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	1	IN THE COURT OF COMMON PLEAS
	2	CUYAHOGA COUNTY, OHIO
	3	MARSHELLE PATTERSON,
	4	Plaintiff,
	5	JUDGE SUTULA
	6	
	7	OHIO PERMANENTE MEDICAL GROUP, etc., et al.,
	8	Defendants.
بىتىن شەرە تىقتىقىغا بەرەپىرىمە بىلەر ، بىتىن شەرە تىقتىقىغا بەرەپىرىمە		ander false i nom mensen som van de sen en sen en som e
	10	Deposition of <u>RANDOLPH M. HEINLE, D.O.</u> ,
	11	taken as if upon cross-examination before Colleen
	12	M. Malone, a Notary Public within and for the
8 19 19	13	State of Ohio, at the offices of Reminger &
	14	Reminger, 1400 Midland Building, 101 Prospect
	15	Avenue, West, Cleveland, Ohio, at 10:00 a.m. on
	16	Thursday, July 1, 2004, pursuant to notice and/or
	17	stipulations of counsel, on behalf of the
	18	Plaintiff in this cause.
	19	*
	20	MEHLER & HAGESTROM
	21	Court Reporters
<i>2</i> = 1	22	CLEVELAND AKRON
	23	1750 Midland Building 1015 Key Building Cleveland, Ohio 44115 Akron, Ohio 44308 216.621.4984 330.535.7300
	24	FAX 621.0050 FAX 535.0050
	25	800.822.0650 800.562.7100

			2
	hund	APPEARANCES:	
	2	Donna Taylor-Kolis, Esq. Friedman, Domiano & Smith	
	3	600 Standard Building	
	4	Cleveland, Ohio 44113 (216) 621-0070,	
	5	On behalf of the Plaintiff;	
	6	Stephen E. Walters, Esq. Reminger & Reminger	
-	7	1400 Midland Building	
• 	8	101 Prospect Avenue, West Cleveland, Ohio 44115 (216) 687-1311,	
ng gala ya su ngihi tau wang hijantu ku	·····9····	On behalf of the Defendants	ter,e i sia∕ino
	10	Randolph M. Heinle, D.O., Lakeland Emergency Associates, Inc.;	
	11		
	12	Richard J. Rymond, Esq. Brian Gannon, Esq.	
	13	Reminger & Reminger 1400 Midland Building	
	14	101 Prospect Avenue, West Cleveland, Ohio 44115	
	15	(216) 687-1311,	
	16	On behalf of the Defendant Huron Hospital;	
	17	Brett A. Miller, Esq.	
	18	Bonezzi, Switzer, Murphy & Polito 1400 Leader Building	
	19	Cleveland, Ohio 44114 (216) 875-2767,	
	20	On behalf of the Defendants	
	21	Ohio Permanente Medical Group, Charles Celestina.	
au **	22		
	23		
	24		
	25		

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			4
	1	×	RANDOLPH M. HEINLE, D.O., of lawful age,
	2		called by the Plaintiff for the purpose of
μ ² -	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:
net e grafietter og en en konge men er n	···· 9	Q.	Doctor, would you promounce your last name for
	10		me, please. I know I'm not going to do well with
	11		it, I don't think.
	12	Α.	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	Α.	Okay. Randolph M. Heinle, 3871 Broadview Road,
	25		Richfield 44286.

	1		
			5
	1	Q.	Okay. Is Broadview Road actually your business
	2		address, Dr. Heinle?
	3	Α.	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?
ing to the state of the state o	- 1995 - 1 <mark>9</mark> 75 - 1	A	Ye S . The second se
	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
n di se	13		course, you are obligated to answer these
trigi assur	14		questions orally?
	15	Α.	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	Α.	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	А.	Yes.
		L	

		б
	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
Mangar ing menang	···· ·· 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.
1997 - 14 1997 - 14 1997 - 1997 1997 - 1997 - 1997 1997 - 1997 - 1997 1997 - 1997 - 1997 1997 - 1997 - 1997 - 1997 1997 -	25	Q. Okay. To the best your recollection, first of

			7
	'n		all, who represented you in those two cases?
	1		
	2	Α.	
	3		have that information.
	4	Q.	Were they in Cuyahoga County?
	5	Α.	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
en an		n, angalari.	"Emergency Services? Note that the test for the second second
	10	Α.	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
an San	13		where you were employed when that lawsuit arose?
ge fater	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	Α.	Medina General, yes.
	18	Q.	Were these cases within the last, say, five
	19		years?
	20	Α.	Approximately.
	21	Q.	Okay. Did either of these two cases involve a
	22		failure to diagnose acute coronary syndrome?
	23	A.	No.
a di	24	Q.	Or a myocardial infarction?
	25	А.	No.

