foundation/Kaiser ED today with
7 Naproxen -- or Naprosyn and released. Husband
8 presents. States patient has high job stress

9 ~~presently. Emesis here. Requests something for~~
10 pain. Reviewed history with husband. Record
11 release from Kaiser.

12 Q. Okay. I'd like to ask you a couple of questions
13 about that. I may be doing this out of order but
14 that is the first document I saw that I was
15 interested in. Is that the first sheet you
16 filled out, or did you --

17 A. Yeah.

18 Q. -- prepare documents out of standardized --

19 A. No.

20 Q. -- emergency room records first?

21 A. This is the first sheet.

22 Q. Okay. Just presented in that order. I was
23 guessing that might be the first sheet. All
24 right.

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

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

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

6 A. No.

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

~~9 A. When I had the opportunity, he and I went to a~~
10 quiet room and we sat next to each other on the
11 sofa and I reviewed with him their social
12 history, Mrs. Patterson's work, work history and
13 the fact that she had been at Kaiser earlier that
14 day. The patient had been at Kaiser earlier that
15 day.

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

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

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

1 A. Of course it's corroborating information. It's
2 just trying to get as much information as I can.

3 Q. Did Marshelle Patterson sign a records release
4 form for you in the emergency room?

5 A. I believe she does as a routine. I don't know
6 that for a fact.

7 Q. When she came through the door, that is not a
8 standard form?

9 ~~A. It's generally by, implied by her presentation~~
10 that she is requesting care.

11 Q. Why did you order a toxicology screen for this
12 patient?

13 A. Sometimes that alters our presentation of
14 complaints and helps us to determine where to go,
15 what further testing.

16 Q. Well, when you order a toxicology screen, what
17 are you screening for?

18 A. A number of -- I don't know all the medications
19 or all of the substances, but, you know,
20 benzodiazepines, opiates. Tetrahydrocannabinol,
21 marijuana.

22 Q. In your emergency room, is ordering a tox screen
23 a standard test for all emergency room patients?

24 A. No.

25 Q. Why did you elect to have Marshelle Patterson tox

1 screened?

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

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

9 ~~screen for Mrs. Marshall Patterson?~~

10 A. I felt it was important for the database.

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

13 A. Yes.

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

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

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

19 A. Correct.

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

22 A. No.

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

1 musculoskeletal strain?

2 A. History and physical examination.

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

6 A. She was an employee at a desk-type job with I
7 believe it was a computer-type work station. She
8 was working at night and was having difficulties

9 ~~with that over a period of time, and was also~~
10 having stress.

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

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

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

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

19 MR. WALTERS: He explained --

20 MS. TAYLOR-KOLIS: I'm asking.

21 MR. WALTERS: Go ahead.

22 A. That's one method of describing it.

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

1 A. Yes, it can.

2 Q. Can overuse syndrome account for the vomiting
3 which she was experiencing in your emergency
4 room?

5 A. I felt that was secondary to the nonsteroidal
6 medicine she was taking.

7 Q. What in your opinion was the explanation for the
8 fact she was slurring her words?

~~9 A. I'm not aware of that. I did not document that.~~

10 Q. Okay. Let's go through the record. All right.
11 So this is your initial encounter, brief
12 information and you give us a note that you
13 reviewed the history with her husband, and it
14 says, records released from Kaiser.

15 Did you, during the time period when
16 Marshelle was at Huron Road, receive any medical
17 documentation from Kaiser?

18 A. Yes.

19 Q. What did you receive?

20 A. Laboratory tests, electrocardiogram.

21 Q. Did you speak with anyone at Kaiser who had
22 examined Marshelle earlier that day?

23 A. No.

24 Q. I know you are probably going to point it out to
25 me. Where in the medical records that you

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

3 A. I'm not --

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

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

8 Q. So we're perfectly clear, and certainly I have

9 ~~time and hope for you to do, because I've been~~
10 through this chart, is there a separate notation
11 other than this sentence, this records released
12 from Kaiser, that can document or confirm for me
13 that you reviewed and were aware of laboratory
14 work and the ECG from Kaiser ED earlier that day?

