

IN THE COURT OF COMMON PLEAS

DOC. 206

CUYAHOGA COUNTY, OHIO

BARBARA D. GRASGREEN,  
EXECUTRIX OF THE ESTATE  
OF ARTHUR GRASGREEN, DECEASED,

Plaintiff,

-vs-

JUDGE B.W. GRIFFIN  
CASE NO. 263268

MERIDIA HILLCREST HOSPITAL  
AND PHYSICIAN STAFFING, INC.,

Defendants.

- - - -

Deposition of OMAR P. JORDAN, R.N., taken as  
if upon cross-examination before Lynn D.  
Thompson, a Notary Public within and for the  
State of Ohio, at Meridia Hillcrest Hospital,  
6780 Mayfield Road, Mayfield Heights, Ohio, at  
5:05 p.m. on Friday, March 25, 1994, pursuant to  
notice and/or stipulations of counsel, on behalf  
of the Plaintiff in this cause.

- - - -

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APPEARANCES:

Dale P. Zucker, Esq.  
Zucker & Trivelli  
600 Standard Building  
Cleveland, Ohio 44113  
(216) 621-3225,

On behalf of the Plaintiff;

Patrick H. Gaughan, Esq.  
Hahn, Loeser & Parks  
3300 BP America Building  
200 Public Square  
Cleveland, Ohio 44114  
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On behalf of the Defendant  
Meridia Hillcrest Hospital;

John R. Scott, Esq.  
Reminger & Reminger  
7th Floor 113 St. Clair Building  
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(216) 687-1311,

On behalf of the Defendant  
Physician Staffing, Inc.

— — — — —

ALSO PRESENT:

Carlyle A. Kane  
Doreen Baka

\_\_\_\_\_

1                    OMAR P. JORDAN, R.N., 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,  
5                    as hereinafter certified, deposed and said as  
6                    follows:

7                    CROSS-EXAMINATION OF OMAR P. JORDAN, R.N.

8                    BY MR. ZUCKER:

9                    Q. Omar, we just met. My name is Dale Zucker, and  
10                    I represent the Grasgreen family in this case.

11                    I'm going to be asking you a series of  
12                    questions, and I'm sure you have had an  
13                    opportunity to meet with your attorney prior to  
14                    the deposition and he prepared you. If you  
15                    don't understand any of my questions for any  
16                    reason, you'll let me know so that I can clarify  
17                    it?

18                    A. Yes.

19                    Q. If you answer a question, I'm going to assume  
20                    that you understood it and that you're telling  
21                    the truth. Fair enough?

22                    A. Okay.

23                    Q. Would you state your full name for the record.

24                    A. Omar Philip Jordan.

25                    Q. You did meet with your attorneys prior to the

1 deposition, or your attorney; is that true?

2 A. Yes, I did,

3 Q. When did you meet?

4 A. Met briefly before this meeting and Wednesday  
5 afternoon.

6 Q. Wednesday afternoon's meeting, how long did that  
7 meeting take?

8 MR. GAUGHAN: How long were you  
9 with your attorney?

10 Can we go off the record for a  
11 second.

12 - - - -

13 (Thereupon, a discussion was had off  
14 the record.)

15 - - - -

16 Q. How long was that meeting Wednesday?

17 A. I think -- let's see. About 4:30. I would say  
18 probably close to two hours.

19 Q. Was anybody else in the meeting besides your  
20 attorneys?

21 A. Doreen.

22 Q. And today, I assume you met for a brief period  
23 of time before this deposition?

24 A. Correct.

25 Q. Have you ever had your deposition taken before?

- 1 A. No.
- 2 Q. Have you reviewed any documents in preparation  
3 for today's deposition?
- 4 A. I briefly looked through my charting of the  
5 chart.
- 6 Q. Anything else?
- 7 A. Nothing other than the chart.
- 8 Q. You haven't reviewed any medical literature or  
9 any nursing literature, nothing?
- 10 A. No, sir.
- 11 Q. You haven't made any notes pertaining to the  
12 chart, have you?
- 13 A. No, sir.
- 14 Q. Have you ever been known by any other name  
15 besides Omar Philip Jordan?
- 16 A. No.
- 17 Q. Where do you presently live, Omar?
- 18 A. In Twinsburg, Ohio.
- 19 Q. Can I have your full address?
- 20 A. 30666 Mathers Way, Twinsburg, Ohio 44087.
- 21 Q. How long have you been there?
- 22 A. It'll be two years in May.
- 23 Q. What's your birthdate?
- 24 A. 10-2-60.
- 25 Q. Where were you born?

- 1 A. Baton Rouge, Louisiana.
- 2 Q. Are you married, Omar?
- 3 A. Yes, I am.
- 4 Q. Do you mind if I call you Omar?
- 5 A. No. That's fine.
- 6 Q. How long have you been married?
- 7 A. It'll be ten years in October.
- 8 Q. What's your wife's name?
- 9 A. Lorraine.
- 10 Q. Do you have children?
- 11 A. Three.
- 12 Q. What's your Social Security number?
- 13 A. 446-66-2880.
- 14 Q. Any military history?
- 15 A. No, sir.
- 16 Q. Where are you presently employed?
- 17 A. Full-time at Mt. Sinai Medical Center in the
- 18 emergency department, p.r.n. at Hillcrest
- 19 Hospital, p.r.n. at St. Vincent Charity Hospital
- 20 and Norrell Health Care.
- 21 Q. What is your job title or in what capacity are
- 22 you working at Mt. Sinai?
- 23 A. Registered nurse in the emergency room.
- 24 Q. And you work for Mt. Sinai, not for the entity
- 25 that has the contract with the emergency room at

1 Mt. Sinai?

2 A. No, sir. I am an employee of the hospital.

3 Q. And the other jobs, are you employed by the  
4 hospitals as well as an independent contractor?

5 A. I am employed by the hospital, and I'm employed  
6 by the agency.

7 Q. What agency?

8 A. Norrell is an agency.

9 Q. Who are they agents for, Norrell?

10 A. Various hospitals throughout northeast Ohio.

11 Q. So you come to Hillcrest now through Norrell?

12 A. No, sir. I work -- I'm employed by Hillcrest on  
13 a p.r.n., as needed, basis.

14 Q. The same with St. Vincent?

15 A. Yes.

16 Q. When did you leave Meridia Hillcrest Hospital  
17 full-time?

18 A. I think it was February 25th was my last day.

19 Q. What was the reason for leaving?

20 A. My reason for leaving?

21 Q. Yes.

22 A. I wanted employment at Mt. Sinai's emergency  
23 room.

24 Q. Omar, when did you become an R.N.?

25 THE WITNESS: Have you got my

1 resume?

2 Q. I have your resume. Do you have a recent CV?  
3 The CV that I have that was provided to me by  
4 your attorney ends in nineteen I don't know what  
5 at St. Vincent Charity Hospital.

6 A. That's updated except for -- because from  
7 St. Vincent's, I came here.

8 Q. Well, there's no education on here. It doesn't  
9 tell me any -- I'm not going to besiege you with  
10 questions regarding matters that were on this.  
11 I want to know where you went to school.

12 A. Tri C. Cuyahoga Community College. And I  
13 graduated in -- let's see. When did I start  
14 here? It's been almost two years since in  
15 June. So it would be June of '92.

16 Q. In June of '92, you became an R.N.?

17 A. Yes.

18 Q. Fill me in on your education, if you will. The  
19 last I have on the CV that was provided  
20 indicates that you had no college education.  
21 High school would be the last bit of information  
22 I have. June of '78 you graduated from  
23 Granville High School?

24 A. From that, I had gotten my emergency medical  
25 technician and then went to get my paramedic at



1 Central Ohio Technical College in Newark, Ohio.

2 Q. I have that information. What I'm asking you is  
3 information pertaining to your R.N. Where did  
4 you receive your formal education?

5 A. Cuyahoga Community College.

6 Q. When did you enroll there in the nursing  
7 program?

8 A. In 1990 I would say. It's a two-year program,  
9 and I had to have prerequisites prior to that,  
10 and I did my prerequisites over about two years.

11 Q. Where did you take your prerequisites?

12 A. At Tri C.

13 Q. When did you begin taking those prerequisites,  
14 1989, or did you take them over a long period of  
15 time?

16 A. I took them over about two, two-and-a-half years  
17 I think, I probably started in '88, '89.

18 Q. I see you were with National Ambulance from  
19 December of '84 to February of '85. Is that  
20 correct?

21 A. Yes.

22 Q. And what was your reason for leaving?

23 A. Well, probably a lot better job, That  
24 particular company was not the best place I've  
25 ever worked, and that was more of a temporary

1           thing, moving back up here. It was more of a  
2           temporary job, not a type of long-term job.

3   Q.   Where were they located?

4   A.   On Brookpark Road in I think it's Parma.

5   Q.   Who was your immediate supervisor there?

6   A.   Oh, geez. Jay -- I'm bad with names.

7   Q.   Jay?

a                           MR. GAUGHAN: If you don't know,  
9           Omar, I am sure Mr. Zucker doesn't want you  
10           to guess. Give your best recollection of  
11           that information.

12   A.   That's what I'm saying. I can't recall his last  
13           name.

14   Q.   Then you went to Edgepark Surgical,  
15           Incorporated, correct?

16   A.   Correct.

17   Q.   And your CV indicates that you were in  
18           purchasing and operations and also backup for  
19           the respiratory department?

20   A.   Correct.

21   Q.   What do you mean by backup for the respiratory  
22           department?

23   A.   I started in the respiratory department there  
24           setting up in-home respiratory treatment,  
25           suction machines, people that were going home

1 with new trachs, setting up instruction  
2 equipment and supplies for them. After I don't  
3 know how long of a period of time, I started  
4 working with the purchasing --

5 Q. Okay.

6 A, Anyway, I just moved up into --

7 Q. What was your reason for leaving Edgepark?

8 A. Basically, I was fired.

9 Q. For what reason?

10 A. The owner was out of town, and the  
11 vice-president thought that I had made a mistake  
12 in ordering some oxygen cylinders, and without  
13 explanation, I was fired.

14 Q. And you were unemployed for approximately nine  
15 months thereafter; is that correct? Well, your  
16 CV indicates that the next job after leaving  
17 Edgepark on 6 of '86 was at Mt. Sinai beginning  
18 in March of '87. If my math is correct, that's  
19 about nine months?

20 A. I had a job at -- it was in Ashtabula. It was  
21 an ambulance company. That was very short-lived  
22 because the company went out of business.

23 Q. Do you remember the name of the company?

24 A. North -- well, it was Northeast Ohio Medical  
25 Services. I'm pretty sure that was -- I am not

1       sure if that was the name of the ambulance, but  
2       that was the Northeast Ohio Hospital was who  
3       owned it, and the whole hospital went out of  
4       business, shutting down the program.

5   Q.   And you were there for?

6   A.   Just a few months.

7   Q.   So for the nine months between 6 of '86 and 3  
8       of '87, you only worked several months, and that  
9       was for the ambulance company in Ashtabula. Is  
10      that correct?

11  A.   That's correct.

12  Q.   Then you went to Mt. Sinai in March of '87 and  
13      left in August of '88. What was your reason for  
14      leaving Mt. Sinai that time?

15  A.   For a position on Life Star.

16  Q.   Life Star?

17  A.   Life Star. It's a critical care transport unit  
18      which would allow me to use more of my skills  
19      and to get back into the streets a little bit.

20  Q.   Was that the St. Vincent Charity Hospital Life  
21      Star program?

22  A.   Yes, sir.

23  **a.**   Was that known as Life Stat?

24  A.   No, sir. Life Star.

25  Q.   So that should be Life Star, is that correct,

- 1       instead of Life Stat?
- 2   A.   That's correct,
- 3   Q.   Is that a misprint?
- 4   A.   That's correct.
- 5   Q.   When did you come to -- well, when did you leave
- 6       St. Vincent, the Life Star program?
- 7   A.   I'm still employed there p.r.n.
- 8   Q.   When did you begin working at Meridia Hillcrest
- 9       Hospital?
- 10  A.   September 22nd?
- 11  Q.   What year?
- 12  A.   Of '92.
- 13  Q.   While you were working at Meridia, were you
- 14       maintaining any other jobs? Still working at
- 15       St. Vincent, for example?
- 16  A.   Still working at St. Vincent's.
- 17  Q.   Were you working at any other jobs?
- 18  A.   Norrell Agency.
- 19  Q.   Where is Norrell located?
- 20  A.   In Beachwood.
- 21  Q.   Who is your immediate supervisor there?
- 22  A.   Ron Rock.
- 23  Q.   How do you spell Norrell?
- 24  A.   N-o-r-r-e-l-l.
- 25  Q.   Were you ever suspended or expelled from any

1 educational institution, high school, college?

2 A. No.

3 Q. Besides Granville and Cuyahoga Community  
4 College, you've never attended another  
5 institution of learning?

6 A. Central Ohio Technical College.

7 Q. Besides those three?

8 A. The only other education is courses of specialty  
9 courses, balloon pump, advanced life-support,  
10 that type of stuff, analysis courses. They're  
11 courses that are -- it's an enhancement to your  
12 basic either medic or nursing that that is  
13 required in critical care areas.

14 Q. In order to obtain your license, you had to take  
15 a state test; is that correct?

16 A. Yes, sir.

17 Q. Did you pass that test the first time you took  
18 it?

19 A. Yes, sir.

20 Q. Are you licensed in any other states?

21 A. No, sir.

22 Q. Have you ever applied for a license in any other  
23 state?

24 A. No, sir.

25 Q. Was your license application here in the State

1 of Ohio acted on favorably the first time you  
2 applied to become a nurse?