			8
	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	Α.	Sure.
	5	Q.	to review this material before today.
	6		Briefly, your CV says you went to St. Ed's High
-	7		School?
*	8	Α.	Uh-huh.
	in g	Q.	Even though we're not supposed to be cordial, I
	10		have a lot of St. Ed's sweatshirts.
	11	Α.	Okay.
	12	Q.	I understand that was 1965?
	13	Α.	Yes.
19 outo	14	Q.	You went to John Carroll following that?
	15	Α.	Yes.
	16	Q.	Then you went to the Philadelphia College of
	17		Osteopathic Medicine?
	18	Α.	Correct.
	19	Q.	It says '67 graduation. Is that wrong?
	20	А.	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

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			9
	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	Α.	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.
unite congres de la referancia d La constancia de la referancia de La constancia de la referancia de		Q.	Ukay. So it just took you a little bit more time
	10		in the lapse there?
	11	Α.	Right.
	12	Q.	The Philadelphia College of Osteopathic Medicine,
	13		I'm sorry to say I'm not familiar with that
: ¹ * * *	14		institution. Tell me about your training there.
	15		How many years was the program?
	16	А.	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	Α.	Right.
	23	Q.	Is that correct?
n 1980-11	24	А.	Correct.
	25	Q.	All right.

			10
	1	-	Did you elect not to do a residency in a
	2		specialty after that internship?
	3	А.	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
allen en anter a sub-	n ve fig el el	an tha an an	wanted to be a family practice physician, is that
	10		right?
	11	Α.	Right.
	12	Q.	Did you then go into that?
a da Kabi	13	А.	Yes.
	14	Q.	Okay. Where did you do that?
	15	А.	In Richfield.
	16	Q.	At the address where you are now?
	17	Α.	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	Α.	Correct.
	23	Q.	At that time did you join in with any other
	24		physicians in a practice?
	25	Α.	Yes, at that time I did.

			11
	1	Q.	Okay. Sort of take me through it. At what point
	2		did you develop an interest in emergency room
	3		medicine?
	4	Α.	During those years, specialty certifications
	5		became available for people who had not had a
	6		residency.
•	7	Q.	Okay.
	8	Α.	And I took and passed a general practice
n and a state of a sta	- x - 9 al m	y	certification for the osteopathic profession and the
	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	Α.	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.
ang taong sa	25	Q.	Okay. I try to keep eye contact with you so you

			12
	1		know when I'm done.
	2	А.	That's all right.
	3	Q.	Are you board certified in emergency medicine?
	4	Α.	Yes.
	5	Q.	When did you obtain that board?
	6	Α.	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
, say antis (g) or stors any for a 20	ni ni 917 -	n na star Na star	family practice?
	10	Α.	Right.
	11	Q.	But you also served as emergency room physician?
	12	А.	Correct.
	13	Q.	And can you you may have told me and I wasn't
1 M.	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.)

			13
	1		
- Alexa Alexandra Alexandra	2	Q.	What percentage of your time were you spending
	3		practicing family medicine?
	4	Α.	I would say 20 percent.
	5	Q.	The majority of your cases derived serving as an
	6		emergency room physician?
	7	Α.	Correct.
•	8	Q.	Did you have a particular schedule that you were
sear conservation and search and a	e 🐑 9 🖤	an an sa	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	А.	Yes.
	13	Q.	Can you tell me about that?
inan le N	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	Α.	Correct.
	20	Q.	So that is the only that was the only facility
	21		in 2002?
	22	Α.	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

			14
	4	-	
	1	Α.	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	Α.	Eight hour shifts.
	6	Q.	And you are an employee of Lakeland Emergency
•	7		Services?
	8	Α.	I'm an independent contractor.
an an an Araba an Araba an Araba an Araba Araba an Araba an Araba an Araba an Araba		- Que-	Theyour capacity as a family practice physician,
	10		do you medically manage patients who have cardiac
	11		issues?
	12	А.	Yes.
	13	Q.	Okay. Prior to today's deposition, Dr. Heinle,
	14		can you tell me what medical records you
	15		reviewed?
	16	Α.	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	Α.	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.
	20		record, i had raboracory and End reports.

		15
	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
- <u>-</u>	8	records from Kaiser. In fact, that's what you
e manger an an an an an Sean a stàite an	S. S. S.	a stand
	10	A. Yes.
	11	Q. Okay.
	12	What records had you requested from Kaiser as
e Secolar Marine My	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.

			16
	1		All right. You've seen no other medical
at sys	1		
	2		records, just the emergency records?
	3	Α.	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.
, although guarante d'ar d'ar an sain La chuirte an stàitean an s	n e programme	- Q	-You shave not let me rephrase that.
	10		MR. WALTERS: Right.
	11	Q.	You have not seen any medical records?
	12	Α.	No.
	13	Q.	You have a copy, I'm going to assume, for use of
a an far fa an far far y	14		your medical records?
	15	А.	Yes.
	16	Q.	All right. Sort of beginning at the beginning, I
	17		guess, is the easiest way to do this.
	18	Α.	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	71	It varies with the day, time
		A.	
	25	Q.	Uh-huh.
		L	

			17
	1	Α.	workload.
	2	Q.	Okay. Customarily, who would it be? What's the
te operations	3		protocol within the emergency department?
	4	Α.	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
- <u>-</u> .	8		know, it just depends on when they arrive who is
energe en en son son son son son son son son son so	n ti s i si 9 norse	saadi ka mera Tatati	therfirst encounter. If they re critical, the group
	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?