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

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

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

24 Q. Tossed them?

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

1 don't know how they collate a chart.

2 Q. All right. I guess we will just go through this
3 document. Under associated symptoms you've
4 circled myalgias, correct?

5 A. Yes.

6 Q. And tell me what you're defining when you circle
7 myalgias?

8 A. Muscle pain.

9 Q. All right. Did you ask her about the quality and
10 duration of that muscle pain?

11 A. It had been ongoing for, for that day.

12 Q. Okay. To the best of your ability as the history
13 taker, could you determine when the onset of this
14 pain was?

15 A. It had been an ongoing issue.

16 Q. Ongoing since when, Doctor?

17 A. I don't have an exact time.

18 Q. Isn't that important to know?

19 A. It may be.

20 Q. Well, in terms of being able to make a diagnosis
21 and perhaps rule in or rule out cardiac ischemia
22 or a heart attack in evolution, do you not need
23 to know when the onset of pain began?

24 A. On that date, the information was that it was
25 during that day.

1 Q. You've circled no other symptoms at that point,
2 but you put an X next to vomiting. Was that --

3 A. She was vomiting. She vomited.

4 Q. All right. Then next to the associated symptoms,
5 as I'm reading across, it says worsened by and
6 you have circled change position, correct?

7 A. Yes.

8 Q. And deep breath?

9 A. ~~Change position, movement and deep breath.~~

10 Q. So -- there were two circles. I couldn't tell
11 what was circled.

12 A. Yeah.

13 Q. So you are representing to me that you meant to
14 include change in position, movement and deep
15 breathing, is that right?

16 A. Uh-huh. Yes.

17 Q. Did you ask Mrs. Patterson about her family's
18 cardiac history?

19 A. I do not recall.

20 Q. Doctor, in examining a woman who comes in with an
21 onset of pain, whether it's chest pain or not, if
22 it's arm and neck, do you agree with me that that
23 can be suggestive of cardiac dysfunction?

24 A. There's many presentations.

25 Q. And you were aware of that, of course, in

1 November of 2002?

2 A. Yes.

3 Q. Is it important or not important to determine,
4 first of all, the person's family history with
5 cardiac disease?

6 A. We generally ask that question.

7 Q. Well, I don't see any family history noted, do
8 you, at the bottom of the sheet?

9 A. No.

10 Q. Okay. It doesn't say family history negative;
11 there's just no information. Would you agree
12 with that?

13 A. Yes.

14 Q. Did you ask her about her history in terms of
15 social history for coronary risk such as
16 hypertension, diabetes, cholesterol and smoking?
17 Do you recall asking those questions?

18 A. Yes. She was a smoker.

19 Q. Okay. Did you just not X the smoker box?

20 A. Correct.

21 Q. But you knew she had a history of smoking?

22 A. Yes.

23 Q. And to the best of your ability based upon the
24 documentation in the medical chart, how heavy of
25 a cigarette smoking habit did Mrs. Patterson

1 have?

2 A. I do not recall.

3 Q. Is that important in helping you to make an
4 assessment as to whether there might be coronary
5 issues?

6 A. It may be.

7 Q. Is it your recollection from looking at your
8 chart that she had ceased to smoke prior to a

9 presentation at Huron Road Hospital?

10 A. To the best of my recollection, she was a smoker.

11 Q. At that time?

12 A. Correct.

13 Q. Going back to what you have marked on your
14 sheets, the symptoms -- and this is where I get
15 confused, but that's why I get to ask you
16 questions. You have the associated symptoms of
17 myalgias, vomiting and -- I forgot to mention you
18 had marked she had diarrhea that day. You marked
19 relieved by antacids. Am I just misreading that?
20 There's a circle around the word antacids.

21 A. I don't --

22 Q. Here, I can show you my copy.

23 A. I don't know where you're at.

24 MR. WALTERS: Right here.

25 Q. I'm sorry, I'm still reading right across.

1 A. No, no, I had circled rest.

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

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

8 A. Correct.

9 Q. ~~And does resting mean sitting down? Laying down?~~

10 Do you, do you have a recollection of what she
11 told you?

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

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

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

18 A. Correct.

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

20 A. Correct.

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

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

1 I have circled.

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

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

7 A. Yes.

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

10 A. Neck and shoulder.

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

14 A. No.

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

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

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

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

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

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

8 A. Correct.

~~9 Q. All right. As of November 22nd, 2002, Doctor,~~
10 please tell me what you believe the possible
11 presentations were for cardiac ischemia in a
12 female.

