

1 IN THE COURT OF COMMON PLEAS
2 OF CUYAHOGA COUNTY, OHIO

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4 ERIKA EVANS, etc.,
5 Plaintiffs,

6 vs Case No. 444182
 Judge William Coyne

7 LAKEWOOD HOSPITAL, et al.,
8 Defendants.

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10 DEPOSITION OF LAURA HOOVER, R.N.
11 THURSDAY, JANUARY 24, 2002

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13 Deposition of LAURA HOOVER, R.N., a Witness
14 herein, called by counsel on behalf of the
15 Plaintiff for examination under the statute,
16 taken before me, Vivian L. Gordon, a Registered
17 Diplomate Reporter and Notary Public in and for
18 the State of Ohio, pursuant to agreement of
19 counsel, at the offices of Lakewood Hospital,
20 Lakewood, Ohio, commencing at 10:25 o'clock a.m.
21 on the day and date above set forth.

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1 APPEARANCES:

2 On behalf of the Plaintiff

3 Becker & Mishkind

4 KATHERINE A. VADAS, ESQ.

5 Skylight Office Tower Suite 660

6 1660 W. 2nd Street

7 Cleveland, Ohio 44113

8 216-241-2600

9

10 On behalf of the Defendant Lakewood Hospital

11 Moscarino & Treu

12 THOMAS H. ALLISON, ESQ.

13 Hanna Building Suite 630

14 1422 Euclid Avenue

15 Cleveland, Ohio 44115

16 216-621-1000

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18

19 ALSO PRESENT:

20

21 Kathleen Sweeney

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

6 EXAMINATION OF LAURA HOOVER, R.N.

7 BY MS. VADAS:

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

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

13 A. Laura Lynn Hoover, H-O-O-V-E-R.

14 Q. What is your home address?

15 A. 552 Juneway Drive, Bay Village.

16 Q. Zip code?

17 A. 44140.

18 Q. Is that an apartment or house?

19 A. House.

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

22 A. Yes.

23 Q. How many times?

24 A. Once.

25 Q. When?

1 A. In '99.

2 Q. Was it in a medical malpractice case?

3 MR. ALLISON: Objection. Alleged.

4 A. Yes.

5 Q. An alleged medical malpractice case.

6 MR. ALLISON: You have to keep the
7 record straight.

8 Q. Was Lakewood Hospital the alleged
9 defendant in the case?

10 MR. ALLISON: If you know.

11 Q. If you know.

12 A. I don't remember.

13 Q. Do you remember what the allegation
14 was of what was done improperly?

15 MR. ALLISON: Can I have an objection
16 to the line, Kathy?

17 MS. VADAS: Yes.

18 MR. ALLISON: Thanks.

19 A. A doctor messed up. I don't remember
20 specifics. There was a doctor involved.

21 Q. Do you remember the outcome of the
22 case?

23 A. No.

24 Q. You are probably pretty familiar with
25 this. This is just a question and answer

1 session under oath. There are no right answers
2 or wrong answers. Of course that's from my
3 point of view.

4 It's important that you understand
5 the questions that are asked. I'm not real good
6 at times at asking clear questions, so if I say
7 anything you do not understand, feel free to
8 stop me, tell me you don't understand and I will
9 reask the question. If you still don't
10 understand, then we will try a different
11 approach, okay?

12 A. Yes.

13 Q. Please give all your answers
14 verbally, because our court reporter has to take
15 them down and it's a little rough for her to get
16 head nods and that type of thing, okay?

17 This isn't a memory test. I'm not
18 here to see if you can remember the exact
19 specifics of medical records from two years ago.
20 If you have anything you want to refer to in the
21 chart, feel free to do so at any time.

22 During this deposition your counsel
23 may enter an objection on your behalf. Please
24 feel free to answer unless he instructs you not
25 to. Okay?

1 A. Yes.

2 Q. What have you reviewed for this
3 deposition?

4 A. I reviewed the chart.

5 Q. Did you review the entire chart or
6 just portions?

7 A. Just portions.

8 Q. Do you recall which portions you
9 reviewed?

10 A. Baby's flowsheet, doctor's orders,
11 and the progress notes.

12 Q. Did you review any of the birthing
13 center's standards of care?

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

16 A. No.

17 Q. Did you review any medical literature
18 or reference materials?

19 A. No.

20 Q. Did you review any materials
21 referencing meningitis?

22 A. No.

23 Q. Neonatal infection?

24 A. No.

25 Q. Neonatal sepsis?

1 A. No.

2 Q. Did you do any type of on-line
3 research?

4 A. No.

5 Q. Since this case was filed, have you
6 discussed this case with any **of** the doctors or
7 nurses here at Lakewood Hospital?