			18
	1	Α.	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 the mark this Plaintiff's Exhibit A or 1.
	5		
	6		(Thereupon, Plaintiff's Exhibit 1
•	7		was marked for purposes of identification.)
	8		
namona n'interna Namona	<u>.</u>	n ⊉∵.≜	Elaintzfirs-Exhibit le Shris is the sheet from the
	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	Α.	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	А.	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	А.	Yes.
	25	0.	1812. So about 6:12?

		19	
	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	
ೆ ಜ. ಜೀನಕ್ಕೆಗರ್ ಕ್ಷಣ್ಣನ್ನು ನೀತಿ. 	- 1994 - 19	- presentiys "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	

			20
	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?
en sizzi az a constructoria	ra segre	*A.***	When Eshadde opportunity, he and I went to a to the
	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
u tites La tites	13		the fact that she had been at Kaiser earlier that
u ang sina Tang sina Tang sina	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	Α.	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?
4.13.	24		I méan, are you taking a separate history, I'm
Х.»	25		going to gather, from the patient? Correct?
			·

			21
	1	Α.	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	Α.	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?
nga ya na yana na ma	~~ <u>~</u> ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	Sa Lagar (a	Timegraeialty by mimplied 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	А.	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	Α.	No.
	25	Q.	Why did you elect to have Marshelle Patterson tox

			22
	1		screened?
	2	Α.	She was ill and I'm a liberal orderer of that
14(94)) 1	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
* .v.	8		try to be specific as to why you ordered a tox
an an an an an air an air an	anna an an Suis	1997 (n. 1978) 1. A 1998	assure and for Marshelter Patterson?
	10	Α.	I felt it was important for the database.
	11	Q.	Did you feel it was important for her care and
	12		treatment?
	13	Α.	Yes.
	14	Q.	How would it have affected your care and
	15		treatment?
	16	Α.	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	Α.	Correct.
	20	Q.	Did you order a tox screen because her speech was
	21		slurred?
	22	А.	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

 $C^{(1)}$

			23
	1		musculoskeletal strain?
	2	Α.	History and physical examination.
1	3	Q.	Well, what in the history led you to believe that
	4		the pain that Marshelle Patterson had was
	5		musculoskeletal strain?
	6	Α.	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
en migliogene (1825) a litigen i sectora L	and so goined	nenet son son. Distante	which third over amperiod 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	Α.	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	Α.	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	Α.	Yes, it can.	
	2	Q.	Can overuse syndrome account for the vomiting	
	3		which she was experiencing in your emergency	
	4		room?	
	5	Α.	I felt that was secondary to the nonsteroidal	
	6		medicine she was taking.	
	7	Q.	What in your opinion was the explanation for the	
- <u>-</u>	8		fact she was slurring her words?	
alar a stationartanta	1990 - 9 - 1944 - 194	$\sim A \sim$	I'm not as a production and document that.	- 484 * **
	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	
64) :	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	Α.	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	А.	No.	
a t	24	Q.	I know you are probably going to point it out to	
	25		me. Where in the medical records that you	

			25
	1		generated does it indicate that you reviewed labs
	2		and the ECG from Kaiser?
	3	А.	I'm not
	4	Q.	Go ahead. I'm sorry, I didn't mean to interrupt.
	5	Α.	That last sentence in my first paragraph, review
	6		history with husband, records released from
•	7		Kaiser, that's what's implied there.
* <u></u>	8	Q.	So we're perfectly clear, and certainly I have
n andre mander ander ander ander en der sonder en der s -	and the Greek a	11、新生素和11	time and hopeful drygordo, 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	Α.	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	Α.	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

			26
	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	Α.	Yes.
	6	Q.	And tell me what you're defining when you circle
•	7		myalgias?
	8	Α.	Muscle pain.
an an an an an an	n de provinsi Guerra de	-Q	All rights spid you ask destabout the quality and
	10		duration of that muscle pain?
	11	Α.	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	Α.	It had been an ongoing issue.
	16	Q.	Ongoing since when, Doctor?
	17	Α.	I don't have an exact time.
	18	Q.	Isn't that important to know?
	19	А.	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	Α.	On that date, the information was that it was
eng sak Tang sa	25	1.7.	
	20		during that day.

			27
	1	Q.	You've circled no other symptoms at that point,
	2		but you put an X next to vomiting. Was that
	3	А.	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	Α.	Yes.
* .	8	Q.	And deep breath?
and the suggest of the standard and	ing da tara Gunzia arr	tan An	Change position progeneticant deep breath
	10	Q.	So there were two circles. I couldn't tell
	11		what was circled.
	12	Α.	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	Α.	Uh-huh. Yes.
	17	Q.	Did you ask Mrs., Patterson about her family's
	1.8		cardiac history?
	19	Α.	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

	I		
			28
	1	×	November of 2002?
	2	Α.	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	Α.	We generally ask that question.
•	7	Q.	Well, I don't see any family history noted, do
- <u>-</u>	8		you, at the bottom of the sheet?
ى بىر بىرى بىرى بىرى بىرى بىرى بىرى بىرى	ter generalistation and a second	∀Aret ;	er Noring of several plate as a fill fill been substituted to get the several several several several several s All Noring of the several plate and the several second several several several several several several several s
	10	Q.	Okay. It doesn't say family history negative;
	11		there's just no information. Would you agree
	12		with that?
	13	А.	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	А.	Yes. She was a smoker.
	19	Q.	Okay. Did you just not X the smoker box?
	20	А.	Correct.
	21	Q.	But you knew she had a history of smoking?
	22	А.	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