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

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

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

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

23 Q. Tell me the risk factors, please.

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

1 Q. Anything else?

2 A. That's a beginning list.

3 Q. Okay. Do patients always present with chest
4 pain?

5 A. No.

6 Q. Do you have a belief -- I don't like to ask
7 questions do you have a belief, but to the best
8 your knowledge at that point in your career, had

9 ~~you read studies that women more likely are~~
10 more likely than men not to present with a
11 complaint of chest pain? From reading your
12 emergency room journals?

13 A. Women may have a different presentation.

14 Q. When you say that women may have a different
15 presentation, are you recalling an article you
16 read within the five years prior, to emergency
17 presentation that described that presentation?

18 A. No, it's my general medical knowledge.

19 Q. Based on your general medical knowledge, what
20 should an emergency room physician be on the
21 alert for in a female that's different than chest
22 pain for the presentation of cardiac issues?

23 A. There may be different presentations. There may
24 be more atypical presentations.

25 Q. Can you be any more specific than they may have

1 more atypical presentations?

2 A. No, not at this time.

3 Q. All right. Why don't we go on then with the rest
4 of at this point your initial encounter with the
5 patient. The line that says for injury, it says
6 occurred, and you said today. Once again, I
7 don't want to beat a dead horse, I just want to
8 make sure we're speaking at somewhat of the, of

9 ~~the same language. Your understanding is she had~~
10 the onset of this pain that day?

11 A. Correct.

12 Q. Okay. Clearly there's no mechanism of injury
13 because you didn't elicit a history of injury,
14 correct?

15 A. Correct.

16 Q. In terms of ROS, is -- ROS stands for?

17 A. Review of systems.

18 Q. Review of systems, correct. Sorry about that.

19 What about the review of systems helped you
20 to formulate a diagnosis for this patient?

21 A. On the right-hand column myalgias is circled.

22 Q. Okay. Now, on these you've got lines --

23 A. Those are negative responses.

24 Q. Okay. So whenever there's like a line through
25 something, that's a negative response, is that

1 right?

2 A. Yes.

3 Q. I'm sorry. It's really me; it's not you. Unless
4 something is circled, it's negative if you have a
5 line through it, is that right?

6 A. Correct.

7 Q. You didn't circle nausea or vomiting but it was
8 present, correct?

9 A. Correct.

10 Q. All right.

11 A. There's a lot of repetition on these charts.

12 Q. That's -- yeah, I just wanted to be sure.

13 You ask her about her past history, is that
14 right?

15 A. Yes.

16 Q. And you have it negative, correct?

17 A. Yes.

18 Q. Did you ever ask her if she had any previous
19 chest pain?

20 A. I do not recall.

21 Q. Fair enough.

22 All right. So after this evaluation, this is
23 your initial evaluation, what did you determine
24 should happen, or did you do a further
25 examination?

1 A. We did a further examination.

2 Q. Is it this page? I'm trying to see if I have
3 these in order.

4 A. Correct.

5 Q. Okay. I'm going to have the court reporter mark
6 this Plaintiff's Exhibit 2.

7 - - - -

8 (Thereupon, Plaintiff's Exhibit 2

9 was marked for purposes of identification.)

10 - - - -

11 Q. Doctor, is this you charting this examination
12 again?

13 A. Yes.

14 Q. All right. Let's go on then with this particular
15 examination. You have her blood pressure as 116
16 over 70, is that right?

17 A. 78, I believe.

18 Q. Oh, sorry. Okay.

19 Pulse?

20 A. I think something is missing here. There's a
21 hole there. I think it would be eight plus
22 another number but there's, something's blacked
23 out here.

24 Q. I didn't think her pulse could be eight. I was
25 pretty sure about that.

1 A. I think if you look to the right a little bit,
2 there's a white spot in the black line and that's
3 probably where these things were put.