3 A. I don't understand the question.

4 Q. Did you ever have your application for a license  
5 revoked -- or I'm sorry. Was your application  
6 for licensure ever denied in the State of Ohio?

7 A. No, sir.

8 Q. And has your license ever been suspended or  
9 revoked?

10 A. No, sir.

11 Q. Have you ever been the subject of disciplinary  
12 proceedings as a result of your work as a nurse?

13 A. No, sir.

14 Q. In order to become licensed, did you have to be  
15 interviewed by a state body or the governing  
16 body for nursing in Ohio?

17 A. No, sir. Physically? Person to person you  
18 mean?

19 Q. Yes.

20 A. No, sir.

21 Q. You mentioned specialties and subspecialties.  
22 Are you licensed or certified in any  
23 subspecialty of nursing?

24 A. I don't know whether it's considered a license  
25 or a certificate, but I have my balloon pump

1       certification, I have my advanced cardiac life  
2       support. I'm an instructor in that. I have my  
3       basic life-support. I have my neonatal advanced  
4       life-support,

5   Q.   Now, in order to obtain these distinctions, did  
6       you have to take any courses?

7   A.   Yes, sir.

8   Q.   You did?

9   A.   Yes.

10   Q.   And under the auspices of what governing body  
11       did you take these courses?

12   A.   Different hospitals. I took my ACLS instructor  
13       when I was working here. I took my BLS when I  
14       was here. That's actually kind of required at  
15       each place that I've been so I've probably taken  
16       it at each of the three --

17   Q.   The ACLS is the advanced cardiac?

18   A.   Advanced cardiac life support.

19   Q.   And BLS is?

20   A.   Basic life-support.

21   Q.   And the others were?

22   A.   Balloon pump certification and my neonatal  
23       advanced life-support.

24   Q.   The ACLS instruction, was that a hands-on type  
25       of training or --



1 A. Yes. It's both. It's a book, lecture and  
2 hands-on practical and testing stations.

3 Q. Who is in charge of that program here at the  
4 hospital?

5 A. John Molnar.

6 Q. John Molnar is an administrator or a doctor?

7 A. He is a paramedic educator.

8 Q. And how long in between the time you started  
9 this program and received your certification?

10 A. The program was two days, and it took two to  
11 three weeks to get your card, your instructor  
12 card.

13 Q. Did you discuss thrombolytics or were  
14 thrombolytics any part of the SCLS course?

15 A. No, sir. Well -- no, I don't think so. I don't  
16 think there's really anything in the advanced  
17 life-support about thrombolytic therapy.

18 Q. Since you became a nurse in '92, have you taken  
19 any continuing nursing education courses?

20 A. Well, that's -- all those ones I've listed is  
21 counted as continuing education.

22 Q. You received credit hours towards your CME's?

23 A. Yes.

24 Q. Is that the correct terminology when I say  
25 CME's?

1 A. It's CMU's I believe. Continuing medical --  
2 CME.

3 Q. Continuing medical education?

4 A. Medical education,

5 Q. Have you taken any courses towards your CME  
6 requirement that you didn't tell me about?

7 A. Recently?

8 Q. Since you became a nurse in '92?

9 A. Some of these were when I was a paramedic also.  
10 Once I became a nurse in '92, there are the  
11 required ones from the hospital.

12 Q. And which ones did you take?

13 A. Well, there's a whole list of them. There's  
14 about 12 or so competencies that are required by  
15 the facility that you have to take and complete  
16 every year.

17 Q. Did any of the courses that you have ever taken  
18 include thrombolytics as part of the curriculum  
19 or part of the instruction?

20 A. I would have to check. I do not remember.

21 MR. ZUCKER: Off the record for a  
22 moment, please.

23 - - - -

24 (Thereupon, a discussion was had off  
25 the record.)

1

- - - -

2 Q. Now, you're presently an emergency room nurse,  
3 correct?

4 A, Correct.

5 Q. Do you have some type of certification for  
6 emergency room work?

7 A. Specifically the certified emergency nurse  
8 certification, no.

9 Q. Are you working towards that?

10 A. No, sir.

11 Q. On May 21st of 1993, you were working in the  
12 CCU, correct?

13 A. Correct.

14 Q. Do you have any certification in CCU nursing?

15 A. There is none that I'm aware of. Well, there  
16 is. It's a CCLC RN, but you have to be in a  
17 critical care environment for I believe a year  
18 or so even to apply for the course, and it's  
19 not -- none of those are like a requirement,  
20 That's just an additional type of thing if  
21 that's something that you want to do.

22 Q. You've been a nurse now for a little under two  
23 years. What departments have you worked in in  
24 the various hospitals that you have worked at?

25 A. Emergency room and coronary care.

1 Q. Those are the only two?

2 A. I have worked in intensive care here as you're  
3 required to float depending on where staffing is  
4 needed. I've worked in the intensive care here,  
5 and I've worked in the step-down unit here.

6 Q. So is critical care of special interest to you?

7 A. Yes, sir, it is,

8 Q. Have you requested to work in these departments  
9 or --

10 A. It's where I was hired for.

11 Q. When you applied for the job here at Meridia  
12 Hillcrest Hospital, you indicated to them that  
13 you wanted to work in CCU and/or ICU; is that  
14 correct?

15 A. No. I don't think so. I think that I was  
16 specifically hired for the coronary care unit as  
17 a full-time employee.

18 Q. So when you applied, it was with the  
19 understanding that it was for a job in CCU; is  
20 that correct?

21 A. Yes, it was.

22 Q. And then you said you worked in the ICU?

23 A. That is a requirement that the hospital puts on  
24 us.

25 Q. And you floated a little bit. Is that also a

1 requirement?

2 A. That's a requirement that the hospital puts on  
3 us.

4 Q. Have you ever been accused of any crime?

5 A. No.

6 Q. And then you've never been convicted of a crime;  
7 is that correct?

8 A. No.

9 Q. Do you suffer from any medical conditions at  
10 this time?

11 A. High cholesterol. Borderline.

12 Q. Do you take medication for that?

13 A. No, sir.

14 Q. Did you suffer from any medical conditions on  
15 May 21st, 1993?

16 A. No, sir.

17 Q. Are you a member of any professional  
18 organizations or associations?

19 A. No, sir.

20 Q. Have you ever been since you became a nurse?

21 A. No.

22 Q. Do you regularly read any publications or  
23 medical literature?

24 A. Yes, sir.

25 Q. Do you subscribe to any of those --

1 A. Yes, sir.

2 Q. Which do you read, first?

3 A. Emergency Nursing. JEMS, which is the Journal  
4 of Emergency Medical Services. Emergency.

5 There's -- when I was here?

6 Q. Yes. Just to clarify this question, since it's  
7 only been two years that you've been a nurse or  
8 a little under two years, tell me what  
9 publications you have read throughout on a  
10 regular basis,

11 A. You mean -- I'm not understanding what you're  
12 asking.

13 Q. The publications that you've just told me you  
14 subscribe to or read are all  
15 emergency-oriented-type publications, correct?

16 A. Yes.

17 Q. When you worked at Meridia Hillcrest Hospital in  
18 CCU, did you read coronary care publications or  
19 literature?

20 A. Yes. CCRN. Is it critical R.N. -- it's a  
21 magazine that they -- it's a publication that  
22 they get there and there's copies of there.

23 And then the other one is -- they get two.  
24 Critical Care Nursing I believe.

25 Q. Do you personally subscribe now to any

1       publications or journals?

2   A,   Emergency.

3   Q.   You do personally, right?

4   A.   Well, my wife.

5   Q.   Okay.

6   A.   Emergency Nursing.   And I think that's it right  
7       now.

8   Q.   Your wife subscribes to these publications and  
9       not yourself; is that correct?

10   A.   Uh-huh.

11   Q.   Yes.   And in May of 1993, was your wife  
12       subscribing to these publications?

13   A.   In May of 1993?

14   Q.   Uh-huh.

15   A.   Yes.

16   Q.   Were there any other publications in May of 1993  
17       that you or your wife were subscribing to?

18   A.   Not that I can think of.

19   Q.   Were there any publications you haven't  
20       mentioned in May of '93 that you were reading  
21       regularly that you may not have subscribed to?

22   A.   Not that I can think of.

23   Q.   Is your wife a nurse?

24   A.   Yes.

25   Q.   An R.N.?

- 1 A. Yes.
- 2 Q. Where does she work?
- 3 A. Mt. Sinai emergency room.
- 4 Q. Is that her specialty, emergency room?
- 5 A, Yes, it is.
- 6 Q. So just so I'm clear, you have never taken a
- 7 course for CME's or for your own knowledge or
- 8 because you desire to take a course the content
- 9 of which included thrombolytic agents; is that
- 10 correct?
- 11 A. An official course, no.
- 12 Q. Did you learn about thrombolytics in nursing
- 13 school?
- 14 A. Yes.
- 15 Q. In a particular course?
- 16 A. In critical care rotation.
- 17 Q. Do you remember who your instructor was in that
- 18 course?
- 19 A. No, I do not.
- 20 Q. Have you ever undergone a preceptorship of any
- 21 kind here at the hospital in thrombolytics?
- 22 A. No.
- 23 Q. You understand what I mean when I say a
- 24 preceptorship?
- 25 A. No.



1 Q. Have you ever had any formal instruction by a  
2 doctor or a nurse supervisor in the use of  
3 thrombolytics?

4 A. During my orientation, a preceptor was with me.  
5 That's a required checklist on the orientation  
6 that you have a tPA -- that you take care of a  
7 tPA patient and the tPA protocol.

8 Q. How long was your orientation?

9 A. I believe six weeks.

10 Q. Have you had any training in or have you  
11 undergone a preceptorship in thrombolytics in  
12 any other institution that you now work for or  
13 ever worked at?

14 A. As an official preceptorship, no. I have worked  
15 with it at other institutions.

16 Q. Do you have a lot of experience with tPA?

17 A. I would say a fair amount.

18 Q. How many times in the last year have you  
19 utilized tPA?

20 A. I would really be guessing.

21 Q. And, Omar, I don't want you to guess, but when  
22 you say "a fair amount," can you just qualify  
23 that? I mean are you talking about less than a  
24 dozen or more than a dozen in your nursing  
25 career?

1 A. More than a dozen.

2 Q. More than two dozen in your nursing career?

3 A. More than two dozen,

4 Q. More than three dozen?

5 A. I can't answer that.

6 Q. Okay. Fair enough,

7 Can you tell me what tPA is?

8 A. It's a thrombolytic therapy. TPA is

9 specifically directed on a clot, to dissolve a  
10 clot to allow blood flow to continue.

11 Q. Can you tell me how that works, what the actual  
12 mechanism is that --

13 A. It's a real long word. It's plasmagenesis if

14 I'm not mistaken. It's a breakdown --

15 Q. Spell that, would you --

16 A. No.

17 Q. .. for the court reporter? Okay.

18 If you're done, the question was explain  
19 how the tPA works.

20 A. It works like an enzyme and breaks down the  
21 clot.

22 Q. As we sit here today, do you know what the  
23 indications for use of tPA are?

24 A. Yes.

25 Q. What are they?

1 A, Acute MI,

2 Q. Uh-huh.

3 A. With -- well, maybe I should say no. I can tell  
4 you that it's given in acute MI.

5 Q. But you don't know the precise details of when  
6 it's used? Correct? Do you understand that  
7 question?

8 A. I didn't understand what we're --

9 Q. Okay. Strike -- forget it.

10 When I asked you if you know the  
11 indications for use of tPA --

12 A. Uh-huh.

13 Q. -- what signs must a patient manifest before tPA  
14 is used?

15 A. The person must be having an acute MI.

16 Q. And is that by EKG criteria, by CK enzyme  
17 criteria, by what criteria?

18 A. That's not --

19 MR. GAUGHAN: I'm going to have to  
20 object. I don't believe the witness is  
21 qualified --

22 MR. ZUCKER: Well, counsel, I'll  
23 have to pull out a couple dozen articles  
24 here that says this man ought to know what  
25 he's talking about. Do you want me to do

1           that before I go on with my questions?

2           MR. GAUGHAN: Perhaps we should. I  
3           want the record to reflect that he's not an  
4           expert, he's not testifying as an expert.

5           MR. ZUCKER: I didn't try to  
6           qualify him as an expert, Let me go on  
7           with a few more questions, okay, before we  
8           pull out the literature?

9           MR. GAUGHAN: Sure.

10   Q. As part of your work in CCU, do you know how to  
11       evaluate a person for a thrombolytic therapy?

12           MR. GAUGHAN: I would object to the  
13       use of the word "evaluate."

14           MR. ZUCKER: Okay. The objection  
15       is noted.

16   Q. Do you know how to evaluate a patient in terms  
17       of whether or not that patient should be a  
18       candidate for tPA or any thrombolytic agents?

19   A. Yes.

20   Q. You do. Would you explain how you do that?

21   A. The person must be having an acute MI which is  
22       diagnosed by EKG by a physician.

23           I guess I need to know exactly what you're  
24       asking me. Are you asking me as to signs and  
25       symptoms the patient is going to be having? Is

1           that what you're asking?

2   Q.   Okay.   Signs and symptoms is a fair way of  
3       stating it.   Go ahead.

4                   MR. GAUGHAN:   Again, if you can  
5       answer the question, go ahead.

6                   THE WITNESS:   I can answer that.   I  
7       just needed to clarify.

8   Q.   Maybe I didn't explain myself.

9   A.   Chest pain.   Shortness of breath.

10  Q.   Uh-huh.

11  A.   This is in general speaking.   Some people will  
12       have more, and some people will have less.  
13       Chest pain, shortness of breath.   They can be  
14       diaphoretic.   They will probably be anxious.  
15       They will be in denial.   Chest pain is normally  
16       a heaviness or a crushing pain.   "Feels like  
17       somebody is sitting on my chest."