			2	29
	1	ha	ave?	
	2	A. I	do not recall.	
n yyydd	3	Q. Is	s that important in helping you to make an	
	4	as	ssessment as to whether there might be coronary	7
	5	is	ssues?	
	6	A. It	may be.	
•	7	Q. Is	s it your recollection from looking at your	
и 	8	cł	nart that she had ceased to smoke prior to a	
(and the state of the	e new programme and		resentation at Huspin Read-Hospitation	and a start of the
	10	А. То	o the best of my recollection, she was a smoke	c.
	11	Q. At	that time?	
	12	A. Co	prrect.	
	13	Q. Go	oing back to what you have marked on your	
	14	sl	neets, the symptoms and this is where I get	
	15	C	onfused, but that's why I get to ask you	
	16	٩١	uestions. You have the associated symptoms of	
	17	m	yalgias, vomiting and I forgot to mention ye	ou
	18	ha	ad marked she had diarrhea that day. You marke	ed
	19	re	elieved by antacids. Am I just misreading that	t?
	20	TI	here's a circle around the word antacids.	
	21	A. I	don't	
	22	Q. H	ere, 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.	

			30
	- Income	А.	No, no, I had circled rest.
्योग सः ग काहियाँ	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	Α.	Correct.
a a garanti a tang katika ang katika	unita por el gran el art	r Qi⊷	And does resting means situing down? Laying down?
	10		Do you, do you have a recollection of what she
	11		told you?
	12	Α.	When you're not using the sore area.
	13	Q.	Then we skip down and the next box obviously is
- 191 - 191	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	Α.	Correct.
	19	Q.	But you had a general sense that it was that day?
	20	А.	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		
			31
	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	Α.	Yes.
÷.,	8	Q.	Can you cue me as to what you believe the areas
Adder Mary Land Constant of State	anne an the second s	an ar chuir	Tor discomfort were for this patent.
	10	Α.	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	А.	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
e y û	25		might have some form of cardiac ischemia?

un,

		32
	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.
erentin strans en ere	San an a	-QAll-right- Actor November 22rd - 2962. Dootor,
	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.

			33	
	1	Q.	Anything else?	
	2	A.	That's a beginning list.	
. *	3	Q.	Okay. Do patients always present with chest	
	4		pain?	
	5	А.	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	
ersetting attraction of the second	9:	ngan in distriction die	you read studies that women accessible type are	1977 - C. 1978 - 1979 1977 - 1979 - 1979 - 1979 - 1979 - 1979 - 1979 - 1979 - 1979 - 1979 - 1979 - 1979 - 1979 - 1979 - 1979 - 1979 -
-	10		more likely than men not to present with a	
	11		complaint of chest pain? From reading your	
	12		emergency room journals?	
	13	А.	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	Α.	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	Α.	There may be different presentations. There may	
	24		be more atypical presentations.	
	25	Q.	Can you be any more specific than they may have	

	_		
			34
	1		more atypical presentations?
	2	Α.	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
administrati yana 1970 anaya -	ter specto producer a const	n se da se da ja se me en ja	-the same languages to be nad
	10		the onset of this pain that day?
	11	Α.	Correct.
	12	Q.	Okay. Clearly there's no mechanism of injury
	13		because you didn't elicit a history of injury,
n bay inn	14		correct?
	15	А.	Correct.
	16	Q.	In terms of ROS, is ROS stands for?
	17	Α.	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	А.	On the right-hand column myalgias is circled.
	22	Q.	Okay. Now, on these you've got lines
	23	Α.	Those are negative responses.
	24	Q.	Okay. So whenever there's like a line through
	25		something, that's a negative response, is that

цà

			35
	1		right?
	2	Α.	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	Α.	Correct.
-	7	Q.	You didn't circle nausea or vomiting but it was
·	8		present, correct?
	an saighter	- A.	
	10	Q.	All right.
	11	Α.	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	А.	Yes.
	16	Q.	And you have it negative, correct?
	17	Α.	Yes. x
	18	Q.	Did you ever ask her if she had any previous
	19		chest pain?
	20	Α.	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
e di	24		should happen, or did you do a further
	25		examination?