8 A. No.

9 Q. Other than with counsel, have you
10 discussed this case with anyone else?

11 A. No.

12 Q. Do you have any personal notes or a
13 personal file on this case?

14 A. No.

15 Q. Have you ever generated any such
16 notes?

17 A. No.

18 Q. Here is a question you can't answer
19 no to. Who is your current employer?

20 A. Lakewood Hospital.

21 Q. Were you an employee of Lakewood
22 Hospital in February of 2000?

23 A. Yes.

24 Q. Are you a registered nurse in the
25 State of Ohio?

1 A. Yes.

2 Q. Did when did you receive your nursing
3 license?

4 A. Oh, let's see, June of '85.

5 Q. What type of program was your basic
6 nursing program?

7 A. BSN.

8 Q. Did you take any courses in
9 pediatrics?

10 A. What do you mean?

11 MR. ALLISON: During your nursing
12 training.

13 Q. During your nursing training.

14 A. Yes.

15 Q. Do you recall in what years of your
16 nursing training that these courses may have
17 taken place?

18 A. I don't remember.

19 Q. Do you have any additional medical
20 related training beyond your initial nursing
21 program?

22 A. Yes. Oncology training.

23 Q. Do you hold any certifications?

24 A. No.

25 Q. Do you subscribe to any pediatric

1 nursing journals?

2 A. No.

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

5 A. No.

6 Q. Do you refer to any pediatric nursing
7 texts?

8 A. Just what's on the unit.

9 Q. Do you recall what is on the unit?

10 A. No.

11 Q. When did you first become employed at
12 Lakewood Hospital?

13 A. '87.

14 Q. Did you work anywhere else in nursing
15 before becoming employed at Lakewood?

16 A. Yes. At Huron Road.

17 Q. What department or unit did you work
18 in at Huron Road Hospital?

19 A. Oncology.

20 Q. What is your current title and
21 position?

22 A. RN staff nurse.

23 Q. In February of 2000, were your title
24 and position the same?

25 A. Yes.

1 Q. Have you ever held any other
2 positions at Lakewood?

3 A. No.

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

6 A. Yes.

7 Q. In February of 2000, were you a
8 regular staff member of any particular nursing
9 unit at Lakewood Hospital?

10 A. The birthing center.

11 Q. When did you first work, start
12 working in the birthing center?

13 A. In '95.

14 Q. Do you still work in that unit?

15 A. Yes.

16 Q. Were you required to have any special
17 training to work on that unit?

18 A. Yes. I had 12 weeks of orientation
19 and then I took classes outside of the hospital.

20 Q. What type of classes did you take
21 outside of the hospital?

22 A. Fetal monitoring, a code pink course,
23 and neonatal resuscitation.

24 Q. When you started working at Lakewood
25 Hospital, did you go through an orientation

1 program?

2 A. Yes.

3 Q. How long did it last?

4 A. Oh, I don't remember.

5 Q. Have you ever worked on a regular
6 basis in any other nursing units at Lakewood
7 Hospital?

8 A. What do you mean?

9 Q. You are working in the birthing
10 center in February of 2000. Other than that?

11 A. Just oncology.

12 Q. In February of 2000, what were your
13 duties and responsibilities at Lakewood
14 Hospital?

15 A. Staff nurse. I worked nights, did
16 labor and delivery and postpartum infant care.

17 Q. So you were responsible for providing
18 hands-on nursing care to babies and their
19 mothers?

20 A. Yes.

21 Q. Were you responsible for contacting
22 physicians regarding problems with babies?

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

25 A. Yes, if there was a problem.

1 Q. Were you responsible for checking new
2 orders and initiating appropriate action for
3 babies and mothers?

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

6 A. Yes.

7 Q. I think you already answered this,
8 but what was your usual shift that you worked at
9 Lakewood Hospital in February of 2000?

10 A. Nights.

11 Q. And what time period did the night
12 shift encompass?

13 A. 7:00 p.m. to 7:00 a.m.

14 Q. As a staff nurse, on average, how
15 many babies and mothers are assigned to you?

16 MR. ALLISON: In February of 2000, or
17 February 11th of 2000?

18 Q. February 10th and 11th of 2000.

19 A. I don't remember.

20 Q. Who is your immediate clinical
21 supervisor?

22 A. Chris Ward.

23 Q. During the night shift, how many
24 registered nurses are usually working?

25 A. At the time, anywhere from three to

1 four.