18  Q.   Okay.

19                   MR. GAUGHAN:   I want you to go on.

20                   Again, you asked the question.   I  
21       think either -- do you want to withdraw the  
22       question or do you want to let him finish  
23       the answer?

24                   MR. ZUCKER:   I am going to go on to  
25       the next question, and I'm going to ask him

1 to stop as to that question.

2 Q. Unless you want to go on with the answer to that  
3 question.

4 A. No.

5 Q. Do you know what the contraindications for tPA  
6 are?

7 A. Yes.

8 Q. What are they?

9 A. It would be a history of active bleeding. It  
10 would be a history of a stroke. It would be a  
11 history of recent surgery. It would be a  
12 history of any type of peptic ulcers. You can  
13 get into any types of brain neoplasms, cancers,  
14 tumors. Recent injury. Recent CBR. Recent  
15 ectopic pregnancy. Any types of bleeding or  
16 anything that would manifest or cause bleeding.

17 Q. Such as?

18 A. Well, I mean that's in addition to -- the  
19 surgeries, the traumas, the peptic ulcers.

20 Q. Specifically the bleeding, what conditions are  
21 you referring to when you mention bleeding?

22 A. Traumas, peptic ulcers, ectopic pregnancies.  
23 Those are all bleeding disorders.

24 Q. Are you giving me this information from any  
25 literature that you've ever read?

1 A. Publication and protocols.

2 Q. When's the last time you read any literature on  
3 tPA or thrombolytics in general?

4 A. Probably I would say five, maybe six months ago.

5 Q. Do you recall what you read?

6 A. It was an article comparing the different  
7 thrombolytic agents.

8 Q. Prior to that period in time, five to six months  
9 ago, how did you keep yourself current in the  
10 area of thrombolytic agent use?

11 A. Well, orientation and protocols.

12 Q. What time did you come on duty the day you  
13 treated Arthur Grasgreen, which was May 20th,  
14 1993? Do you recall what time you came on that  
15 day?

16 MR, GAUGHAN: It was May 21st.

17 Q. I'm sorry. The 21st.

18 A. 3:00 o'clock in the afternoon.

19 Q. Is there a procedure for punching in here at the  
20 hospital? Do you have a timecard?

21 A. Time clock.

22 Q. And you punched in on that day? Is that  
23 correct?

24 A. I would imagine I did, yes.

25 Q. Was it your normal practice to punch in every

1 day?

2 A. Yes, sir, it is.

3 Q. You were assigned to or you were working in CCU  
4 on that particular day, correct?

5 A. Yes, sir.

6 Q. Had you been working in CCU for some period of  
7 time?

8 A, Yes, sir.

9 Q. How long prior to that day?

10 A. A year.

11 Q. So almost from the beginning of your employment;  
12 is that correct? Or from the beginning of your  
13 employment?

14 A. It's where I've been my whole employment, at  
15 Hillcrest.

16 Q. Do you recall what shift you worked the day  
17 prior if, in fact, you worked the day prior?

18 A. I do not recall.

19 Q. Where is the CCU here in the hospital? What  
20 floor?

21 A. First floor.

22 Q. How many beds are in there normally?

23 A. 12.

24 Q. Do you remember roughly how many patients there  
25 were at the time?



1 A. No, sir.

2 Q. When you come into work, are you assigned a  
3 patient or a number of patients in CCU?

4 A. Yes, sir.

5 Q. And were you assigned to any other patients  
6 besides Arthur Grasgreen on the 21st of May,  
7 1993?

8 A. Yes, I was.

9 Q. How many other patients were you working with;  
10 do you remember?

11 A. I believe it was only one other.

12 Q. Was that the norm where you'd work on two  
13 people, you'd be assigned to two people at any  
14 given time?

15 A. Yes, that's normal.

16 Q. Generally, no more than two?

17 A. No more than -- sometimes three but that's kind  
18 of rare.

19 Q. And are you assigned with any other nurse to the  
20 two patients?

21 A. No, sir.

22 Q. Were you assigned with any other nurse to treat  
23 Arthur Grasgreen?

24 A, No, sir.

25 Q. So you were working -- you were treating Arthur

and one other patient by yourself, correct?

2 A. That's correct.

3 Q. Do you recall who your supervisor was at that  
4 time, who assigned you to Arthur Grasgreen?

5 A. That would be a charge nurse, and I don't know  
6 who it was. I can't recall that.

7 Q. But would that be the normal occurrence, you'd  
8 come to work and you would be assigned a couple  
9 of charts basically by the charge nurse?

10 A. It's written on a sheet. It's an assignment  
11 sheet. And that's where that information is.

12 Q. Do you recall the time of your first encounter  
13 with Mr. Grasgreen on May 21st?

14 A. Probably real close to 4:00 o'clock.

15 Q. Why wouldn't you have seen him between 3:00 and  
16 4:00?

17 A. You get report till 3:30.

18 Q. I'm sorry?

19 A. You get report.

20 Q. You get report?

21 A. Report. Till 3:30.

22 Q. What does that mean, you get report?

23 A. You get a report of who all is on the unit  
24 and --

25 Q. In terms of patients?

1 A. Yes. And it's a unit report, and then from  
2 there, you would go out to get an update if  
3 there's any changes at the nurses' desk.

4 Q. So from 3:00 until 3:30, you're reviewing  
5 reports or you were reviewing reports; is that  
6 correct?

7 A. That's correct,

8 Q. Do you remember Arthur Grasgreen?

9 A. Yes, sir.

10 Q. Do you remember this case?

11 A. Yes, sir.

12 Q. Do you remember his wife?

13 A. Yes, sir.

14 Q. Do you remember if she was present that day on  
15 May 21st?

16 A. Yes, sir.

17 Q. You remember seeing her when you started your  
18 shift; is that correct?

19 A. I can't really say that, no. She was there --

20 Q. Quite a bit?

21 A. Quite a bit.

22 Q. What were the visiting hours in the CCU at the  
23 time?

24 A. 12:00 to 2:00 and 6:00 to 8:00.

25 Q. Were there exceptions for husbands and wives?

1 A. Always. It was a very liberal visitation in the  
2 unit.

3 Q. Do you recall what time you conducted your first  
4 physical examination on Mr. Grasgreen?

5 A. It was probably real close to 4:00.

6 Q. By the way, what were you doing between 3:30 and  
7 4:00?

8 A. My other patient.

9 MR. GAUGHAN: Mr. Zucker, just to  
10 possibly make sure that as this goes on, he  
11 remembers accurately, would you like him to  
12 look at his nursing records?

13 MR. ZUCKER: No. No thank you.  
14 No.

15 MR. GAUGHAN: Okay.

16 MR. ZUCKER: At the appropriate  
17 time.

18 MR. GAUGHAN: Well, remember, if  
19 you don't remember, just say so.

20 THE WITNESS: Okay.

21 MR. GAUGHAN: It's not a memory  
22 game.

23 MR. ZUCKER: Okay.

24 Q. I'm not trying to trick you. I am trying to get  
25 information, trying to determine what you recall

1 independently and what you need to look at the  
2 chart to remember, and I'll give you the chart  
3 freely if you need it,

4 Do you recall who your other patient was?

5 A. No, I don't.

6 Q. Do you recall the nature of that person's  
7 illness?

8 A. No, I do not.

9 Q. Which I assume was cardiac related?

10 A. Probably.

11 Q. Do you recall when you first encountered  
12 Mr. Grasgreen if he was alert and oriented?

13 A. Yes.

14 Q. His speech was clear?

15 A. Yes.

16 Q. Do you remember any significant findings upon  
17 that first physical examination?

18 A. Without looking into the record, probably not.

19 Q. Prior to rendering any treatment to  
20 Mr. Grasgreen, did you review any of his chart?

21 A. No, I did not.

22 Q. That wasn't a customary thing for your review?

23 A. Not at that time, no.

24 Q. It wasn't customary here at the hospital at that  
25 time?

1 A, No.

2 Q. Is it customary now? Or thereafter, did it  
3 become customary'?

4 Strike it if you don't understand the  
5 question.

6 A. I don't think you --

7 Q. I guess my question is before you treated  
8 somebody, why wouldn't you look at their chart?

9 A. The assessment is the initial first step.

10 Q. Isn't the assessment included in the chart?

11 A. No, it isn't. Not mine.

12 Q. Is that part of the report that you say you were  
13 reading between 3:00 and 3:30, the assessment?

14 A. No.

15 Q. Where is the assessment kept?

16 MR. GAUGHAN: Just so the record is  
17 clear --

18 Q. I'm not clear on what the assessment is.

19 MR. GAUGHAN: I think, yes, we  
20 might have a misunderstanding of the  
21 terminology.

22 Q. Is it part of the nursing notes, the assessment?

23 A. It's required for us to do a physical assessment  
24 when we first come on and every four hours.

25 Q. Right. Right.

1 MR. ZUCKER: Off the record here  
2 for one second.

3 - - - -

4 (Thereupon, a discussion was had off  
5 the record.)

6 - - - -

7 Q. Is this the assessment that you're referring to?  
8 Is that the form, that type of thing?

9 A. That is, yes.

10 Q. So the assessment subsequently becomes a part of  
11 the chart?

12 A. It does.

13 Q. Does there come a point in time when you're  
14 treating these people that you review the chart?,

15 A. Not necessarily.

16 Q. P.r.n. would you say? As needed?

17 A. Yes. If it's needed.

18 Q. Do you recall what monitors or equipment  
19 Mr. Grasgreen was hooked up to when you first  
20 came on there?

21 A. Every patient is on a heart monitor, and every  
22 patient at least has an IV. I'd have to look in  
23 the chart to be more specific if he had anything  
24 else going.

25 Q. What's that heart monitor show?

1 A. His electrical activity of the heart.

2 Q. Anything else?

3 A. No.

4 Q. Do you recall what medications, if any, he was  
5 receiving at the time?

6 A. No, I do not.

7 Q. Can you tell me what happened thereafter, after  
8 your physical exam at 4:00 o'clock? Tell me  
9 what happened as best you recollect.

10 A. He complained of substernal chest pain.

11 Q. That's all you remember?

12 A. No. I mean I could go on for hours.

13 Q. I'd like you to go on.

14 MR. GAUGHAN: Are you asking for a  
15 narrative response?

16 MR. ZUCKER: I'm asking him to tell  
17 me what happened at approximately 5:45.

18 A. I'd have to look at the chart at 5:45.

19 Q. Okay. We'll let you look at the chart, but  
20 didn't in fact he, as you indicated, start to  
21 complain of substernal chest pains?

22 A. Yes, he did.

23 Q. Do you recall how severe the pains were?

24 A. Not on our recording. Not the way we record it,  
25 I do not.



1 Q. No. I said do you recall whether his chest  
2 pains were severe or how severe they were?

3 A. They were severe.

4 Q. They were severe'?

5 A. Yes.

6 Q. Would they have been 7 or 8 on a scale of 1 to  
7 10?

8 A. That's what I don't remember.

9 Q. Would 2 to 3 on a scale of 1 to 10 be severe?

10 A. You have to tie in the number that they're  
11 giving with what's happening with them as far as  
12 the way they are acting and their facial  
13 expressions, those types of things. That's more  
14 of -- it's more in depth than just a number  
15 scale.

16 MR. ZUCKER: Would you mark this,  
17 please.

18 - - - -

19 (Thereupon, Plaintiff's Jordan  
20 Deposition Exhibit 1, narrative notes, 000259,  
21 was marked for purposes of identification.)

22 - - - -

23 (Thereupon, Plaintiff's Jordan  
24 Deposition Exhibit 2, narrative notes, 000260,  
25 was marked for purposes of identification.)

1 - - - -

2 Q. I'm handing your attorney what has been marked  
3 as Plaintiff's Exhibit No. 1 here.

4 MR. ZUCKER: For brevity's sake,  
5 counselor, if you don't mind, I'll identify  
6 these exhibits,

7 Q. Which is a page out of the nursing note from  
8 Arthur Grasgreen's chart. Do you recognize  
9 that?

10 A. Uh-huh.

11 Q. Do you want to take a look at that and refresh  
12 in your memory around 5:45,

13 A. Uh-huh.

14 Q. Okay. You indicate in the chart your entry at  
15 4:00 o'clock I believe or -- no, 5:45. That he  
16 had nonradiating chest pain 2 to 3 on a scale of  
17 1 to 10, 10 being the worst, correct?

18 A. Correct.

19 Q. And he was holding his chest, and he had facial  
20 grimacing noted.

21 A. Yes.

22 Q. Do you remember what happened after that? What  
23 did you do?

24 A. I treated his chest pain. And there's certain  
25 things that you do. You get a --

- 1 Q. I'd like to know if you can recall what you  
2 did. If you need that chart to refresh your  
3 recollection, go right ahead.
- 4 A, Stat EKG. Called the house officer. And it's  
5 not on the sheet, but I'm sure that the  
6 nitroglycerin was either started or increased to  
7 help alleviate his pain.
- 8 Q. When you say a stat EKG, you called for a  
9 portable unit to come in and do an EKG or you  
10 did it off the heart monitor he was hooked up  
11 to?
- 12 A. No. We have a 12-lead EKG machine in the unit.
- 13 Q. So you did a full 12-lead EKG?
- 14 A. Correct.
- 15 Q. And did you do the EKG?
- 16 A. I don't recall.
- 17 Q. Were you working with anybody else at the time?
- 18 A. No.
- 19 Q. Who would have done it if not you?
- 20 A. Could have been one of the other nurses.
- 21 Q. I just asked you if you were working with  
22 anybody on Mr. Grasgreen at the time that the  
23 12-lead EKG was done. Are you saying you don't  
24 recall?
- 25 A. I said I don't recall.