		36	
	1	. We did a further examination.	
an salah Salah Salah Salah Salah	2	. Is it this page? I'm trying to see if I have	
-1 - ×-	3	these in order.	
	4	. Correct.	
	5	. Okay. I'm going to have the court reporter mark	
	6	this Plaintiff's Exhibit 2.	
۰ ۰	7		
*	8	(Thereupon, Plaintiff's Exhibit 2	
en ander of each and and an area of a second se	yanayiri 2 9 - 188	was marked for pupp sessolation this section .	
	10		
	11). Doctor, is this you charting this examination	
	12	again?	
	13	A. Yes.	
· · · · · · · · · · · · · · · · · · ·	14). 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). 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.	
.M.D.	24	2. I didn't think her pulse could be eight. I was	
	25	pretty sure about that.	
			37
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	1	Α.	I think if you look to the right a little bit,
geotalia Agentalia	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	А.	I knew it at the time.
	8	Q.	Then you
	e propins <mark>9</mark> a (n. 14)	·····A···	-Promothisy - Fryould'say 80 splasses are a set of the set of
	10	Q.	Respirations were 16?
	11	А.	Yes.
	12	Q.	Did you think she was breathing a little
	13		shallowly or not?
	14	А.	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	Α.	Yes.
	18	Q.	And you marked mod, meaning moderate distress?
	19	Α.	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

		38
	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.
۰.,	8	Q. What does it say next to memory?
	. v . ave - 9 v . ave	A. A. MIRBACCONTRACTOR AND A CONTRACTOR AND
	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.
Maria eta General	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?
	20	physical in chat regard, correct.

			39
	1	Α.	Correct.
	2	Q.	All right. Gastrointestinal?
	3	Α.	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	Α.	Full function.
	a na spalenter	⊂Q:	-Under-back-I-thinkgyoutverseristanga-assistant and a
	10	Α.	Normal contour.
	11	Q.	Okay.
	12		And her neuro exam seemed normal to you?
	13	Α.	Yes.
	14	Q.	Okay. Skin?
	15	Α.	Warm and dry.
	16	Q.	Okay. Based upon that examination, what did you
	17		determine you needed to do?
	18	А.	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	Α.	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
		L <u></u>	

			40
	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	Α.	Yes.
•	7	Q.	And cardiac dysfunction causes nausea?
	8	Α.	Yeah, it may.
analisean aith a mhairean an Airte an Sta	eren gorona	n with the second	And vomiting?
	10	Α.	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	А.	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
lan j	25		or after you examined the patient, or

		·····	
			41
	1		simultaneous?
	2	Α.	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
* a	8		them recorded that?
ne sere an ser comerce Sere Sere sere sere sere sere sere sere	ny i Grand	e Arri	- 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	Α.	Yes.
	13	Q.	Okay.
	14		He recorded back, neck pain and arm pain,
	15		correct?
:	16	А.	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

			42
	1		that she needed pain medication, did you believe
	2		she was in severe pain?
	3	А.	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	Α.	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
tan 19a metatan metatan ara Nan de sangan arakan ara	- 9	3. 1952 gen	www.bermere.comfortable-and-eliminate.there are 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	А.	Yes.
	15	Q.	And you explained that to them?
	16	Α.	Yes.
	17	Q.	All right. Did you believe that
	18		Marshelle Patterson was demonstrating
	19		drug-seeking behavior?
	20	А.	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
4 1	24		see it in your notes. Do you agree with me that
	25		on the assessment written on, I'm going to call

		43
	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.
	б	Q. What does it say?
•	7	A. Continues to complain of generalized back pain.
*	8	Q. Okay. It says, patient speech slurred, correct?
and the second	ray di gerezza	ad Vala a complete a contraction and a contraction and a contraction of the second of the
	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

			44
	1		speech pattern in a patient?
	2	А.	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?
i na posta a sere de las	an a san Dang san	pi Zvistar	Approximately midnight.
	10	Q.	How many times did you observe her between six
	11		and midnight?
	12	Α.	Many times.
e fast Engel Rock gen	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	Α.	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
: i.	24		that you documented anywhere?
	25	Α.	In her upper neck and back area.

			45
	1	Q.	Okay. You're saying she has muscle spasms in her
urau 4 Raja Maj	2		upper neck and back?
	3	Α.	Yes.
	4	Q.	Can you tell me where in your record you
	5		documented that finding?
	6	А.	Back in the beginning we spoke of myalgias. It's
•	7		in the first sheet that's historical.
	8	Q.	The historical sheet?
i na serie de la compaction de la compaction La compaction de la compact	. Se s o perations	er Avrei	
	10	Q.	Page two or three? One or two? Sorry.
	11	А.	The very first sheet. Myalgias.
	12	Q.	Okay. But isn't that a history sheet?
- politika 	13	Α.	Yeah, that
	14	Q.	That's not a physical findings?
	15	А.	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
1 m	24		documentation that you physically laid your hands
	25		upon this patient and found her to have muscle

			46
	1		spasms in the neck or arms?
	2	Α.	There's not a specific notation, but I recall and
1, 59	3		recollect doing that.
	4		MR. WALTERS: I think she also
	5	Q.	All right. So you gave Mrs. Patterson Phenergan,
	6		correct?
	7	Α.	Right.
·	8	Q.	What else did you do for her while she was in the
ntee departe per la catología.	•	Security of the second se	remergencymruom?m_mmthtmassic_completence
	10	Α.	Hydrate her. Gave her intravenous fluids.
	11	Q.	What kind of IV fluid did you give her?
	12	Α.	Saline.
	13	Q.	Any other therapy administered?
	14	Α.	No.
	15	Q.	And then you had some laboratory work done,
	16		correct?
	17	Α.	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	Α.	No.
	23	Q.	What were you looking for by drawing the blood
	24		work?
	25	Α.	We generally do a fact gathering or database

ſ	47
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
e e na site e 191 propi	
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?