4 Q. Stuck at the top of the chart. Okay.

5 So you don't really know what her pulse was,
6 I mean, as you're sitting here today?

7 A. I knew it at the time.

8 Q. Then you --

9 ~~A. From this, I would say 80 plus.~~

10 Q. Respirations were 16?

11 A. Yes.

12 Q. Did you think she was breathing a little
13 shallowly or not?

14 A. No, she was breathing okay. I mean --

15 Q. The next line is, is that constitution, is that
16 what that's an abbreviation for?

17 A. Yes.

18 Q. And you marked mod, meaning moderate distress?

19 A. Yes.

20 Q. It said, mood and affect.

21 Does that say flat?

22 A. Yes.

23 Q. Okay. Why did you describe her mood and affect
24 as flat?

25 MR. WALTERS: You mean other than

1 that's a descriptive term?

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

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

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

8 Q. What does it say next to memory?

9 A. Intact.

10 Q. Okay.

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

13 A. Normal cephalic.

14 Q. All right.

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

18 A. Yes.

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

21 A. Auscultation. I have 80 and regular.

22 Q. All right. Chest?

23 A. Normal contour.

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

1 A. Correct.

2 Q. All right. Gastrointestinal?

3 A. Soft and bowel sounds.

4 Q. Okay. Lymph.

5 A. Negative.

6 Q. What does it say right under that, because I

7 can't --

8 A. Full function.

~~9 Q. Under back I think you've written,~~

10 A. Normal contour.

11 Q. Okay.

12 And her neuro exam seemed normal to you?

13 A. Yes.

14 Q. Okay. Skin?

15 A. Warm and dry.

16 Q. Okay. Based upon that examination, what did you
17 determine you needed to do?

18 A. On her initial presentation, she was quite
19 uncomfortable and she was throwing up and asking
20 for something for pain.

21 Q. All right.

22 A. It was my feeling that the medication may well
23 have caused her this upset stomach and I sought
24 to have our staff establish an intravenous of
25 saline and give her the antiemetic Phenergan

1 intravenously and at the same time obtain some
2 laboratory work.

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

6 A. Yes.

7 Q. And cardiac dysfunction causes nausea?

8 A. Yeah, it may.

9 Q. And vomiting?

10 A. It may.

11 Q. Okay. All right.

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

15 - - - -

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

18 - - - -

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

20 Doctor, who filled out this form?

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

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

1 simultaneous?

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

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

9 ~~A. Which are you referring to?~~

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

12 A. Yes.

13 Q. Okay.

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

16 A. Yes.

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

20 A. Yes.

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

23 Do you think -- not do you think.

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

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

3 A. I believed that she was in pain.

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

6 A. I explained to her and to her husband that I
7 thought that pain medicine at that moment would
8 not be of service to her. I wanted to help her

9 ~~to be more comfortable and eliminate the~~
10 vomiting.

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

14 A. Yes.

15 Q. And you explained that to them?

16 A. Yes.

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

20 A. No.

21 Q. All right.

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

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

5 A. I believe it does.

6 Q. What does it say?

7 A. Continues to complain of generalized back pain.

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

9 A. Correct.

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

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

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

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

23 A. It may. Generally not.

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

1 speech pattern in a patient?

2 A. It is an antiemetic. It is an antihistamine and
3 it effects each person differently.

4 Q. Did the nurse bring that to your attention, that
5 Mrs. Patterson had slurred speech?

6 A. I do not recall.

7 Q. Okay. What time did you discharge this patient
8 from your emergency room?

9 A. Approximately midnight.

10 Q. How many times did you observe her between six
11 and midnight?

12 A. Many times.

13 Q. Well, can you look in the record and tell me?

14 A. They're not recorded.

15 Q. What were you attempting to evaluate her for as
16 you returned many times in this six-hour period?

17 A. Her progress. Her comfort. And it was during
18 that time that I spent the time I mentioned with
19 her husband to glean what information I could and
20 it was during that time that I received the
21 records from Kaiser and I reviewed those records
22 to complete her care.