1 Q. You say you called the house doctor; is that  
2 correct?

3 A. That's correct.

4 Q. Could you tell me when you did that?

5 A. I would ask one of the nurses, if I'm not  
6 mistaken, to call the house officer while I was  
7 doing the EKG. Or whoever.

8 Q. Do you remember who that nurse was?

9 A. No, I do not. It could have been a secretary.

10 Q. Do you recall which house doctor responded to  
11 your request?

12 A. Dr. Chentow.

13 Q. Can you say that again?

14 A. Chentow.

15 Q. And did he respond quickly to the best of your  
16 recollection?

17 MR. GAUGHAN: Objection. What do  
18 you mean by "quickly"?

19 MR. SCOTT: Objection.

20 MR. ZUCKER: Objections are noted.

21 Q. Did he come right away?

22 MR. SCOTT: Well, we don't know  
23 what "right away" means. Are you talking  
24 about --

25 Q. Did he come within a matter of minutes, several

1           minutes?

2                           MR. GAUGHAN: Let me explain on the  
3                   record that when we object, unless I tell  
4                   you directly not to answer, you disregard  
5                   the objection and answer as best as you  
6                   recall.

7                           THE WITNESS: Okay.

8   A. If I remember correctly, by the time I got done  
9       with the EKG, he was at the nurses' station.

10   Q. How long did it take you to do the EKG?

11   A. Probably at the most, five minutes.

12   Q. By the way, do you know how to read an EKG?

13   A. To a degree, yes. To interpret a 12-lead, no.

14   Q. You cannot interpret a 12-lead EKG?

15   A. No, I cannot.

16   Q. What did you tell Dr. Chentow when he arrived?

17   A. The patient was having substernal chest pain.

18   Q. That's it?

19   A. Yes.

20   Q. And he read the EKG; is that correct?

21   A. That is correct.

22   Q. Did he do anything else besides look at the EKG?

23   A. He looked through the chart.

24   Q. He did look through the chart?

25   A. Uh-huh.

1 Q. Had you looked through the chart again or had  
2 you looked through the chart at all?

3 A. No, I did not.

4 Q. You specifically recall Dr. Chentow reviewing  
5 the chart?

6 A. Uh-huh.

7 Q. Okay. Did he ask you any questions,  
8 Dr. Chentow, that you recall?

9 A. No. We're pretty direct when we tell them like  
10 what's going on with the patient. They don't  
11 have to ask. We just tell them what's going on  
12 with the patient.

13 Q. Do you remember what Dr. Chentow's  
14 interpretation of the EKG was?

15 A. Word for word, no.

16 Q. Do you have a recollection of what he said? Not  
17 word for word.

18 A. I would really be guessing.

19 MR. GAUGHAN: Then, again, don't  
20 answer if you don't remember.

21 Q. Didn't you in fact ultimately tell Dr. Van Dyke  
22 that Dr. Chentow had interpreted an acute MI?

23 A. I did.

24 Q. Then do you recall possibly Dr. Chentow telling  
25 you that he interpreted an acute MI?

1 MR. SCOTT: Objection.

2 A. I wrote it --

3 MR. SCOTT: You may answer.

4 THE WITNESS: I'm sorry?

5 MR. SCOTT: You may answer,

6 MR. GAUGHAN: You may answer. Go  
7 ahead.

8 A. I wrote it down word for word as he told me and  
9 then relayed that to Dr. Van Dyke.

10 Q. So he did say something to you. You just said  
11 you don't recall.

12 MR. GAUGHAN: Objection. You're  
13 mischaracterizing his testimony.

14 Q. I asked you if Dr. Chentow told you what his  
15 interpretation of the EKG was. You wrote it  
16 down. If you wrote it down, then he must have  
17 told you.

18 MR. GAUGHAN: Objection. You're  
19 mischaracterizing the testimony. You asked  
20 whether he recalled what Dr. Chentow told  
21 him, and he answered you. He has just told  
22 you that he had wrote down what Dr. Chentow  
23 told him and that he repeated what  
24 Dr. Chentow had said and that he had  
25 written down to Dr. Van Dyke.

1 MR. ZUCKER: I'm not even going to  
2 ask you how I misinterpreted that.

3 MR. GAUGHAN: Fine.

4 Q. So Dr. Chentow interpreted changes on the EKG  
5 and interpreted an acute MI; is that correct?

6 MR. SCOTT: Objection.

7 A. I don't know exactly whether it was determined  
8 an acute MI. I wrote down the changes that he  
9 noted, and I relayed that to Dr. Van Dyke.

10 Q. How long was Dr. Chentow in the room as best you  
11 recall?

12 A. He left shortly after that.

13 Q. Did he leave prior to your speaking with  
14 Dr. Van Dyke?

15 A. I think he might have still been there.

16 Q. When you were talking to Dr. Van Dyke?

17 A. I think so.

18 Q. At the time that Mr. Grasgreen was experiencing  
19 these chest pains that you note in your chart,  
20 was he alert and oriented?

21 A. Yes, he was.

22 Q. Speech was clear and appropriate?

23 A. Yes, it was.

24 Q. How did you come to speak with Dr. Van Dyke?

25 A. I called him.



- 1 Q. You called him directly? Was his name on the  
2 chart?
- 3 A. I believe he was the person on call.
- 4 Q. He was on call for --
- 5 A. The group.
- 6 Q. For the group. Okay, What group is that?
- 7 A. I'd have to look on the nameplate to see who was  
8 attending. I think it was Dr. Grinblatt, which  
9 would have been the body group.
- 10 Q. Okay. I understand what you're saying. Did you  
11 yourself contact Dr. Van Dyke?
- 12 A. Probably the secretary paged him and he returned  
13 the call.
- 14 Q. Do you remember what time it was that you  
15 requested Dr. Grinblatt?
- 16 A. Dr. Van Dyke you mean?
- 17 Q. Well, no. You said you recall calling  
18 Dr. Grinblatt. Dr. Van Dyke was on call?
- 19 A. Oh, okay. I see what you're saying. Can I look  
20 at my other sheet?
- 21 No, it's a flow sheet.
- 22 Q. Here you go. Go ahead. Look under the nursing  
23 note section.
- 24 A. I would say that it would have to be the time on  
25 there of 6:30.

1 MR. SCOTT: I'm sorry. What was  
2 the question that was just answered?

3 MR. ZUCKER: The question was what  
4 time did he first contact Dr. Van Dyke.

5 Q. What did you say to Dr. Van Dyke at that time?

6 A. I told him that the patient was having chest  
7 pain. I told him that I did the EKG, the  
8 12-lead, and that Dr. Chentow read it, and he  
9 said this. And I read --

10 MR. SCOTT: He said what?

11 A. I told him what Dr. Chentow said, and then I  
12 read him what I had written down from  
13 Dr. Chentow, what Dr. Chentow's explanation of  
14 the EKG was.

15 Q. And where did you write that down?

16 A. It could have been a lab sheet. It could have  
17 just been a blank piece of paper.

18 Q. Oh, is that right?

19 A. Yes.

20 Q. And what happened; did you throw it away  
21 afterwards?

22 A. Probably. Or I mean unless it was like written  
23 on the back of some part of the chart. I don't  
24 recall what I wrote it on.

25 Q. A doctor reports changes in an EKG indicating

1       that a man is having an acute myocardial  
2       infarction, and you write it down on a piece of  
3       paper that's not included in this chart. Is  
4       that what you're saying?

5   A, Uh-huh.

6   Q. Do you do that often?

7   A. Do I do that often?

8   Q. Yes. Do you do that kind of charting often?

9   A. That doesn't necessarily need to be part of the  
10       nursing record.

11   Q. Oh, it doesn't?

12   A. No.

13   Q. Why not?

14   A. Because that is not a nurse-interpreted  
15       response. That is written in the chart in other  
16       places by the physician.

17   Q. Did Dr. Chentow make any entries in this chart  
18       that you know of or that you observed?

19   A. I don't know. Not that I observed, no. But I  
20       don't know if he wrote in it. I haven't looked.

21   Q. It's your testimony that the only recordations  
22       you make in a hospital chart are your  
23       observations?

24   A. For the most part, I would have to agree with  
25       that.

1 Q. What did Dr. Van Dyke tell you to do?

2 A. He asked me if the person had any types of --  
3 was he a candidate for tPA basically. I don't  
4 remember his exact words, He asked me if there  
5 was any contraindications or anything that I  
6 knew of why he couldn't get tPA, and I told him  
7 not that I was aware of, And at that point, he  
8 told me to -- he asked if the tPA sheet was  
9 filled out, and I said, "No," and he says, "Get  
10 it filled out."

11 Q. How did you get it filled out? Who filled it  
12 out?

13 A. I asked the patient and the wife.

14 Q. You filled it out?

15 A. I filled it out.

16 Q. You did that with Mr. Grasgreen and  
17 Mrs. Grasgreen?

18 A. Yes, I did.

19 Q. Go ahead.

20 MR. GAUGHAN: I'm sorry. Was there  
21 a question before him?

22 MR. ZUCKER: Yes, The question is  
23 what did Dr. Van Dyke tell him to do, and  
24 he's answering the question.

25 A. That's what I did. There was no

1        contraindications on there so tPA was started  
2        per Dr. Van Dyke's order.

3    Q.    What did you tell the Grasgreens was going on?

4    A.    I don't recall specifically. I did go over the  
5        tPA protocol with them, and I believe she asked  
6        why it was so important for the questions. And  
7        my answer to that was that one of the major side  
8        effects of this medication is bleeding. And  
9        then we proceeded to go down the protocol, the  
10       list.

11   Q.    Doctor's orders. It's in there, the list you're  
12        looking for.

13        At the time you went over this list with  
14        Mr. Grasgreen, was he in any apparent distress?

15   A.    Not at that time.

16   Q.    Had his chest pain subsided?

17   A.    I believe so, yes.

18   Q.    Was he alert and oriented?

19   A.    Yes, sir.

20   Q.    Was his speech clear and appropriate?

21   A.    Yes, sir.

22   Q.    Did Mrs. Grasgreen say anything to you about  
23        Coumadin?

24   A.    20 minutes maybe or so after the fact.

25   Q.    You're lying. Under oath.

1 MR. SCOTT: Objection.

2 MR. GAUGHAN: Objection.

3 Q. You're under oath here. Okay?

4 MR. GAUGHAN: If you're going to  
5 badger the witness, we're going to stop  
6 this.

7 MR. ZUCKER: I apologize.

8 Q. Let's back up. You said that you went over this  
9 sheet with Mr. and Mrs. Grasgreen, correct?

10 A. Uh-huh.

11 Q. Okay. Did you ask them if he was taking any  
12 anticoagulants?

13 A. I don't remember. Is it on the list?

14 Q. Why don't you take a look at the sheets and let  
15 me know.

16 A. Uh-huh.

17 Q. Look over the sheets for a minute, okay?

18 MR. GAUGHAN: Which sheets?

19 MR. ZUCKER: The thrombolytic  
20 therapy guideline sheets that he's looking  
21 at.

22 A. I would have to --

23 Q. Do you want to look at the other page? Did you  
24 look at both pages?

25 A. This one.

1 MR. SCOTT: What is the other page  
2 so I might follow you?

3 MR. ZUCKER: It's in the doctor's  
4 orders.

5 MR. SCOTT: I see this.

6 MR. ZUCKER: There's two pages.  
7 "Thrombolytic therapy guidelines: tPA,  
8 Page 1 of 2 and Page 2 of 2." Got it?

9 MR. SCOTT: Yes.

10 MR. ZUCKER: May I have those?  
11 Because I want them marked as exhibits.

12 MR. GAUGHAN: What is the  
13 question?

14 MR. ZUCKER: We're going to get to  
15 the questions. I gave him an opportunity  
16 to review these before I asked him a series  
17 of questions about these.

18 Q. The last question I asked you was whether or not  
19 the Grasgreens mentioned Coumadin while you were  
20 going over the list, and you said you don't  
21 recall. You said -- your answer was "Is it on  
22 the list?" So we'll go over the list.

23 MR. SCOTT: That's not his  
24 testimony.

25 MR. ZUCKER: Would you read that

1 back, please.

2 Okay. I'll ask the question  
3 again. Will you mark those.

4 - - - -

5 (Thereupon, Plaintiff's Jordan  
6 Deposition Exhibit 3, 5-21-93 doctor's order  
7 sheet, 000422, was marked for purposes of  
8 identification.)

9 - - - -

10 (Thereupon, Plaintiff's Jordan  
11 Deposition Exhibit 4, physician's orders,  
12 000423, was marked for purposes of  
13 identification.)

14 - - - -

15 Q. I'm handing you back the thrombolytic therapy  
16 guidelines, Let's look at Page 1 of 2 if we may  
17 here for a minute.

18 MR. GAUGHAN: Page 1 of 2 marked as  
19 Plaintiff's Exhibit 3?

20 MR. ZUCKER: Yes.

21 Q. Let's look first at the signature there. Is  
22 that your signature, Omar?

23 A. Here?

24 Q. Yes.

25 MR. GAUGHAN: Where is "here"?



1 A. That is mine. Right here.

2 Q. That's your signature?

3 A, Right there.

4 Q. Do you sometimes use cursive and sometimes print  
5 in the chart?

6 A. In the chart, yes.

7 Q. Is that fair?

8 A. Sometimes.

9 Q. What time did you take this order from  
10 Dr. Van Dyke?

11 A. This order here?

12 MR. SCOTT: Wait a minute now. I  
13 need to know which order you're talking  
14 about. You know, there's more than one.