2 Q. And by at the time, we are
3 referencing February 10th and 11th of 2000?

4 A. Yes, at that time.

5 Q. Could you define acrocyanosis for me,
6 please?

7 A. It's in a newborn where the hands and
8 feet can be purplish color.

9 Q. Would acrocyanosis that persists for
10 approximately two and a half hours be considered
11 abnormal in a newborn?

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

14 A. No.

15 Q. Is there a standard of care on when
16 to contact a physician if acrocyanosis persists?

17 A. Yes.

18 Q. Do you know when the doctor should be
19 notified; how long the acrocyanosis has to
20 persist before notifying a physician?

21 A. I don't remember.

22 Q. What factors do you take into
23 consideration when evaluating a newborn to
24 determine whether they are in a deep sleep or
25 asleep?

1 A. I look at the baby, see how they
2 react to stimulus. And if I go in just to check
3 on the mom and the baby, and if the baby is
4 lying there, eyes closed, respirations
5 unlabored.

6 Q. What factors do you take into
7 consideration when evaluating the quality of
8 intake in a newborn?

9 A. How awake the baby is, how well the
10 baby sucks, how much the baby takes in, if the
11 baby has wet diapers.

12 Q. Is it normal for a newborn to be a
13 poor feeder?

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

16 A. In the beginning, or -- yes, it can
17 be.

18 Q. How often do newborns usually eat?

19 A. It varies anywhere from two to five
20 hours for the first 24 or longer hours.

21 Q. How many cc's do newborns usually
22 consume during a single feeding in their first
23 24 hours of life?

24 MR. ALLISON: Objection. To the
25 extent that you can generalize, go ahead and

1 answer.

2 A. It varies with babies.

3 Q. Is there a standard of care on
4 contacting a physician if the newborn is not
5 eating?

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

8 A. I believe so.

9 Q. Are you aware of how long the baby
10 would have to go without eating before you
11 should contact a physician?

12 MR. ALLISON: In the absence of
13 everything else and just by itself you are
14 talking about; is that right?

15 MS. VADAS: Yes.

16 MR. ALLISON: Considering only that
17 factor, to the extent that you can answer, go
18 ahead.

19 A. If I was working nights and the baby
20 was eating poorly, I would wait and have the day
21 shift report it to the pediatrician if
22 everything else was fine with the baby.

23 Q. Is a lack of reflexes in a newborn
24 normal?

25 MR. ALLISON: When you say reflexes

1 are you talking about general body reflexes or
2 are you talking about suck, swallow?

3 MS. VADAS: Suck, swallow, gag, root.

4 MR. ALLISON: An absence of those
5 things?

6 MS. VADAS: Yes.

7 A. Repeat the question.

8 Q. Is a lack of reflexes normal in a
9 newborn?

10 MR. ALLISON: Objection.

11 A. No.

12 Q. As a newborn nursery nurse, have you
13 been trained to recognize signs and symptoms of
14 newborn sepsis?

15 A. Yes.

16 Q. What is sepsis?

17 A. Infection in the baby.

18 Q. What are the signs and symptoms of
19 newborn sepsis?

20 A. It could be anywhere from consistent
21 low temp, or a fever. We look for respiratory
22 difficulty. That's about it really in a
23 newborn. That's all you can look for.

24 Q. Can lethargy be a sign of newborn
25 sepsis?

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

3 A. Yes.

4 Q. Can you define lethargy for me?

5 A. Like, a baby who is floppy.

6 Q. When you say floppy, is that like --

7 A. As opposed to well-flexed. Like,
8 they can move their extremities. Or if you take
9 their arm and just drop it, it doesn't flex.

10 Q. Can poor feeding be a sign of newborn
11 sepsis?

12 MR. ALLISON: Objection. In and of
13 itself, go ahead and answer.

14 A. No.

15 Q. Can jaundice, in and of itself, be a
16 sign of newborn sepsis?

17 MR. ALLISON: Go ahead and answer.
18 Objection.

19 A. No.

20 Q. As a birthing center nurse, have you
21 treated newborns with sepsis?

22 MR. ALLISON: Objection. Been
23 involved in their treatment under the order of a
24 physician?

25 Q. Have you ever cared for a newborn

1 with sepsis?

2 A. With ruled out sepsis.

3 Q. Ruled out?

4 A. Ruled out.

5 Q. How do you rule out sepsis?

6 A. With newborns, if it is thought that
7 the baby might have an infection, the
8 pediatrician goes ahead and does blood work and
9 starts antibiotics right away.