23 Q. Did Marshelle Patterson have any muscle spasms
24 that you documented anywhere?

25 A. In her upper neck and back area.

1 Q. Okay. You're saying she has muscle spasms in her
2 upper neck and back?

3 A. Yes.

4 Q. Can you tell me where in your record you
5 documented that finding?

6 A. Back in the beginning we spoke of myalgias. It's
7 in the first sheet that's historical.

8 Q. The historical sheet?

9 A. Yes.

10 Q. Page two or three? One or two? Sorry.

11 A. The very first sheet. Myalgias.

12 Q. Okay. But isn't that a history sheet?

13 A. Yeah, that --

14 Q. That's not a physical findings?

15 A. Yes, that is correct, it is a history sheet.

16 Q. So the answer to my question as to whether or not
17 you documented --

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

21 THE WITNESS: I am finished.

22 MR. WALTERS: Go ahead.

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

1 spasms in the neck or arms?

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

4 MR. WALTERS: I think she also --

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

7 A. Right.

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

10 A. Hydrate her. Gave her intravenous fluids.

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

12 A. Saline.

13 Q. Any other therapy administered?

14 A. No.

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

17 A. Yes.

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

22 A. No.

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

25 A. We generally do a fact gathering or database

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

3 Q. You ordered a urinalysis?

4 A. Yes.

5 Q. Did you think that she perhaps was infected?

6 A. No. Urine is tested for many substances.

7 Q. I was just asking what was in your differential.

8 I'm trying to find out why you ordered a urine

9 ~~screening~~

10 MR. WALTERS: You should have ask
11 him that.

12 Why did you order a urine? Do you
13 remember?

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

16 A. It's a general --

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

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

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

1 A. Yes. We always do.

2 Q. Well, what were your differentials, based upon
3 the presentation of this patient?

4 A. I can't, you know, I can't recall or recollect
5 all of them at this time.

6 Q. Well, Doctor, you're sitting here looking at a
7 chart and you know what the symptoms were that
8 you recorded and took by history, so what would

9 ~~have been within your differential contained~~
10 within the chart?

11 A. That she was vomiting; that she had a
12 gastrointestinal scenario; that she was very
13 uncomfortable and was having musculoskeletal
14 disorders; and that she was under a fair amount
15 of stress.

16 Q. So the toxicology screen that you ordered, was
17 that going to help you include or exclude the GI
18 scenario?

19 A. Could be either.

20 Q. How would that help?

21 A. It can exclude or include gastrointestinal
22 disorders.

23 Q. Doctor, you've had an opportunity to review the
24 chart, obviously, before testifying today. Do
25 you have any criticisms of the employees of Huron

1 Road Hospital who assisted you in the emergency
2 room?

3 A. No.

4 Q. All right.

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

8 A. No.

9 Q. Okay. ~~So they were benign, correct?~~

10 A. Correct.

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

13 A. No.

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

15 A. No.

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

18 A. No.

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

21 A. I believe it was approximately midnight.

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

24 A. Yes.

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

1 go home, is that right?

2 A. Yes.

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

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

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

11 - - - -

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

13 BY MR. RYMOND:

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

22 A. Yes.

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

1 A. Yes.

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

4 A. Yes.

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

7 MS. TAYLOR-KOLIS: I'll waive the
8 seven day reading requirement, as long as

9 we get it done in 30.

10

11

RANDOLPH M. HEINLE, D.O.

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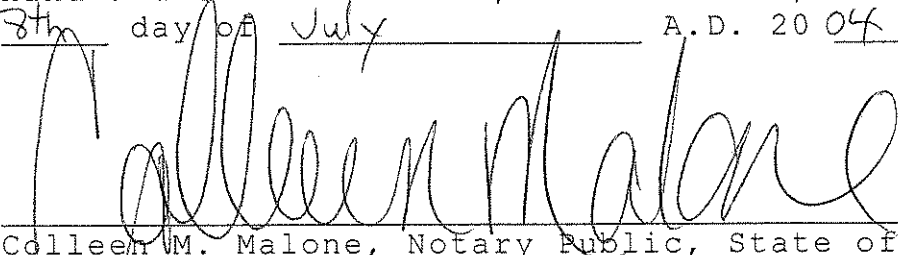
25