15 MR. GAUGHAN: Referring to  
16 Plaintiff's Exhibit 3.

17 THE WITNESS: It's a page of  
18 orders.

19 MR. SCOTT: Okay.

20 Q. Let's just talk about the Page 1 for now. Okay?

21 A. Okay.

22 Q. It says down at the bottom, "TO Dr. Van Dyke,  
23 Omar Jordan," correct?

24 A. Correct.

25 Q. I'm asking you what time you took that order.

1 A. I would say probably somewhere close to 6:30.

2 Q. Right next to your signature there, it says  
3 "Date & Time." Is that correct?

4 A. That's correct.

5 Q. Why didn't you put in the date or the time? Why  
6 didn't you put in the date and the time on most  
7 of the charting you did in this chart?

8 MR. GAUGHAN: If you know.

9 Q. If you know why you didn't.

10 A. Probably because I was in a hurry.

11 Q. Do you recall what time you went over this sheet  
12 with the Grasgreens?

13 A. This sheet?

14 MR. GAUGHAN: Which sheet are we  
15 talking about?

16 Q. There are two pages to the guidelines, right?  
17 Is that correct?

18 A. Go ahead.

19 MR. ZUCKER: There are two pages to  
20 this protocol, counselor, Page 1, Page 2.

21 MR. GAUGHAN: Yes. And is there  
22 any testimony that these --

23 Q. Did you go over these both with the Grasgreens  
24 at the same time?

25 A. No.

1 Q. Then when did you go over Page 1 with them? At  
2 what time?

3 MR. GAUGHAN: Now, just to make  
4 sure we're correct, Page 1, you're  
5 referring to the document you just put  
6 below?

7 MR. ZUCKER: Does it say Page 1 of  
8 1 there?

9 MR. GAUGHAN: Page 1 of 1,  
10 Plaintiff's Exhibit 3 is what we are  
11 referring to, right?

12 MR. ZUCKER: Right.

13 MR. GAUGHAN: Okay.

14 Q. Page 1 of 2. Excuse me. It says Page 1 of 2  
15 right there. Let's talk about that. When did  
16 you go over that with the Grasgreens?

17 A. I didn't.

18 Q. You didn't? You testified a few minutes ago  
19 that you went over that sheet with them.

20 MR. GAUGHAN: Objection. No, he  
21 did not.

22 Q. Clarify it. Tell me what you went over with the  
23 Grasgreens.

24 A. This is not the sheet, the part that you go over  
25 with the families. This belongs right here.

1 MR. GAUGHAN: Let the record  
2 reflect that he's referring to Plaintiff's  
3 Exhibit 4.

4 Q. When did you go over this or when did you  
5 complete this sheet?

6 A. Probably real close to 6:30 after I got off the  
7 phone with Dr. Van Dyke.

8 Q. When did you complete this portion with the  
9 Grasgreens?

10 A. Very shortly after I hung up the phone with  
11 Dr. Van Dyke.

12 Q. When did you complete Questions 2 through 11?

13 A. That is not a question for the family.

14 Q. I asked you when you completed it, not whether  
15 it was a question for the family.

16 A. Oh. I'm sorry. The same as this one.

17 MR. SCOTT: Now, I just want to be  
18 able to follow this in the deposition.  
19 When you say "the same as this one," that  
20 would be Page 2 or is it Page 1?

21 THE WITNESS: These two are  
22 together. This is a lab work set up as a  
23 standard for this.

24 MR. SCOTT: All right.

25 Q. So you're saying that Page 2 is what you

1 completed first?

2 A, I don't know. They're in conjunction with one  
3 another, I don't remember.

4 Q. So in essence, you filled them out at the same  
5 time? You started with --

6 MR. GAUGHAN: Let him answer the  
7 question, counselor. You're  
8 mischaracterizing his testimony.

9 MR. ZUCKER: Let me ask the  
10 question before you object.

11 MR. GAUGHAN: You have already  
12 asked this question. It's already been  
13 answered.

14 Q. My question is did you start completing these  
15 two forms with Page 1 of 2? Or Page 2 of 2?

16 A. This was direct orders from Dr. Van Dyke.

17 Q. When did Dr. Van Dyke give you these orders?

18 A. When I talked with him on the phone I believe at  
19 roughly 6:30.

20 Q. So you went over this sheet with Dr. Van Dyke on  
21 the phone; is that correct?

22 A. That is correct.

23 Q. And you went down the list beginning with No. 1  
24 through No. 11; is that correct?

25 A. That's correct.

1 Q. So the cardiology consult that is asked here,  
2 number one, you had with Dr. Van Dyke over the  
3 phone, correct?

4 A. That was done prior to that.

5 Q. By whom? Who did a cardiology consult on Arthur  
6 Grasgreen?

7 A. He's a cardiologist. It's not asking for  
8 another consult. This is for somebody who would  
9 be coming in through the emergency room being  
10 admitted to coronary care. This is checked  
11 because you have to have a cardiology consult to  
12 be admitted into the unit.

13 Q. Okay. That's what I said. It was done  
14 either -- it was done by Dr. Van Dyke or  
15 somebody prior to that.

16 A. Right.

17 Q. No. 2, it says "Obtain EKG and place patient on  
18 continuous cardiac monitoring to give the  
19 largest ST elevation." Do you see that?

20 A. Correct. Yes, sir.

21 Q. Did you establish your sites?

22 A. Yes, sir.

23 Q. Now, you had already established the sites when  
24 you went over this with Dr. Van Dyke?

25 A. I think he had already had two IV's, if I'm not

1 mistaken.

2 Q. Why don't you take a look at that and tell me  
3 when the IV's were placed.

4 MR. GAUGHAN: Let the record  
5 reflect the witness is looking at  
6 Plaintiff's Exhibit 1.

7 A. It looks like 6:30. According to this.

8 Q. Is it your testimony that you spoke with  
9 Dr. Van Dyke for the first time at 6:30 and that  
10 between 6:30 and 6:40, you went over Page 1 of 2  
11 with Dr. Van Dyke on the phone, went over Page 2  
12 of 2 -- well, part of 2 of 2 with the  
13 Grasgreens, completed the balance of 2 of 2, did  
14 everything that you were supposed to do on  
15 Page 1 of 2, placed the lines within five  
16 minutes? Or ten minutes?

17 A. This stuff isn't done.

18 Q. You went over this with Dr. Van Dyke on the  
19 phone, didn't you?

20 A. That's correct. But this isn't done. I mean  
21 this isn't started.

22 Q. These forms were blank when you started talking  
23 with Dr. Van Dyke; is that correct?

24 A. We're misunderstanding. Are you asking  
25 whether --

1 Q. My question is whether or not these forms were  
2 blank when you first talked to Dr. Van Dyke.

A. Correct.

4 Q. You went over Page 1 of 2 on the phone with  
5 Dr. Van Dyke, correct?

6 A. Uh-huh.

7 Q. He told you?

8 MR. GAUGHAN: Answer verbally,  
9 please.

10 THE WITNESS: Oh, I'm sorry.

11 A. Correct.

12 Q. Explain No. 11 to me if you would. You have  
13 that checked off.

14 A. Aspirin.

15 Q. You gave him the aspirin prior to the tPA  
16 admission?

17 A. I'd, I'd have to look at the record. He might  
18 have already had an aspirin for that day.

19 Q. Again, what did you say your reason was for not  
20 putting in the date and the time of this thing?

21 A. I was probably in too big of a hurry.

22 Q. And you say you went over Items 1-a through i on  
23 Page 2 of 2 with the Grasgreens; is that  
24 correct?

25 A. Yes, I did.



1 O. Did you review Mr. Grasgreen's chart for his  
2 blood pressure or his blood pressures since he  
3 has been admitted into the hospital?

4 A. No, I did not.

5 Q. You didn't?

6 A. No.

7 Q. You had no idea of what his history of blood  
8 pressure was from the time he was admitted into  
9 the hospital until the time you gave him tPA?

10 A. No.

11 Q. You didn't. Did you discuss his blood pressure  
12 with Dr. Van Dyke?

13 A. Well, if I mentioned it to Dr. Van Dyke, it was  
14 probably because it was on the low side.

15 Q. It was on the low side. Okay. Hold on.

16 Now, on Page 1 of 2, which you went over  
17 with Dr. Van Dyke, there's no questions about  
18 blood pressure, correct?

19 A. Correct.

20 Q. Did Dr. Van Dyke ask you anything about blood  
21 pressures?

22 A. I don't remember, but it's very possible.

23 MR. GAUGHAN: Again, he's not  
24 asking for possibilities, If you remember,  
25 please say so. If you don't remember, say

1           you don't remember.

2   A.   I don't remember.

3   Q.   On Page 2 of 2, Items 1-a through i, did you go  
4       over each one of those items with Mr. and  
5       Mrs. Grasgreen present?

6   A.   Yes, sir.

7   Q.   That is your testimony?

8   A.   Yes, it is.

9   Q.   Did you explain to them what each one of those  
10      things meant?

11  A.   Yes, I did.

12  Q.   You did. What did you tell them an intracranial  
13      neoplasm was?

14  A.   A growth or cancer of some type of tumor to the  
15      brain.

16  Q.   What did you tell them a known bleeding  
17      diathesis was?

18  A.   I really don't remember.

19  Q.   Do you remember what a known bleeding diathesis  
20      is as we sit here right now?

21  A.   A proper definition of it, probably not.

22  Q.   Do you have any idea what a known bleeding  
23      diathesis condition is as we sit here right  
24      now? Would Coumadin lifelong be a known  
25      bleeding diathesis?

1 A, Not in my opinion.

2 Q. Did you review any other part of this chart  
3 prior to administering tPA to Arthur Grasgreen?

4 A. I did not.

5 Q. Did you review any portion of the chart or the  
6 portion of the chart which indicates that Arthur  
7 Grasgreen bleeds easily?

8 A. No, I did not.

9 Q. Have you reviewed that subsequent to the  
10 incident on May 21st?

11 A. After the fact?

12 Q. Yes.

13 A. I went through it briefly Wednesday.

14 Q. Did you see in the chart where it indicates  
15 Arthur Grasgreen bleeds easily?

16 A. I did not.

17 Q. It's in the nurses' notes in a couple of  
18 places.

19 MR. GAUGHAN: Is that a question?

20 MR. ZUCKER: A point of  
21 information.

22 MR. GAUGHAN: Move to strike.

23 Q. I want to show you a part of the nursing chart  
24 here, Arthur Grasgreen's chart.

25 MR. ZUCKER: Would you mark that.

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- - - -

(Thereupon, Plaintiff's Jordan  
Deposition Exhibit 5, patient care profile,  
000078, was marked for purposes of  
identification.)

- - - -

Q. Omar, I'm handing you what the court reporter  
has marked Plaintiff's Exhibit No. 5.

A. Uh-huh.

Q. And this is a copy of the patient care profile  
from the chart of Arthur Grasgreen. I'm  
pointing out to you the words "bleeds easily."

A. Okay.

Q. Which appear on a number of pages in the nurses'  
notes of this chart.

In the context of the thrombolytic therapy  
protocol or guideline sheet that we were talking  
about, Page 2, Question 1-i, what does that mean  
to you? If you can answer that question.

MR. GAUGHAN: What do you mean by  
that?

Q. What do the words "bleeds easily" mean to you in  
the context of Question 1-i?

A. Can we talk about --

Q. If you can answer it.

1 A, I can, but it's something that to know the  
2 computer system and what goes on there, you  
3 won't understand. That is not necessarily what  
4 that means, That is a category for the  
5 hospital's risk factors listed. This falls  
6 under a lot of things other than just what  
7 you're asking.

8 Q. What could "bleeds easily" mean?

9 A. Bleeds easy?

10 Q. "Bleeds easily." The words "bleeds easily"?

11 A. What this means in his is probably for the  
12 Coumadin therapy.

13 Q. Now, did Mr. and Mrs. Grasgreen mention to you  
14 that Mr. Grasgreen was on Coumadin, lifelong, at  
15 the time you filled out Questions 1-a through i  
16 with them on the thrombolytic therapy guideline  
sheet?

18 A. No.

19 Q. That's an absolute no?

20 A. That's a positive no.

21 Q. You don't remember having a discussion with  
22 Mrs. Grasgreen where she told you that  
23 Mr. Grasgreen was on Coumadin?

24 A. Yes.

25 Q. And ~~that the~~ conversation took place after you

1       gave him the -- began to give him the tPA; is  
2       that correct?

3   A.   That's correct.

4   Q.   Did you not tell Mrs. Grasgreen that you were  
5       giving Mr. Grasgreen the miracle drug, the clot  
6       buster?

7   A.   I wouldn't have used that term, no.

8   Q.   You would not have used those words?

9   A.   Not "miracle drug." I probably would have used  
10       "clot buster" but not "miracle drug."

11   Q.   Do you recall telling Mrs. Grasgreen that you  
12       were going to be using the clot buster on  
13       Mr. Grasgreen?

14   A.   I do not recall.

15   Q.   Do you recall telling Mrs. Grasgreen in response  
16       to her telling you about the Coumadin that you  
17       now have or you were going to have Mr. Grasgreen  
18       on heparin because it would be much easier to  
19       monitor his blood that way than as opposed to  
20       Coumadin? Do you remember that statement?