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				48
	1	Α.	Yes. We always do.	
	2	Q.	Well, what were your differentials, based upon	
	3		the presentation of this patient?	
	4	Α.	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 woul	d
nerwe nerwe in in The weather the second		e in the second	have been with he yeur differential contained	and the second
	10		within the chart?	
	11	Α.	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 amoun	t
	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	Α.	It can exclude or include gastrointestinal	
	22		disorders.	
	23	Q.	Doctor, you've had an opportunity to review th	le
19	24		chart, obviously, before testifying today. Do)
	25		you have any criticisms of the employees of Hu	iron

			49
	r	×.	Road Hospital who assisted you in the emergency
	2		room?
	3	Α.	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	Α.	No.
anne mender por ser an		r¢.≫	Okay: Schenking weschendign, correct?
	10	Α.	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	Α.	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

		50
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
en a grietere	8 48 (B. 19	
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	Α.	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?

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	1	A. Yes.
	2	Q. And they recorded those reports to you in a
	З	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
а. Ан	8	seven day reading requirement, as long as
anganangan karipan angahin pa		n en sin en sin s ver gestreittene vierte Soger er er en som som som som en som er er
-	10	
	11	
	12	RANDOLPH M. HEINLE, D.O.
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	3	<u>CERTIFICATE</u>
	4	
	5	The State of Ohio,) SS: County of Cuyahoga.)
	6	I, Colleen M. Malone, a Notary Public within and for the State of Ohio, authorized to
-	7	administer oaths and to take and certify depositions, do hereby certify that the
т. т.	8	above-named witness was by me, before the giving of their deposition, first duly sworn to testify
an ang ang ang ang ang ang ang ang ang a	e • · · · · · · · · · · · · · · · · · ·	the truth, the deposition as above-set forth was
	10	reduced to writing by me by means of stenotypy, and was later transcribed into typewriting under
	11	my direction; that this is a true record of the
	12	testimony given by the witness; that said deposition was taken at the aforementioned time, date and place, pursuant to notice or stipulation
	13	of counsel; and that I am not a relative or
ling farste	14	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
	15	not, nor is the court reporting firm with which I am affiliated, under a contract as defined in
	16	Civil Rule 28(D).
	17	IN WITNESS WHEREOF, I have hereunto set my hand and seal of office, at Cleveland, Ohio, this
	18	$\frac{3H_{A}}{2} day/pf \frac{July}{2} A.D. 2004.$
	19	
	20	
	21	Colleen M. Malone, Notary Rublic, State of Ohio 1750 Midland Building, Cleveland, Ohio 44115
	22	My semmission expires August 18, 2007
	2.3	
	24	
	25	