10 Q. Have you ever cared for a newborn
11 that the sepsis has not been ruled out?

12 A. Yes.

13 Q. Can you estimate approximately how
14 many?

15 A. No.

16 Q. A few, a lot?

17 A. A few.

18 MR. ALLISON: Objection.

19 Q. Have you ever treated a newborn under
20 the direction of a physician with meningitis?

21 A. No.

22 Q. What responsibilities do you have as
23 a nurse if you suspect neonatal sepsis?

24 A. I would check the baby's vital signs.
25 If there was a fever or temp instability, I

1 would notify the pediatrician.

2 Q. I'm sorry, go ahead.

3 A. Plus note respirations if there were
4 any difficulties with that.

5 Q. Can you define for me what would be
6 considered temp instability?

7 A. If a baby's temp was low, we would
8 attempt, we would put the baby under a warmer to
9 warm the baby up, and once it reached the
10 normal, wrap it up. If it would continue to go
11 back down, then we would call the pediatrician.

12 Q. And in your experience, what would be
13 considered a low temperature?

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

16 A. Oh, anything under 36.4 Celsius.

17 Q. As a nurse, can you administer any
18 treatment to a newborn suspected of having an
19 infection without the direct supervision of a
20 physician?

21 MR. ALLISON: You mean on the order
22 of a physician?

23 MS. VADAS: Without the direct
24 supervision.

25 MR. ALLISON: I'm a little bit

1 confused as to what you mean. Just restate the
2 question.

3 Q. Can you perform any tests on a
4 newborn without a direct order from a physician
5 to rule out sepsis?

6 MR. ALLISON: Objection. I'm not
7 sure that she would be ruling out sepsis. But
8 can you perform any tests on a newborn?

9 A. No.

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

12 A. Yes.

13 Q. What do you remember?

14 A. I remember going into her room and
15 helping her breast feed her baby. And the baby
16 was sleepy, but I remember taking the baby,
17 changing the diaper. The baby did cry with the
18 diaper change. The color was pink, no
19 respiratory distress.

20 Q. Did you work your usual night shift
21 on February 10th, 2000?

22 A. Yes.

23 Q. Were you provided a verbal update on
24 what patients you assumed when you started your
25 shift?

1 A. Yes.

2 Q. Do you recall anything that the prior
3 nurse who was leaving may have told you
4 regarding Jasmine and Erika?

5 A. No.

6 Q. Do you recall who advised you?

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

9 A. I was not assigned her that night, so
10 I didn't receive report on her.

11 Q. How did you come to care for Jasmine
12 and Erika if you weren't assigned to them?

13 A. The nurse who was assigned her was
14 busy either with a labor patient or there was a
15 labor patient ready to deliver, and because she
16 was busy, I went in to help Erika.

17 Q. I'm handing you what we have marked
18 as Plaintiff's Exhibit 1. Can you identify that
19 for the record, please?

20 A. Progress sheets from the baby's
21 chart.

22 Q. And I am handing you what has been
23 marked as Plaintiff's Exhibit 2. Can you
24 identify that for me?

25 A. Part of the baby's flowsheet.

1 Q. Did you make any markings on the
2 baby's flowsheet?

3 A. Yes. At 5:15 in the morning.

4 Q. Do you recall how the baby looked to
5 you when you examined her at 5:15?

6 A. The baby looked sleepy, but was
7 responding when I changed the diaper. The color
8 was pink, moving extremities, cried a little bit
9 when I changed the diaper.