21   A.   Yes, but can I elaborate on that?

22   Q.   Yes, you may.

23   A.   That is a statement, but it's measured in -- I  
24       do remember the statement, but it is because it  
25       has two different effects. That is a very easy

1 way of explaining to her what the differences  
2 was. Does that make sense?

3 Q. Do you recall then telling her that?

4 A. That we were going to put him on heparin because  
5 it's easier for us to monitor.

6 Q. Do you remember the conversation with  
7 Mrs. Grasgreen?

8 A. Yes, I remember the conversation.

9 | Q. Again back to the question regarding Item 1-i on  
10 the thrombolytic therapy guideline, if you  
11 will.

12 A. Yes.

13 Q. You don't know what a known bleeding diathesis  
14 is, do you?

15 MR. GAUGHAN: Objection. I think  
16 that was asked and answered.

17 MR. ZUCKER: I know it was.

18 Q. You can answer the question.

19 A. The particular term, no.

20 Q. There is a line below i, 1-i, that says, "Yes --  
21 Review done and no significant contraindications  
22 noted." Do you see that?

23 A. Uh-huh.

24 Q. You didn't indicate either way there a response;  
25 is that correct?

1 A. Not there, no.

2 Q. Why?

3 A. I don't know.

4 Q. Now, Item No, 2, Items 2 through 11 --

5 A. Uh-huh.

6 Q. -- you completed those after going over 1-A  
7 through i with the Grasgreens; is that correct?

8 A. Some of this could have been done. Some of it's  
9 blood work. Some of it's a type and cross for  
10 for bloods.

11 Q. My question was did you go over Items 2 through  
12 11 after going over Item 1-a through i with the  
13 Grasgreens?

14 A. No.

15 Q. You didn't do this?

16 A. No.

17 Q. This is not your -- these are not your checks?  
18 This is not your handwriting, this telephone  
19 order?

20 A. Yes.

21 Q. It is -- those are your checks?

22 A. Yes.

23 Q. So when did you do this?

24 A. You're asking me if I went over it with the  
25 Grasgreens.



1 Q. No, I didn't. I said after going over Items 1-a  
2 through i with the Grasgreens, then did you  
3 complete Items 2 through 11?

4 A. These things are -- did I physically check them  
5 or did I physically do them? I'm not  
6 understanding.

7 Q. Okay. Yes. Did you check them? Did you check  
8 them off?

9 A. I don't remember if that was before or after.

10 Q. But was it before you administered the tPA?

11 A. Uh-huh.

12 MR. GAUGHAN: Will you please --

13 A. Yes. I'm sorry. Yes.

14 Q. In between the time you spoke with Dr. Van Dyke  
15 and you administered the tPA, you went over  
16 Items 2 through 11, correct?

17 A. I checked them.

18 Q. You reviewed them as you checked them -- or I  
19 should said you checked them as you reviewed  
20 them. Is that correct?

21 A. This is something that is spontaneously done by  
22 several people. The lab does these.

23 Q. Not the items -- you reviewed -- you read Item 2  
24 and then checked it off; is that correct?

25 Before giving him the tPA? Did you in fact

1 check or have somebody else check the lab work,  
2 the CBC, the PT, the PTT?

3 A. I checked these,

4 Q. You checked them?

5 A. Yes.

6 Q. Take me through the process that you went  
7 through that evening. What did you do? You  
8 read it and then checked it?

9 A. I checked.

10 Q. Do you know what that means, "STAT lab work"?

11 A. Yes.

12 Q. Did you review the chart to see if it were done?

13 A. No.

14 Q. Did you look at the hematology report for  
15 Mr. Grasgreen's PT and his PTT?

16 A. No.

17 Q. Why not?

18 A. This is an order to do that, not to review that.

19 Q. Did you tell Dr. Van Dyke what the PT or the PTT  
20 was?

21 4. I don't remember. We discussed it I think at  
22 one point, but I don't remember what the outcome  
23 was or the discussion was.

24 2. You say you went over the first page of this  
25 thing with Dr. Van Dyke before administering the

1 pTA; is that correct?

2 A. That's correct.

3 Q. You said that Dr. Van Dyke told you to check for  
4 contraindications to tPA and if there were none,  
5 to go ahead and give it to him as indicated in  
6 Items 4 through 6 on Page 1 of 2. Is that  
7 correct?

8 A. That's correct.

9 Q. Are you saying that Dr. Van Dyke left it up to  
10 you to evaluate this patient, to review these,  
11 Page 2 of 2 and all of the items on all of the  
12 requests thereon, in order to evaluate this man  
13 as a candidate for tPA?

14 That's a "yes" or "no" or " can't  
15 answer." Do you want me to repeat the question?

16 A. I can't answer it the way it's asked.

17 MR. GAUGHAN: Okay.

18 2. Are you -- let me see if I can clarify it.  
19 You're saying that Dr. Van Dyke didn't ask you  
20 any of the questions contained on Page 2 of 2  
21 before administering the pTA?

22 A. These are not done --

23 MR. GAUGHAN: Just answer the  
24 question.

25 THE WITNESS: Oh.

1 A. Wait. Repeat the question, please.

2 Q. Did Dr. Van Dyke review with you the items  
3 listed on Page 2 of 2 of the thrombolytic  
4 therapy guidelines prior to your administering  
5 tPA to Arthur Grasgreen?

6 A. I do not remember specifically.

7 Q. Is it your testimony that Dr. Van Dyke left it  
8 up to you to evaluate Arthur Grasgreen as a  
9 candidate for receiving thrombolytic therapy?

10 Do you understand the question?

11 A. Yes, I do understand the question.

12 Q. Then is the answer yes or no?

13 A. I can't answer that.

14 Q. Why not? Why can't you answer the question if  
15 you understand it?

16 A. It's not -- you're not asking the right question  
17 for --

18 Q. I can ask any question I want, Omar, and you  
19 have to answer. You're under oath. If you  
20 don't understand it, you can't answer.

21 A. I cannot answer the question.

22 Q. Why not?

23 A. Because I am not understanding the way it is  
24 asked.

25 Q. Then you don't understand the question?

1 A. I do not understand the question.

2 Q. Did you feel confident in evaluating  
3 Mr. Grasgreen as a candidate for tPA?

4 MR. GAUGHAN: Objection again to  
5 the use of the word "evaluating."

6 A, I felt comfortable in asking the person and the  
7 family these questions.

8 Q. And you knew at the time you gave him tPA that  
9 there were contraindication guidelines,  
10 correct?

11 A. Repeat that, please.

12 Q. At the time you gave Arthur Grasgreen tPA, you  
13 knew that there were various contraindications  
14 to giving people --

15 A. No.

16 Q. You didn't?

17 MR. GAUGHAN: Is your question  
18 specific as to are there things that are  
19 contraindicated or --

20 MR. ZUCKER: Yes, that's my  
21 question.

22 Q. In general, you knew that there were guidelines,  
23 that there were indications and  
24 contraindications? We discussed them earlier?

25 A. That's right. That's these right here.

1 Q. You knew it -- those are them right there?

2 A. That's it right there.

3 Q. Do you know that you find out the answers to  
4 Questions 1-a through i by looking at the  
5 results of Items 2 through 11?

6 MR. GAUGHAN: Objection. It  
7 assumes facts not in evidence.

8 A. Can we go off the record for a minute?

9 Q. No.

10 A. Am I allowed to ask that?

11 Q. No.

12 MR. GAUGHAN: Either you understand  
13 the question or you don't.

14 Q. You do not understand the question?

15 A. I understand the question but not the way it's  
16 being asked.

17 Q. Okay.

18 MR. ZUCKER: That's okay.

19 MR. GAUGHAN: Okay.

20 Q. Do you know what PT and PTT measure?

21 A. PT is your partial thrombo time, and your PTT is  
22 your --

23 Q. I didn't ask you what the names of those were.  
24 I asked you what they measure, those tests.

25 A. Clotting factors.

- 1 Q. Clotting factors?
- 2 A. Yes.
- 3 Q. Coagulation, the coagulation of blood; is that
- 4 correct?
- 5 A. Uh-huh.
- 6 Q. And you're aware -- you told me before that tPA
- 7 works on breaking up clots, correct?
- 8 A. Uh-huh.
- 9 Q. That action is called coagulation ; is that
- 10 correct?
- 11 A. I'm not sure.
- 12 Q. Do you think as you sit here right now that the
- 13 coagulability of a person's blood will have some
- 14 play in the decision-making -- will have some
- 15 influence in the decision-making as to whether
- 16 or not to give that person tPA?
- 17 A. No.
- 18 Q. No? It doesn't?
- 19 A. No.
- 20 Q. It's your testimony that you don't recall if
- 21 Dr. Van Dyke asked you any specific questions
- 22 about Arthur Grasgreen's candidacy for tPA; is
- 23 that correct? The contraindications as you've
- 24 indicated them?
- 25 A. No. He asked if there were any

1        contraindications, and I told him not that I was  
2        aware of.

3        Q.    Omar, I think that it's obvious you are not  
4        trained and not expected to --

5                    MR. GAUGHAN:    Is this leading to a  
6        question?

7                    MR. ZUCKER:    Yes.

8                    MR. GAUGHAN:    Okay.

9        Q.    I think in May of 1993, you were not trained to  
10        evaluate a person's candidacy for receiving  
11        tPA.    Is that correct?

12        A.    I can't answer that.

13        Q.    Why not?

14        A.    Because it's -- you're -- I don't think that I  
15        was evaluating their candidacy.    I was asking  
16        certain straightforward questions on a protocol  
17        and getting answers.

18        Q.    Do you have an idea of what Arthur Grasgreen  
19        died from?

20        A.    No, I do not.

21        Q.    You're not aware that he died from an  
22        intracerebral bleed?

23        A.    Yes.    Oh, I'm aware of that, yes, sir.

24        Q.    Do you know what that was caused by?

25        A.    No.



1 Q. That was caused by the pTA that you gave him.

2 MR. GAUGHAN: Objection.

3 Q. Are you aware of that?

4 MR. SCOTT: Wait a minute.

5 A. I am not aware of that.

6 MR. SCOTT: That's argumentative  
7 and assumes all kinds of facts, and it is  
8 not getting us anyplace in this  
9 deposition. This witness is here to give  
10 you answers to factual questions. Let's  
11 go.

12 Q. How many times did you talk to Dr. Van Dyke?

13 A. I would say probably at least three.

14 Q. On three separate occasions?

15 A. Three separate occasions.

16 Q. You testified that he told you to check for  
17 contraindications; if there were none to give  
18 him the tPA. Is that correct?

19 A. That is correct.

20 Q. And did he tell you anything about faxing him an  
21 EKG?

22 A. Yes.

23 Q. Did you know you were talking to him on a car  
24 phone?

25 A. Yes.

1 Q. Did he tell you that?

2 A. Yes.

3 Q. Did he tell you where he was going?

4 A. If I remember correctly, he was on his way home.

5 Q. Did he tell you that he had a fax machine at his  
6 home?

7 A. Yes.

8 Q. And that you were to fax an EKG to him?

9 A. Yes.

10 Q. Do you recall whether he asked you to fax him  
11 the EKG that had already been done that  
12 Dr. Chentow interpreted or was it another EKG  
13 that he wanted you to fax to him?

14 A. I sent him two.

15 Q. You did?

16 A. Yes, sir.

17 MR. GAUGHAN: Listen to the  
18 question and answer it.

19 THE WITNESS: Okay.

20 Q. Did Dr. Van Dyke in any one of the three  
21 conversations that you think you had with him  
22 indicate to you that he was going to discontinue  
23 the tPA?

24 A. Yes.

25 Q. And tell me what he said about discontinuing the

1 tPA.

2 A. "I'm not very impressed with this EKG. Stop the  
3 tPA."

4 Q. Do you recall at what point he did that?

5 A. I believe it was after the lytic dose,

6 Q. Was it before Arthur Grasgreen's blood pressure  
7 went down to 60 over 57 or was it after that?

8 A. I'd have to look,

9 Q. The lytic dose you're referring to is the 50  
10 milligram over one-half hour dose; is that  
11 correct?

12 A. That is correct.

13 Q. So he was given the 15 milligram bolus dose and  
14 he was given the 50 milligram lytic dose as you  
15 refer to it?

16 A. I believe most of it. I'm not sure exactly.

17 Q. When did you give him the aspirin? Do you  
18 recall?

19 A. No.

20 Q. Did you give it to him?

21 A. I'd have to look.

22 Q. Well, you indicate that you did here on the  
23 thrombolytic guideline sheet?

24 MR. GAUGHAN: I'm going to have to  
25 object. His prior testimony was that it

1           may have been given at any time during the  
2           day, which would have included prior  
3           shifts.

4   Q.   Is that your testimony, that you didn't give it  
5       to him concomitant with the pTA?

6   A.   I would have to look at the record.

7   Q.   And this record doesn't give you any --

8   A.   No, it does not.

9   Q.   Okay. Let's look at the record. Why don't you  
10       look at your medication and administration flow  
11       sheets and tell me if you show administering any  
12       aspirin to Mr. Grasgreen.

13  A.   6:30.

14  Q.   You gave him aspirin at 6:30. How much did you  
15       give him?

16  A.   One 325 milligram PO.

17  Q.   Who ordered that?

18  A.   Dr. Van Dyke.

19  Q.   What time did he order it?

20  A.   Roughly 6:30.

21  Q.   What did Dr. Van Dyke tell you about  
22       discontinuing a tPA?

23  A.   He had stated that he wasn't very impressed with  
24       the EKG and that "You can shut off the tPA."

25  Q.   And do you recall in which conversation that

1       took place, Conversation 1, 2 or 3?