1
2
3 C E R T I F I C A T E
4

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

7 I, Colleen M. Malone, a Notary Public within
8 and for the State of Ohio, authorized to
9 administer oaths and to take and certify
10 depositions, do hereby certify that the
11 above-named witness was by me, before the giving
12 of their deposition, first duly sworn to testify
13 the truth, the whole truth, and nothing but the
14 truth; that the deposition as above-set forth was
15 reduced to writing by me by means of stenotypy,
16 and was later transcribed into typewriting under
17 my direction; that this is a true record of the
18 testimony given by the witness; that said
19 deposition was taken at the aforementioned time,
20 date and place, pursuant to notice or stipulation
21 of counsel; and that I am not a relative or
22 employee or attorney of any of the parties, or a
23 relative or employee of such attorney, or
24 financially interested in this action; that I am
25 not, nor is the court reporting firm with which I
am affiliated, under a contract as defined in
Civil Rule 28(D).

17 IN WITNESS WHEREOF, I have hereunto set my
18 hand and seal of office, at Cleveland, Ohio, this
19 8th day of July A.D. 20 04.

20 
21 Colleen M. Malone, Notary Public, State of Ohio
22 1750 Midland Building, Cleveland, Ohio 44115
23 My commission expires August 18, 2007
24
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VS: Time 10:12 BP 116/80 P 8 R 16 T 32
Const. General appearance NAD Distress: Mild (Med) Severe
Psych Orientation: alert yes no, oriented x
Mood and affect flat Memory intact

Head/Face normal
Eyes Conjunctiva and lids
Pupils and irises PERLA
Fundi

ENMT Ears Clear
Nose patent
Mouth/Throat airway intact

Neck supple

Resp Resp. effort
Perc./Auscultation clear bilaterally

CV Palpation
Auscultation 808 y

Pulses
Abdominal aorta

Chest normal

GI Abdomen soft, nontender

Liver and spleen
Rectum

GU/Pelvic

Lymph Ext

Periph. edema

Back normal contour

Neuro Cranial nerves II-XII intact

Tendon reflexes intact

Sensation intact

Muscle strength and tone
Cerebellum Plantar reflexes

Skin Inspection normal Palpation
Wound Length cm

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

JUSTIFICATION FOR LABS AND STUDIES | PULMONARY
CARDIAC
Anemia HTN
Angina, unstable Hypotension
Arrhythmia Palpitations
Atrial Fibrillation S/P CABG
CAD Thrombophlebitis/DVT
CHF Tachycardia
Chest Pain, Unspecified Use of anticoagulants

BRONCHITIS
COPD
Cough
Emphysema
Pneumonia
Renal colic
Short of breath

ABD Pain
RUQ/RLQ/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

TS TIME/INITIALS PK ORDERS
FACIAL
NASAL
ORBIT R L
SINUS, PARANASAL
MANDIBLE
PANOREX
SKULL
C SPINE PORT
C SPINE SERIES
NECK SOFT TISSUE
CXR: PORT PALAT
KUB/ ABO 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:
US:
CT: *Pharynx 25750*
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			GASTROCUIT		NEGATIVE
	Cl			SALICYLATE			HEMOCUIT		NEGATIVE
	CO ₂			ACETAMINOPHEN			URINE DIPSTICK		NEGATIVE
	GLUCOSE			RPR			LWA WITHOUT MICROSCOPIC 81003		
	BUN			HCG BLOOD SERUM			LWA WITH MICROSCOPIC 81001		
	CREAT			HCG QUANT					
	Ca			MONO					
	Mg			ETOH					
	SGOT			TOX SCREEN					
	SGPT			CBC/DIFF			ABG		L/MIN
	ALK Ø			WBC			PH		
	BILIRUBIN			Hgb			PCO ₂		
	CPK			HCT			PO ₂		
	CPK-MB			PLT			HCO ₃		
	TROPONIN			PT			O.SAT		
	MYOGLOBIN			INR			COHB		
	AMYLASE			PTT			TYPE		
	LIPASE			ESR			RAS.MET.PANEL		
	DILANTIN			D-DIMER			COMP.MET.PANEL		
	Ø BARB			TRICH			HEP.FUNC.PANEL		
	GC C&S			WIND C&S			STOOL C&S		GRM STAIN
	CHLAMYDIA			SPUTUM C&S			B STEP SCR		THROAT C&S