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July 1, 2004

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CHIEF COMPLAI)	Hi		istory: Family Medics Other
	es Notes Reviewed	<u>s</u>		Interpreter N	N/H EMS Arrival
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Prior Treatment:	per per	func :-	<u></u>		- fue - fac
Baseline MS:	· · · · · · · · · · · · · · · · · · ·	Base	line PS:	sterf	DNR: yes, no
ASSOC SX:	nausea (/	WORSENED BY:	RELIEVED BY	: MEDICATIONS:	ALLERGIES:NKDA see NN
none	vomiting X	nothing	nothing		IVP dye Codeine PCN NSAIDS
nyalgias	constipation	change position	supine	<u>see NN</u>	ASA
fatigue fever	hematemesis	desp_breath	skilling	acetaminophen	Sulfa
chills	hematochezia	supine	antacids	OCP's	LOCATION:
swasting		upright	angen (na state and state		
headache sore throat	frequency	cough			BIGHT LEFT LEFT - RIGHT
cough	dysuria	food			
SOB	hematuria	<u></u>			
chest pain abdominal pain	vag. discharge rash				
	still oresent	continuous		SEVERITY:/10 (pai	in scale)
TIME St COURSE: be	x still present	intermittant Q		mild	in scale)
TIME Si COURSE: be	orse				In scale)
TIME S: COURSE: be w si	orse milar Sx previously	intermittant Q		mild moderate severe	
TIME Si COURSE: be	orse milar Sx previously n" dull	intermittant Q	ing fullness	mild moderate	
TIME COURSE: be si auatomic ching share	orse milar Sx previously _ n" dull	intermittant Q resolved burning cramp stabbing tightne	ing fullness ess Sx/pain ra	mild moderate severe pressure	
TIME COURSE: be www.si QUALITY: "pair ching shar FOR Occur	etter orse milar Sx previously _ n" dull p squeezing red:	burning cramp stabbing tightne	ing fullness ess Sx/pain ra Mechanísr	mild moderate severe pressure adiates to	LOC: yes/no Dom. Viol.: dazed yes/no
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TIME COURSE: be www.si QUALITY: "pair ching "pair shar FOR INJURY: Occur just P" today.	etter orse milar Sx previously n" dull p squeezing red: rad: rA vesterday	Location: home schoo PTA work street	ing fullness ess Sx/pain ra Mechanisr I fall (direct blow n verbal	mild moderate severe pressure adiates to m of Injury: GSW MVA burn stab wound lacerati PAST HISTORY:	LOC: yes/no dazed yes/no negative
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TIME COURSE: be ww si OUALITY: "pair ching shar for injury: just P today. ROS: Unable to co Constitutional: weight loss, weight gain	etter orse milar Sx previously r" dull p squeezing rred: TA yesterday days I bbtain due to: LOC fatigue fever	Location: home schoo TA work street ↑ acuity Δ MS nor Female Reproduct LNMP _3 _ / / / / / vaginal discharge // abnormal bleeding _ post menopausal Skin/Lymph/MS/1 rash	ing fullness ess Sx/pain ra Mechanisr I fall (direct blow n verbal ive: P Hematologic: joint pain	mild moderate severe pressure adiates to adiates to m of Injury: GSW MVA burn stab wound lacerati PAST HISTORY: HEENT arr thyroid CH bronchitis DV pneumonia Mi asthma hy COPD HT pneumothorax Pe	LOC: yes/no Dom, Viol.: dazed yes/no ion amnesia
TIME COURSE: 5: Sub- S	etter orse milar Sx previously r" dull p squeezing red: TA yesterday days F bitain due to: LOC fatigue fever sore (throat	Location: home schoo PTA work street ↑ acuity ∆ MS nor Female Reproduct LNMP _3 vaginal discharge /_ abnormal bleeding post menopausal Skin/Lymph/MS/1 rash	hing fullness ess Sx/pain ra Mechanisr I fall (direct blow h verbal tive: P Hematologic: joint pain myalojas	mild moderate severe pressure adiates to adiates to adiates to adiates to adiates to SSW MVA burn stab wound lacerati PAST HISTORY: HEENT arr thyroid Cr bronchitis DV pneumonia Mi asthma hy COPD HT pneumothorax pe	LOC: yes/no Dom. Viol.: dazed yes/no ion amnesia
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TIME COURSE: 5: Sub- S	etter orse milar Sx previously r" dull p squeezing red: TA yesterday days F bbtain due to: LOC fatigue fever sore (throat ear pain	Location: home schoo TA work street ↑ acuity △ MS nor Female Reproduct LNMP _3 vaginal discharge / abnormal bleeding _ post menopausal Skin/Lymph/MS/I rash edema back pain	ing fullness ess Sx/pain ra Mechanisr I fall (direct blow n verbal tive: P Hematologic: joint pain myalgia	mild moderate severe pressure adiates to adiates to adiates to adiates to adiates to SSW MVA burn stab wound lacerati PAST HISTORY: HEENT arr thyroid Cr bronchitis DV pneumonia Mi asthma hy COPD HT pneumothorax pe	LOC: yes/no Dom. Viol.: dazed yes/no ion amnesia
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TIME COURSE: 56 www.si GUALITY: "pair ching shar for shar for shar for shar for shar for today. ROS: Unable to constitutional: weight loss weight gain 1 appetite Heent: (blurred vision headache hearing loss seasonal allergies	etter orse milar Sx previously r" dull p squeezing red: TA yesterday days F bitain due to: LOC fatigue fever sore (throat ear pair nose bleeds ple(risy	Intermittant Q resolved burning cramp stabbing tightne Location: home schoo PTA work street 1 acuity Δ MS nor Female Reproduct LNMP 3 LNMP 3 vaginal discharge 4 abnormal bleeding - post menopausal - Skin/Lymph/MS/I - rash - back pain - Psych: - suicidal -	hallucidating:	mild moderate severe pressure adiates to m of Injury: GSW MVA burn stab wound lacerati PAST HISTORY: HEENT arr thyroid CF bronchitis DV pneumonia Mi asthma hy COPD HT pneumothorax pe pulmonary embolism ga CADz co Hospitalization: SURGERY/PROCEDURE angioplasty	LOC: yes/no Dom. Viol.: dazed yes/no ion amnesia