10 Q. Was anyone besides Erika in the room
11 with you?

12 A. **No.**

13 Q. Did you take Jasmine's temperature?

14 A. **No.**

15 Q. Did you assess Jasmine's color?

16 A. Yes.

17 Q. And it was?

18 A. Pink.

19 Q. Did you assess Jasmine's muscle tone?

20 A. Yes.

21 Q. And it was?

22 A. I would say well-flexed. She was
23 moving her extremities. It wasn't charted.

24 Q. Is there a reason why you wouldn't
25 have charted it?

1 A. We were only needing to do
2 assessments every eight hours.

3 Q. Can you read what is written in the
4 row titled stool at 5:15?

5 A. M, large.

6 Q. What does this mean?

7 A. She had a large meconium stool.

8 Q. What is meconium?

9 A. It's the black tarry stool that
10 babies first have after birth.

11 Q. Can you please read for the record
12 what is written in the row titled urine.

13 A. Check mark and large.

14 Q. What does this mean?

15 A. She voided a large amount.

16 Q. Can you please read for the record
17 what is written in the row titled type.

18 A. It's colostrum, 3 cc's and also Sim
19 with iron, 4 cc's.

20 Q. Can you please read for the record
21 what is written in the row titled amount.

22 A. It was all the same. There just
23 wasn't enough room up in the top box.

24 Q. Can you please read for the record
25 what is written in the row titled quality.

1 A. P for poor.

2 Q. What would lead you to put a poor in
3 the quality row?

4 A. It was taking her a while to suck and
5 swallow.

6 Q. Do you recall approximately how long
7 it may have taken?

8 A. I don't remember.

9 Q. In your opinion, as a nurse, is 7
10 cc's a good amount for a baby of this age to be
11 taking in at this point in her life?

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

14 A. It's not good.

15 Q. Would you expect her to take in more?

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

18 A. Yes.

19 Q. In your experience as a nurse,
20 approximately how much would you have expected
21 her to have taken in at this point?

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

24 A. It's hard to tell.

25 Q. You have indicated a negative sign in

1 the row titled reflexes; is that correct?

2 A. It was meant to be a slash.

3 Q. What does a slash mean?

4 A. Because she had nursed **or** the quality
5 was poor, **I** just made a slash, because she
6 wasn't really -- she was swallowing. **I** was
7 using a syringe with a tube feed on it. She was
8 sucking, but it wasn't good.

9 Q. Would you consider this a normal
10 assessment in a newborn?

11 MR. ALLISON: Objection. You would
12 consider what a normal assessment?

13 MS. VADAS: The poor reflexes and the
14 slash -- the poor quality and the slash in the
15 reflexes.

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

18 A. Normal for a sleepy baby.

19 Q. Can you recall whether breastfeeding
20 was attempted again at that point in time, the
21 0515?

22 A. Breastfeeding was attempted first.

23 Q. Can you go to the progress notes,
24 please.

25 A. Yes.

1 Q. Can you read for the record your
2 first entry in the progress notes.

3 A. Infant very sleepy, even after diaper
4 change.

5 MR. ALLISON: Read a little slower.

6 A. Infant very sleepy, even after diaper
7 change. Try to wake infant. Unwrap, cold rag
8 to face, stimulate bottom of feet. Infant not
9 interested in eating. Took 15 minutes to get
10 infant to syringe feed 3 cc's of colostrum. Mom
11 attempted. Syringe feed Similac with iron. No
12 response from infant when rubbing, stimulating
13 bottom of feet.

14 Q. Is this a normal way of trying to
15 wake a baby?

16 A. Yes.

17 a. On average, do most babies require
18 this extensive stimulation to be awoken?

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

21 A. No.

22 Q. Normally, would merely stimulating
23 the bottom of the baby's feet wake a sleeping
24 baby?

25 MR. ALLISON: Objection. Go ahead

1 and answer.

2 A. Normally, yes.

3 Q. Even after the stimulation, the baby
4 still remained sleepy?

5 A. Yes.

6 Q. Did that concern you?

7 A. Not at 5:15 in the morning.

8 Q. Were both of these notes written at
9 the same time?

10 A. Yes.

11 Q. Why are the two notes separated by
12 your signature?

13 A. I just forgot to write it when I
14 wrote the others.

15 Q. Do babies' sleep patterns recognize
16 time?

17 A. I don't understand.

18 MR. ALLISON: Me neither.

19 Q. Well, I asked you if it was normal
20 for a baby to remain sleepy after this amount of
21 stimulation. And you said, yes, at 5:15 in the
22 morning.

23 MR. ALLISON: Objection. Go ahead
24 and finish your question.

25 Q. After this short of period of life,

1 is a baby going to recognize 5:15 in the
2 morning?

3 A. I was indicating when I was in there
4 at 5:15 in the morning. It was not unusual or I
5 did not seem concerned that the baby was still
6 sleepy at that time is what I meant. That's how
7 I understood the question.

8 Q. If this would have occurred at 11:00
9 o'clock in the morning versus 5:15 in the
10 morning --

11 MR. ALLISON: Which morning?

12 a. -- the morning of the 11th -- and I
13 understand that the child is deceased at this
14 point in time, but just on a time factor, if
15 this would have occurred at 11:00 o'clock in the
16 morning versus 5:15 in the morning, would you
17 have been concerned about the sleepiness of the
18 baby after this amount of stimulation?