PRIMARY CARE PHYSICIAN
PATTERSON, MARSELLE
06/08/1959 43Y F 545531
11/22/02 NONE, UNKNOWN
00246651
02328
PLAINTIFF'S EXHIBIT
2
7-1-04 cm 000004

EUCLID, HILLCREST, HURON, SOUTH POINTE AND SAGAMORE
EMERGENCY DEPARTMENT MEDICAL RECORD
KEY: circle = positive X = negative

Patient Name: _____ Age: _____
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☐ Euclid ☐ Hillcrest ☒ Huron ☐ South Pointe ☐ Sagamore Hills Medical Center

TRIAGE SHORT FORM		PRIORITY		PATIENT TYPE	
TIME: 1-22-02 1812 AM <input checked="" type="checkbox"/> PM		<input type="checkbox"/> IMMEDIATE <input type="checkbox"/> URGENT <input type="checkbox"/> NON-URGENT <input checked="" type="checkbox"/> EMERGENCY		<input type="checkbox"/> THRU CARE <input type="checkbox"/> TRAUMA <input type="checkbox"/> PEDS	
NAME: LAST: Patterson FIRST: Marshelle		AGE: 48	PRESENTING COMPLAINT: Back/neck/leg pain		ALLERGIES: <input checked="" type="checkbox"/> NONE

TRIAGE LONG FORM		TIME OF INJURY/ILLNESS		WEIGHT: 190 lbs		LMP: <input checked="" type="checkbox"/> N/A		PREGNANT: <input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> ?		LAST TETANUS	
DATE OF INJURY/ILLNESS: 11-22-02		<input type="checkbox"/> UNKNOWN		<input type="checkbox"/> UNKNOWN		HEIGHT: 190 lbs		<input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> ?		<input type="checkbox"/> N/A	
B/P: 118/80	P: 16	R: 35.8	T: 100%	ORAL: <input checked="" type="checkbox"/> RECTAL: <input type="checkbox"/> TYMPANIC: <input type="checkbox"/>	PAIN: 10/10	PULSE OX: 100%	OS: 20/	OD: 20/	OU: 20/	CHILD IMMUNIZATION STATUS: <input type="checkbox"/> N/A	
UP TO DATE <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> INFO GIVEN											

CURRENT MEDICATION		DOSE		FREQUENCY		PAST MEDICAL HISTORY	
1. Naprosen @ Kaiser today						<input type="checkbox"/> HTN <input type="checkbox"/> DM <input type="checkbox"/> SEIZURES <input type="checkbox"/> ASTHMA <input type="checkbox"/> COPD <input type="checkbox"/> MI <input type="checkbox"/> CHF <input type="checkbox"/> CABG	
2. Denies other						<input type="checkbox"/> SURGICAL HX: denses	
3. Denies other						<input type="checkbox"/> OTHER	
4. Denies other						IS LIFE SAFE AT HOME? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> ABUSE SUSPECTED <input type="checkbox"/> INFO GIVEN	
5. Denies other						LIST TREATMENT PRIOR TO ARRIVAL <input type="checkbox"/> NONE <input checked="" type="checkbox"/> HOME	
6. Denies other							
7. Denies other							

MECHANISM OF INJURY/HISTORY OF ILLNESS: pt c/o pain in neck/back/arms, @naps x 24 pt denies specific nat pt sts "get the Dr. I need pain medicine" pt seen @ Kaiser today for same a calling EMS "Dx" night be muscular