2   A.   No, I do not.   There was several, and I'm not  
3       sure.

4   Q.   Your notes indicate that you had completed the  
5       lytic dose at 7:15 approximately and that it was  
6       at that time that Mr. Grasgreen's blood pressure  
7       fell.   Is that correct?

8               In here.   It's right here.   And, also, I'm  
9       going to hand you now what has been marked  
10      Plaintiff's Exhibit No. 2, which is the second  
11      page of your nurses' notes, and it would  
12      indicate the 7:15 time that I just asked you  
13      about.

14   A.   Repeat the question, please.

15   Q.   The question is it was 7:15 when Mr. Grasgreen  
16       completed -- or when the 50 milligram lytic dose  
17       was completed; is that correct?

18   A.   Here are your nurses' notes.   I don't see a  
19       specific time in here for when the tPA was  
20       completed.

21   Q.   Do you recall, Omar, giving Mr. Grasgreen the  
22       first 65 milligrams of tPA?   That is, the bolus  
23       dose and the lytic dose as you refer to it?

24   A.   I do not remember whether he received all of  
25       it.   I do not remember exactly where it was shut

1 off at.

2 Q. Omar, did you make any notation in the nursing  
3 chart about your conversation with Dr. Van Dyke  
4 to discontinue the tPA?

5 A. I should have.

6 Q. Why didn't you?

7 A. I don't know that it's not in here.

8 Q. It's not anywhere in that chart.

9 MR. GAUGHAN: Can we give him a  
10 chance to look at it?

11 MR. ZUCKER: Yes.

12 MR. GAUGHAN: Okay.

13 MR. ZUCKER: Can we do this  
14 hypothetically? It appears nowhere in the  
15 chart.

16 MR. GAUGHAN: Well, actually --

17 MR. ZUCKER: Okay. Let's look at  
18 his nurses' notes.

19 MR. GAUGHAN: Can we go off just  
20 for a second.

21 - - - -

22 (Thereupon, a discussion was had off  
23 the record.)

24

25 Q. Based on the copies that I have provided you and

1 not on the original hospital chart, in your  
2 charting on Exhibits 1 and 2, there's no mention  
3 of a discussion with Dr. Van Dyke to discontinue  
4 tPA and there is no mention that you did  
5 discontinue tPA. Isn't that correct? You've  
6 just read these two?

7 A. As far as I can see, that's correct.

8 Q. There's a 9:00 o'clock entry that says "TPA  
9 started." Is that correct?

10 A. That's what it says, that's correct.

11 Q. Now, would that indicate to you that you started  
12 the 35 milligram dose, maintenance dose of tPA  
13 before it was discontinued?

14 A. No.

15 Q. Why does it say "TPA started" at 9:00 o'clock?

16 A. I don't know.

17 Oh. I can answer that, actually.

18 THE WITNESS: Thank you.

19 Q. Go right ahead.

20 A. "Patient remained unchanged neuro since TPA  
21 started.

22 Q. That word is "since"?

23 A. "Since.

24 Q. Okay.

25

- - - -

1 (Thereupon, Plaintiff's Jordan  
2 Deposition Exhibit 6, 5-21-93 doctor's order  
3 sheet, 000428, was marked for purposes of  
4 identification.)

5 - - - - -  
6 (Thereupon, Plaintiff's Jordan  
7 Deposition Exhibit 7, 5-21-93 doctor's order  
8 sheet, 000421, was marked for purposes of  
9 identification.)

10 - - - - -  
11 (Thereupon, Plaintiff's Jordan  
12 Deposition Exhibit 8, 5-21.22-93 doctor's order  
13 sheet, 000424, was marked for purposes of  
14 identification.)

15 - - - - -

16 Q. Did you ever mention anything to Dr. Chentow  
17 about tPA?

18 A. Yes.

19 Q. What did you say to him about tPA?

20 A. He came by the bedside briefly, and he asked  
21 what they were doing or what did he do for it,  
22 something in that context, and I said "tPA," and  
23 he said "Good" and walked away.

24 Q. You mean he came back again after you  
25 administered the tPA, Dr. Chentow?



A. I am not sure exactly what time it was.

2 Q. You testified earlier that he left and never  
3 came back.

4 A. I don't think so.

5 Q. Okay. So you're saying -- if I understand what  
6 you've just said correctly, Dr. Chentow came by  
7 and said "What did his doctor decide to do," and  
8 you said "We gave him tPA," correct?

9 A. Correct.

10 Q. And you don't remember when that was?

11 A. I do not.

12 Q. Did you discuss tPA with Dr. Chentow prior to  
13 administering the tPA?

14 A. I do not remember.

15 Q. Did you give Dr. Chentow any indication that he  
16 was reading that EKG to determine whether or not  
17 the man was a candidate for tPA?

18 MR. SCOTT: Objection.

19 Q. Go ahead and answer.

20 A. Repeat it one more time.

21 Q. Did you tell Dr. Chentow that he was  
22 interpreting that EKG for the purpose of  
23 determining whether or not Arthur Grasgreen was  
24 a candidate for tPA?

25 A. That was not a factor at that time.

1 Q. Okay. It was not a factor. So Dr. Chentow did  
2 not mention tPA to you; is that correct?

3 A. That's correct.

4 Q. And you didn't mention it to him, correct?

5 A. Correct.

6 Q. The first mention of tPA came from Dr. Van Dyke;  
7 is that correct?

8 A. To the best of my recollection.

9 Q. I'm handing you three sheets now which have been  
10 marked Plaintiff's Exhibits 6, 7 and 8. Those  
11 are doctor's order sheets. And I would like to  
12 ask you to look at Order No. -- the third --

13 MR. SCOTT: We need to identify by  
14 date and time, if you can.

15 MR. ZUCKER: Well, it does say  
16 "5/21." Do you see it? It's on a page  
17 with three 5/21's.

18 MR. GAUGHAN: So Plaintiff's  
19 Exhibit 6, lower third?

20 MR. ZUCKER: Yes.

21 Got it, John?

22 MR. SCOTT: What does it say?

23 MR. ZUCKER: Well, hopefully, we're  
24 going to find out.

25 Q. Did you write the order on that panel?

1 A. I'm sorry?

2 Q. Did you write this order in that panel? Is that  
3 your handwriting?

4 A. That is not my handwriting.

5 MR. SCOTT: Let me see it quickly,  
6 if I can.

7 Thanks, Hold on for just a  
8 moment.

9 Okay. Thank you.

Q. Did you write the order on Exhibit 7 in the  
first and second and third panels? Did you take  
12 that order and write that order?

13 MR. SCOTT: Now, what is Exhibit 7  
14 for the record?

15 MR. ZUCKER: It's the next page of  
16 the doctor's order sheets. These are three  
17 consecutive pages of the doctor's order  
18 sheets.

19 MR. SCOTT: Okay. Let me just see  
20 it for a moment.

21 All right. Thank you.

22 Q. Is that your handwriting?

23 A. I'm looking. All of it except for this.

24 Q. "Discontinue dopamine drip"?

25 A. Yes, sir.

1 Q. Is that your signature?

2 A. That looks like my signature,

3 Q. That looks like your signature?

4 A. This does, yes.

5 Q. That is your signature?

6 A. Yes.

7 Q. And on the next page, there's an order at the  
8 top. Is that your writing?

9 A. This top half, top first section is my writing.

10 Q. And that is your handwriting?

11 A. Yes, it is.

12 Q. Why don't you put the times in of any of your  
13 orders here that you took?

14 A. I have no answer.

15 Q. On Plaintiff's Exhibit 6, if you would.

16 MR. ZUCKER: Moving around here for  
17 brevity's sake, gentlemen. It's getting  
18 late.

19 Q. Do you recognize the handwriting of the person  
20 who took that telephone order?

21 A. This? No, I do not.

22 MR. SCOTT: Date and time, please.

23 MR. ZUCKER: Plaintiff's Exhibit 6,  
24 third panel down.

25 MR. SCOTT: Well, I don't have

1 marks on mine. I mean I don't have exhibit  
2 stickers.

3 All right. Sorry.

4 Q. Do you recognize that signature? It says  
5 "Telephone order Dr. Van Dyke slash Ann"  
6 something. I think it says. I can't read it.

7 A. It's probably -- it looks like -- no, I can't  
8 read it.

9 Q. Ann McGrath came on after you, didn't she?

10 A. Yes.

11 Q. But that doesn't say "McGrath" there, does it?

12 A. I can't read it.

13 Q. Do you see a time that that order was taken?

14 A. No.

15 Q. Do you agree that Item 3 of that order says  
16 "Discontinue TpA"?

17 A. This right here says "D/C TpA," yes.

18 Q. You said you took the order to discontinue the  
19 tPA, didn't you?

20 A. Uh-huh.

21 Q. Did you write it anywhere in the order sheets,  
22 in the doctor's orders?

23 A. I'd have to look.

24 Q. Go ahead. Look.

25 A. This isn't all the orders. Is this all the

1 orders?

2 Q. We'll sit here while you go through all the  
3 orders.

4 A. I mean is this?

5 Q. That's the only place in the chart where it  
6 indicates "Discontinue tPA" and you didn't take  
7 the order. I want to know why not and who did  
8 and when the order was given. And when the  
9 order was carried out.

10 MR. GAUGHAN: Why don't we first  
11 give him a chance to look at the records to  
12 his satisfaction, and then we can ask him  
13 one question at a time.

14 MR. ZUCKER: Okay.

15 - - - -

16 (Thereupon, a discussion was had off  
17 the record.)

18 - - - -

19 Q. Okay. Let's go back on the record now. Do you  
20 want to make a comment about that?

21 A. Well, I want to finish looking through here  
22 first to make sure that --

23 MR. GAUGHAN: Okay.

24 Q. Do you think I could ask you a question while  
25 you're looking through that?

1 MR. GAUGHAN: I would prefer not  
2 just so that -- the record's clean I guess  
3 is the rest of that sentence.

4 A. This is all the orders?

5 Q. Uh-huh.

6 A. Okay. Well, then I did not. This could  
7 possibly be Ann Genoveses' signature, who was  
8 there that day.

9 Q. My next question is throughout this entire  
10 ordeal, more specifically, throughout the time  
11 that you treated Arthur Grasgreen on the 21st of  
12 May, 1993, beginning at approximately 4:00  
13 o'clock as you had indicated, did you receive  
14 any help from any other nurse?

15 A. Sure.

16 Q. Who?

17 A. Pat Hawk.

18 Q. What did Pat Hawk do?

19 A. Specifically?

20 Q. Yes.

21 MR. GAUGHAN: And if you recall.

22 A. I do not remember.

23 Q. Do you know when she did whatever it is you  
24 don't remember what she did?

25 A. I do not.

1 Q. Who else helped you?

2 A. I don't know who specifically helped physically,  
3 but with orders and with lab work and  
4 correlating a lot of things, Ann Genoveses. And  
5 probably just about anybody else that was there  
6 that day.

7 Q. Well, when you say "help," like what could they  
8 possibly have helped you do?

9 A. They could help me do anything from help set up  
10 IV's to enter lab work in the computer to make  
11 phone calls to get medications to -- just about  
12 anything.

13 Q. Would they enter orders from a doctor on your  
14 behalf?

15 A. Repeat that, please,

16 Q. Would any of these people who you say may have  
17 helped you -- and you're not testifying -- it is  
18 not your testimony that you recall specifically  
19 that they helped you?

20 A. I do remember getting help, yes.

21 Q. From?

22 A. I know from Pat and Ann.

23 Q. But you don't remember what they did?

24 A. Specifically, no.

25 Q. Did Ann McGrath help you?



1 A. Ann McGrath wasn't there.

2 Q. Didn't she come on after you?

3 A. At 11:00 o'clock I believe,

4 Q. If you would look at the nurses' note, which  
5 is -- where are the nurses' notes?

6 Here they are. This is Plaintiff's Exhibit  
7 No. 2. Who's got 2? Here it is.

8 You stopped charting at 9:00 o'clock. At  
9 least the narrative notes. Isn't that correct?

10 A. No.

11 Q. No? Where are the rest of them?

12 A. 10:30.

13 Q. Okay. You stopped charting at 10:35, correct?

14 A. At 10:35, it was my last -- well, unless there's  
15 another page, that was my last notation, yes.

16 Q. Did you leave at 11:00 o'clock when your shift  
17 ended?

18 A. Well, we leave at 11:30. We give report from  
19 11:00 to 11:30.

20 Q. So you left Mr. Grasgreen's care and treatment  
21 at 11:00 o'clock; is that correct?

22 A. No, sir. At 11:30.

23 Q. At 11:30. You were with Mr. Grasgreen as you  
24 were giving report as you stated?

25 A. I don't know if I was specifically at the

1 bedside. It could have been possible, but I  
2 don't remember.

3 Q. At 7:15, Mr. Grasgreen's blood pressure dropped;  
4 is that correct?

5 MR. GAUGHAN: Referencing  
6 Plaintiff's Exhibit 2.

7 A. That's correct.

8 Q. What happened? What did you do when his blood  
9 pressure dropped?

10 A. Well, I -- let me read here and I'll tell you.

11 I lowered the head of his bed, raised his  
12 feet. Turned off the nitro drip.

13 At that time, that's what I did.

14 Q. You indicated before that after you had started  
15 the tPA administration, Mrs. Grasgreen mentioned  
16 something to you about Coumadin. Is that  
17 correct?