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

21 A. You are saying after 5:15 in the
22 morning, that following 11:00 o'clock?

23 Q. If it would have happened at sometime
24 later in the day when you are normally awake --

25 MR. ALLISON: You are using six hours

1 later at 11:00 a.m.?

2 A. You are saying six hours after the
3 5:15? Yes, I would be concerned.

4 Q. If you were concerned that Jasmine
5 may have had a possible infection, whose
6 responsibility would it have been to notify the
7 physician?

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

10 A. I would after I would assess the
11 baby.

12 Q. In your opinion as a nurse, if you
13 were concerned that Jasmine may have had an
14 infection and you failed to notify the
15 physician, do you think that would be a breach
16 of your duty as a nurse?

17 MR. ALLISON: Objection. Go ahead
18 and answer.

19 A. Yes.

20 Q. Was this the only time you assessed
21 Baby Jasmine prior to her death?

22 A. Yes.

23 Q. Did you participate in the code?

24 A. No.

25 Q. Were there any other medically

1 trained persons present in the room during your
2 assessment of Jasmine?

3 A. No.

4 Q. Do you recall whether Erika had any
5 visitors at the time?

6 A. No.

7 Q. Did you have any further interactions
8 with Erika and Jasmine while Jasmine was alive?

9 A. No.

10 Q. Did you have any interactions with
11 Erika after Jasmine had died?

12 A. No.

13 Q. Do you have any understanding as to
14 the cause of Jasmine's death?

15 A. Yes.

16 Q. And that is?

17 A. Pneumonia. Meningitis.

18 Q. Have you given any statements to
19 anyone in the hospital concerning any
20 information about the death of the baby?

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

23 A. No. You asked about --

24 MR. ALLISON: Was there an answer you
25 needed to correct?

1 THE WITNESS: Yes.

2 Q. Go ahead.

3 A. You asked the question about visitors
4 in the room?

5 Q. Yes.

6 A. There were none. I think the
7 question was do you recall, and I said no, but I
8 know there was no visitors.

9 Q. Do you recall anything about your
10 interactions with Erika that is not recorded in
11 the progress note?

12 A. No.

13 Q. Prior to her discharge, did you have
14 any further interactions with Erika?

15 A. No.

16 Q. Since her discharge, have you had any
17 other interactions with Erika?

18 A. No.

19 Q. Is there anything about your
20 interactions with Erika that would lead you to
21 believe that she could have harmed her child?

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

24 A. No.

25 Q. Can we agree that when you attempted

1 to feed Jasmine, she was a poor feeder?

2 A. Yes.

3 Q. Can we agree that lethargy can be a
4 sign of neonatal sepsis and infection?

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

7 A. Yes.

8 Q. Can we agree that poor feeding can be
9 a sign of neonatal sepsis and infection?

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

12 A. Yes.

13 Q. Can we agree that irregular sleep
14 patterns can be a sign of neonatal sepsis and
15 infection?

16 MR. ALLISON: Objection. If you
17 understand.

18 A. Can you clarify? I'm not quite sure.

19 Q. A sleep pattern that would be
20 abnormal for a newborn.

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

23 A. No.

24 Q. Can we agree that if signs of
25 neonatal sepsis and infection are present, then

1 it's your responsibility to immediately notify a
2 physician?

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

5 A. Could you repeat it, please?

6 a. Can we agree that if signs of
7 neonatal sepsis and infection are present, that
8 it's your responsibility to immediately notify a
9 physician?

10 A. Yes.

11 MR. ALLISON: Objection.

12 Q. Can we agree that at no time during
13 the care of, treatment of Jasmine Evans did you
14 notify a physician?

15 A. Yes.

16 MS. VADAS: No further questions.
17 Thank you for your time.

18 MR. ALLISON: Same agreement with
19 respect to reading and signing?

20 MS. VADAS: That's fine.

21 - - - - -

22 (Deposition concluded at 11:10 a.m.)

23 (Signature not waived.)

24 - - - - -

25

1 AFFIDAVIT

2 I have read the foregoing transcript from
3 page 1 through 33 and note the following
4 corrections:

5 PAGE LINE REQUESTED CHANGE

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17

LAURA HOOVER, R.N.

18

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

20

21 Notary Public

22

23 My commission expires

24

25

1 CERTIFICATE

2

3 State of Ohio,

4

SS :

5 County of Cuyahoga.

6

7

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

13

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

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

20

21

2

Vivian L. Gordon

3

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

4

My commission expires June 8, 2004.

5

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