TRIAGE INTERVENTIONS: ☐ NONE ☒ A40X3 ☒ A1/VX3 during triage

☐ TO WAITING AREA TIME: Chemstrip 139 ☐ TO TREATMENT AREA TIME: 1822

NURSE SIGNATURE: A. Ball Ent-RP

NURSING ASSESSMENT:		TIME: 1830		VITAL SIGNS	
Mental Status:	<input type="checkbox"/> Confused <input type="checkbox"/> Cooperative <input type="checkbox"/> Crying <input checked="" type="checkbox"/> Normal for Patient	Time	LOC	Temp.	BP
A + O X 3	<input type="checkbox"/> Unresponsive <input type="checkbox"/> Combative <input type="checkbox"/> Appropriate for Age	2100	Px3	124/71	76
Breathing:	<input checked="" type="checkbox"/> LEFT: <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Rales <input type="checkbox"/> Rhonchi <input type="checkbox"/> Wheezes <input type="checkbox"/> Diminished	2355	Px3	124/62	70
<input type="checkbox"/> NSF	<input checked="" type="checkbox"/> RIGHT: <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Rales <input type="checkbox"/> Rhonchi <input type="checkbox"/> Wheezes <input type="checkbox"/> Diminished				
Neuro:	<input type="checkbox"/> PERRLA <input type="checkbox"/> Not reactive <input checked="" type="checkbox"/> MAE				
<input type="checkbox"/> NSF	<input type="checkbox"/> Unequal <input type="checkbox"/> Hand Grasps				
Skin	<input type="checkbox"/> Cool <input type="checkbox"/> Pale <input type="checkbox"/> Flushed <input type="checkbox"/> Jaundiced <input type="checkbox"/> Diaphoretic <input type="checkbox"/> Cyanotic				
<input type="checkbox"/> NSF	<input type="checkbox"/> Hot <input checked="" type="checkbox"/> Dry Capillary Refill: <input type="checkbox"/> < 2 sec. <input type="checkbox"/> > 2 sec.				
G.I.	<input checked="" type="checkbox"/> Non-tender <input checked="" type="checkbox"/> Soft <input type="checkbox"/> Rigid <input type="checkbox"/> Distended <input type="checkbox"/> Tender <input type="checkbox"/> Guarding				
<input type="checkbox"/> NSF	Bowel Sounds: <input type="checkbox"/> Present <input type="checkbox"/> Absent <input type="checkbox"/> Hyperactive <input type="checkbox"/> Hypoactive				
	<input checked="" type="checkbox"/> Nausea <input checked="" type="checkbox"/> Vomiting <input type="checkbox"/> Occult <input type="checkbox"/> Stool Pos/Neg <input type="checkbox"/> OC Done				
	<input type="checkbox"/> Diarrhea <input type="checkbox"/> Constipation Blood <input type="checkbox"/> Gastric Pos/Neg <input type="checkbox"/> OC Done				
G.U.	<input type="checkbox"/> Dysuria <input type="checkbox"/> Hematuria <input type="checkbox"/> Frequency <input type="checkbox"/> Burning <input type="checkbox"/> Urgency <input type="checkbox"/> Foley				
Pain/ Musculo Skeletal:	Location: neck & back				
<input type="checkbox"/> NSF	Quality: Radiates				
<input type="checkbox"/> N/A	<input type="checkbox"/> Intermittent Edema <input type="checkbox"/>				
	<input type="checkbox"/> Constant Deformity <input type="checkbox"/>				
	<input type="checkbox"/> Sharp Discoloration <input type="checkbox"/>				
	<input type="checkbox"/> Dull Onset Presently 10				
	<input type="checkbox"/> Achy Time Pain Began				
	<input type="checkbox"/> Pressure				
	<input type="checkbox"/> Cramping				

NARRATIVE: TIME: 1926 - pt med for Nausea

2000 P continues to c/o new onset back pain. Pt speech slurred, restless in bed, respirations clear & unlabored, skin warm/moist, nausea persists. 10 sites 3 in 1 hr. Dr 2010 Unable to get labs p numbers

1800 P Dr Heintz arrives in 2050 P straight catheter 15 Fr Foley, clear copious urine dist, pt tolerated procedure. In 2200 feeling quietly, eyes closed, easily arousable.

ADDRESSOGRAPH

PATTERSON, MA 06/08/1959 43 11/22/02 NON 00246651 02326-0

PLAINTIFF'S EXHIBIT 3

[illegible]