TIME COURSE: 56 www.si GUALITY: "pair ching shar for shar	etter orse milar Sx previously p squeezing red: TA yesterday days f bitain due to: LOC fatigue fever sore (throat ear pain nose bleeds pleurisy dyspnea wheezing	Intermittant Q resolved resolved torring cramp stabbing tightne Location: home schoo TA work street acuity Δ MS nor Female Reproduct LNMP	ing fullness ess Sx/pain ra Mechanisr I fall (direct blow n verbal tive: P Hematologic: joint pain myalgias hallucitating: audit visual diplofoia	mild moderate severe pressure adiates to adiates to m of Injury: GSW MVA burn stab wound lacerati PAST HISTORY: HEENT arr thyroid CF bronchitis DV pneumotia Mi asthma hy COPD HT pneumothorax pe pulmonary embolism ga CADz co Hospitalization: SURGERY/PROCEDURE angioplasty appendectomy	LOC: yes/no Dom. Viol.: dazed yes/no ion amnesia
TIME COURSE: 56 www.si GUALITY: "pair ching shar for shar	better	Intermittant Q resolved resolved urning cramp stabbing tightne Location: home schoo TA work street acuity ∆ MS nor Female Reproduct LNMP _3	ing fullness ess Sx/pain ra Mechanisr I fall (direct blow n verbal tive: P Hematologic: joint pain myalgia hallucitating: audit visual diplopia paresis/paralysis	mild moderate severe pressure adiates to adiates to m of Injury: GSW MVA burn stab wound lacerati PAST HISTORY: HEENT arr thyroid CF bronchitis DV pneumonia MI asthma hy COPD HT pneumothorax pe pulmonary embolism ga CADz co Hospitalization: SURGERY/PROCEDURE angioplasty appendectomy CABG CABG cardiac cath	LOC: yes/no Dom. Viol.: dazed yes/no ion amnesia
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TV BOLUS FACIAL 14 Time/_ Med _ Severe Distress: Mild NASAL IV レオペ Const. General appearance HEP. LOCK ORBIT R L no, oriented x Psych Orientation: Alert ves 02 MONITOR SINUS, PARANASAL Memory Mood and affect DT. 5cc IM MANDIBLE ORTHOSTATICS ad/Face PANOREX FOLEY 🗍 NG moulle SKULL BETADINE ASEPSIS DSD C SPINE PORT Conjunctiva and lids ARA PULSE OX Eyes C SPINE SERIES L/MIN Pupils and irises RESP, TX/PEAK FLOW NECK SOFT TISSUE Fundi CXR: PORT PALAT ABD SERIES KUB/ TA 90 16 SHOULDER R L ENMT Ears R L HUMERUS Nose R la ELBOW Ł Ń Mouth/Throat FOREARM R Ł Neck WRIST R L. fer. HAND 8 1 1 R RIBS Resp. effort Resp VA. Ó T-SPINE Perc./Auscultation(L/S SPINE cv Palpation . PELVIS OLD CHART U HIP UNILAT R L Auscultation US: ١, FEMUR R Pulses SD Dr. OT - BURLEY. . . Public Basis 1 KNEE R NG Y Abdominal aorta TIBIA FIB R Ł vai Chest ANKLE R L EKG: Abdomen FOOT R L GI IVP: Rhythm strip: VQ; Liver and spleen VII 121 RFF RANG W RESULT TEST HESULT TEST Rectum 65-110 Ma/d DIGOXIN STAT BLOOD GLUC Na NEGATIVE GASTROCULT GU/Pelvic THEOPHYLLINE к ٦, A HEMOCULT NEGATIVE SALICYLATE CI NEGATIVE URINE DIPSTICK ACETAMINOPHEN CO. U/A WITHOUT MICROSCOPIC 81003 RPR GLUCOSE ymph UNA WITH MICROSCOPIC 81001 2 HCG **TIŠEB**L BUN Ext LACG QUANT CREAT POST ANT MONO Ca <70 TOX SCREEN Mg Norde SGOT Periph. edema GBC/DIFF ARG SGPT Back WBC PH ALK Ø 13 PCO. Hg8 BILIRUBIN 3 HCT PO₂ Neuro Cranial nerves CPK нсо₁ PLT CPK-MB Tendon reflexes PT O₂SAT TROPONIN Sensation INR COHB MYOGLOBIN Muscle strength and tone TYPE AMYLASE PTT Plantar reflexes BAS.MET.PANEL Cerebellum ESR LIPASE COMP.MET PANE Palpation D-DIMER Inspection de DILANTIN Skin YEAST HEP.FUNC.PANEL TRICH Ø BARB cm Wound Length GRM STAIN WND C&S STOOL C&S URINE C&S GC C&S ED Attending PA-C NP Exam done by: _ Resident B STEP SCR THROAT C&S BLOOD C&S x 2 SPUTUM C&S CHLAMYDIA under the supervision of attending Physician. NEURO OTHER MUSCULOSKELETAL **GI/DIGESTIVE** PULMONARY JUSTIFICATION FOR LABS AND STUDIES CARDIAC Dehydration CVA Back Pain ABD Pain Bronchitis HTN Diabetes Anemia Dizziness DJD spine RUQ/RLQ/LUQ/LLQ COPD Hypotension Fever/Sepsis Angina, unstable Headache Gen abd pain, Unspecified Extremity injury Cough Palpitations Hx of Ca Arrhytnimia Head injury Herniated disk Constipation Emphysema S/P CABG Manage high Atrial Fibrillation ∆ Mental status Spinal stenosis GI Bleed, unspecified Thrombophlebitis/DVT Pneumonia risk med CAD Seizure Spine injury Hematuria Renal colic Tachycardia Multiple Trauma CHF Syncope Pancreatitis Chest Pain, Unspecified Use of anticoagulants Short of breath TIA Rectal bleeding POILARY OLDE DUNING EUCLID, HILLCREST, HURON, SOUTH POINTE AND SAGAMORE EMI PATTERSON, MARSHELLE 545531 06/08/1959 43Y F EMERGENCY DEPARTMENT MEDICAL RECORD 11/22/02 NONE, UNKNOWN 00246651 circle = positive X = negative KEY: 023 PLAINTIFF'S Age: EXHIBIT Patient Name: _ 34000080 4/0 Copyright^e 2002 Lakeland Emergency Associate: ŊЧ Cm

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