18 A. That's correct.

19 Q. When Mr. Grasgreen's blood pressure dropped at  
20 7:15, did you think anything might have gone  
21 wrong as a result of Mrs. Grasgreen telling you  
22 about the Coumadin and the tPA having been  
23 administered?

24 A. No.

25 Q. If Mrs. Grasgreen -- you indicate she never said

1 anything to you prior to the tPA administration,  
2 correct?

3 A. Not that I remember.

4 Q. If she had told you about that, would that have  
5 had any bearing on your thinking regarding  
6 giving Mr. Grasgreen tPA?

7 A, No.

8 Q. No. Would you have reflected his PT or his PTT  
9 prior to giving him the tPA had you known about  
10 the Coumadin?

11 A. Possibly his PT. His PTT would have been  
12 unaffected.

13 Q. And had you looked at his PT and it  
14 indicated -- and the result was 72, would that  
15 have had any bearing on your thinking to give  
16 him tPA?

17 A. Possibly.

18 Q. Why?

19 A. It would not have been my decision.

20 Q. What effect would it have had on your thinking?

21 A. On my thinking personally?

22 Q. Coumadin -- I'm sorry. PT was 24. PTT was 72.  
23 The PT is 24. The wife tells you that the man  
24 takes Coumadin lifelong. What would that have  
25 meant to you?

- 1 A. Nothing.
- 2 Q. Nothing. A result on a PT of 24 of Coumadin  
3 prior to tPA would mean nothing to you?
- 4 A. No.
- 5 Q. Why not?
- 6 A. Because we get PT and PTT's greater than that  
7 when we're giving the pTA.
- 8 Q. You do?
- 9 A. Yes. Normally.
- 10 Q. Normally?
- 11 A. Yes.
- 12 Q. Is that right? Is that a high PT or a PTT?
- 13 A. Slightly.
- 14 Q. Just slightly. Is a PT of 100 high? A PTT, is  
15 that high, a hundred?
- 16 A. That is high.
- 17 Q. 39? High?
- 18 A. PTT?
- 19 Q. PT. 39.
- 20 A. There's a big difference.
- 21 Q. Is 39 on -- a result on a PT of 39 high?
- 22 A. Yes.
- 23 Q. Do you know if Dr. Chentow reviewed  
24 Mr. Grasgreen's EKG from 1986?
- 25 MR. SCOTT: Objection,

1 MR. ZUCKER: What are you objecting  
2 to?

3 MR. SCOTT: Is it in the record?

4 MR. ZUCKER.: Yes. It was in the  
5 record provided to me by the hospital.

6 MR. SCOTT: 1986?

7 MR. ZUCKER: Yes.

8 A. I don't know.

9 Q. Okay. That's all I'm asking. Did you see the  
10 EKG from 1986 in Mr. Grasgreen's chart?

11 A. No.

12 Q. Did you know Mr. Grasgreen had had a previous  
13 MI?

14 A. Yes.

15 Q. How did you know that?

16 A. I'm not sure.

17 Q. Do you know what a cardiovascular accident is, a  
18 CVA?

19 A. Yes.

20 Q. What is that?

21 A. It's a stroke.

22 Q. And did you note from reviewing the chart -- we  
23 had talked before about reviewing the chart.

24 You testified you did not review the chart prior  
25 to treating Mr. Grasgreen, correct?

1 A. Correct.

2 Q. Did you at any time prior to giving him the tPA  
3 review the chart?

4 A. No.

5 Q. You didn't review his chart prior to giving a  
6 tPA?

7 A. No.

8 Q. Are you absolutely sure of that?

9 A. Positive.

10 Q. Dr. Van Dyke, when he said to you "Check for  
11 contraindications," what did you think he meant?

12 Where were you going to find these  
13 contraindications?

14 A. That was not his wording.

15 Q. "Look for contraindications. If there are none,  
16 give him tPA." Is that what he said? "Check  
17 for contraindications"?

18 A. He asked me if there was any that I was aware  
19 of, and I said "Not that I'm aware of."

20 Q. Did you tell him you did not review the chart?

21 A. No.

22 Q. How could you become aware of the  
23 contraindications if you don't review the chart?

24 A. Personal contact and questioning.

25 Q. You think that patients are capable of relating

1 to you everything that's in a hospital chart in  
2 nine questions?

3 A. Repeat the question?

4 Q. Do you think that the Grasgreens were capable of  
5 giving you enough information to determine  
6 whether or not there were contraindications to  
7 tPA in a total of nine questions?

8 A. Yes.

9 Q. And that you don't feel -- you didn't feel it  
10 was necessary to review the chart yourself for  
11 any contraindications, correct?

12 A. Correct.

13 Q. Is it your testimony then that neither Mr. or  
14 Mrs. Grasgreen told you that he was on Coumadin  
15 prior to you administering the tPA? Is that  
16 your testimony?

17 A. That is the testimony as far as I can remember,  
18 yes, it is.

19 Q. It's your testimony that neither Mrs. or  
20 Mr. Grasgreen told you that Mr. Grasgreen had a  
21 bleeding tendency, that he bled easily prior to  
22 administering the tPA?

23 A. That's correct.

24 Q. And it's your testimony that you did not review  
25 the chart to determine these things?

1 A. There was no need to at the time.

2 Q. You never looked at one laboratory finding in  
3 this chart prior to giving him tPA, correct?

4 A. I can't say that, no.

5 Q. Oh, you might have reviewed the chart for  
6 laboratory findings? Is that correct?

7 A. You asked a big question. I'm just saying there  
8 is a possibility that I did look at some parts  
9 of the chart.

10 Q. You have made it perfectly clear every time I  
11 asked you that you did not review his chart  
12 prior to treating him and then prior to  
13 administering the tPA. Is that correct?

14 A. But you asked --

15 Q. For anything?

16 A. Okay. Well, I won't say that then.

17 Q. Did you review it for his blood pressure, to  
18 determine what his blood pressure had been since  
19 the time he was admitted?

20 A. I had a report in front of me of his blood  
21 pressures from that whole day.

22 Q. Correct. And isn't it true that his blood  
23 pressure prior to you giving him tPA was about  
24 180 diastolic? Let's take a look at that.

25 A. That's not correct.



1 Q. I may be wrong.

2 MR. ZUCKER: Will you mark this for  
3 me, please.

4 - - - -

5 (Thereupon, Plaintiff's Jordan  
6 Deposition Exhibit 9, 5-21-93 vital signs sheet,  
7 000088, was marked for purposes of  
8 identification.)

9 - - - -

10 Q. Omar, did you ever tell Dr. Van Dyke that the  
11 tPA infusion time was less than one-half hour?

12 A. I'm sorry?

13 Q. Do you recall ever telling Dr. Van Dyke that the  
14 tPA infusion time was less than one-half hour?

15 A. No, I don't remember saying that.

16 Q. You say that Dr. Van Dyke had told you to get a  
17 second EKG and fax it to him, correct? After  
18 the tPA was begun?

19 A. I don't remember, no.

20 Q. Well, you testified that you sent him two EKGs,  
21 correct?

22 A. Correct.

23 Q. The one that Dr. Chentow had interpreted and  
24 then a second one, correct?

25 A. The one from the emergency room.

1 Q. Oh, the earlier one?

2 A. Correct.

Q. I see. Okay.

4 Do you recall if Dr. Chentow reviewed the  
5 EKG from the time of admission?

6 A. Yes.

7 Q. He did?

8 A. He did.

9 Q. You're absolutely certain of that?

10 A. He compared the two EKGs, yes.

11 Q. In front of you?

12 A. Yes.

13 Q. Was there any discussion about those two EKGs?

14 A. Nothing other than what we already said.

15 Q. The changes that you wrote as he spoke?

16 A. Nothing more than that.

17 Q. But you do recall him saying that there were  
18 changes on the second EKG from the first EKG?

19 A. Correct.

20 Q. Omar, you're familiar with the term "informed  
21 consent," aren't you?

22 A. Yes, to a degree.

23 Q. To a degree?

24 A. Uh-huh.

25 Q. Could you explain that?

1 A. I don't know that I could actually quote you the  
2 whole paragraph of informed consent.

3 Q. You know what the concept is though, don't you?

4 A. Yes.

5 Q. Could you tell me what your concept of informed  
6 consent is?

7 A. From the patient?

8 Q. Yes.

9 A. It would have to be a consent based on  
10 information given.

11 Q. Did you explain the risks associated with tPA to  
12 the Grasgreens before you administered the tPA?

13 A. I told them that a major side effect is  
14 bleeding, that's why I was asking the questions.

15 Q. And it's your testimony that they did not  
16 mention the Coumadin or that Mr. Grasgreen  
17 bleeds easily to you when you said that to them?

18 A. That's correct.

19 Q. Did you in fact as per your concept of informed  
20 consent obtain informed consent from  
21 Mr. Grasgreen to give him tPA?

22 A. There was no objection to it.

23 Q. I'm handing you what's been marked Plaintiff's  
24 Exhibit No. 9. You indicate that this is a  
25 sheet showing his blood pressures for a good

1       portion of the day; is that correct?

2   A.   That is correct.

3   Q.   What was his blood pressure right before you  
4       gave him the tPA?

5   A.   179/94.

6   Q.   Are you aware that transient high blood pressure  
7       is a Contraindication to tPA?

8   A.   No.

9   Q.   So obviously, you weren't aware of it then?

10  A.   Can you define "transient"?

11  Q.   As opposed to uncontrolled high blood pressure,  
12       transient would be where -- in my thinking,  
13       where there is a high blood pressure from time  
14       to time. Is that the same understanding that  
15       you have of transient high blood pressure?

16  A.   Okay.

17  Q.   The answer is yes, we have a similar  
18       understanding?

19  A.   You'd have to repeat the question. I'm sorry.

20  Q.   Why don't you tell me what you think transient  
21       high blood pressure is.

22  A.   I don't feel that this is transient high blood  
23       pressure.

24  Q.   To you, what is transient high blood pressure?

25  A.   It would be elevated blood pressure like you

1       said from time to time without a cause.

2   Q.   Would a blood pressure of 193 over 115 be a high  
3       blood pressure to you?

4   A.   193 over.

5   Q.   115?

6   A.   Yes, it would.

a   Q.   However, you did not review the chart prior to  
a       giving Mr. Grasgreen tPA.  Isn't that what you  
9       testified to?

10                   MR, GAUGHAN:  Objection.  I think  
11       you're mischaracterizing the testimony.

12   Q.   You wrote this, didn't you?  You wrote this  
13       blood pressure, 179 over --

14   A.   94.  That's correct.

15   Q.   But you didn't look anywhere else in the chart  
16       to see if there were instances of high blood  
17       pressure?

18   A.   Other than the --

19   Q.   Other than what you wrote?

20   A.   The flow sheet of the day, correct.

21   Q.   For example, you didn't look on the admission  
22       sheet to see that Mr. Grasgreen had a blood  
23       pressure of 193 over 115 on the admission, did  
24       you?

25   A.   That's correct.

- 1 Q. And really, it wouldn't have mattered to you  
2 what his blood pressure was because as you  
3 stated, you had no idea that high blood pressure  
4 was a contraindication to tPA, correct?
- 5 A. That's not what I said.
- 6 Q. You're right. You didn't. You said transient  
7 high blood pressure?
- 8 A. That's correct.
- 9 Q. But you were aware that high blood pressure was  
10 an -- uncontrolled high blood pressure was a  
11 contraindication, correct?
- 12 A. That's correct.
- 13 Q. Did you do the actual faxing of the EKGs to  
14 Dr. Van Dyke?
- 15 A. No.
- 16 Q. Do you know who did?
- 17 A. The secretary.
- 18 Q. So did you conduct -- did you perform the second  
19 EKG?
- 20 A. I performed an EKG at 5:45, which was the first  
21 one that I did.
- 22 Q. Did you do a second one that evening?
- 23 A. I do not recall.
- 24 Q. How many times did you fax EKGs to Dr. Van Dyke?
- 25 A. Once. I believe. Once as far as I can recall.

1 Q. Did you fax him both EKGs, the one upon  
2 admission and the one that Dr. Chentow  
3 interpreted?

4 A. That's correct,

5 Q. Both at the same time?

6 A. That's correct.

7 Q. Did you fax Dr. Van Dyke any other part of this  
8 man's chart?

9 A. Not to my recollection.

10 Q. Did Dr. Van Dyke mention to you that he didn't  
11 know anything about this patient that he was  
12 covering for Dr. Grinblatt?

13 A. I believe so, yes.

14 Q. He made that clear to you?

15 A. Yes, I think so.

16 Q. Did Dr. Van Dyke know how old Mr. Grasgreen was?

17 MR. GAUGHAN: Objection.

18 Q. To your knowledge?

19 A. I feel certain that I told him.

20 Q. You did tell him that he was -- how did you know  
21 how old he was?

22 A. Because it's on the chart.

23 Q. What portion of the chart did you read that off  
24 of?

25 A. "Age, date of birth, 74-year-old male."

1 Q. You testified you didn't read the chart prior to  
2 giving him the tPA.

3 A. Can we make a clarification?

4 Q. If it's all right with your attorney.

5 MR. GAUGHAN: Please.

6 Q. Go ahead.

7 A. There's two, quote, "charts." There's one chart  
8 like that that has his medical records,  
9 histories, et cetera, et cetera, et cetera,  
10 which is kept at the nurses' station. There's a  
11 bedside chart which contains most of these --

12 Q. Right. The flow sheets, the intervention, plan,  
13 all that, correct?

14 A. That's correct.

15 Q. Those forms don't indicate the patient's age?

16 A. Yes, they do. Right here. 74-year-old, date of  
17 birth.

18 Q. But this computer printout, the patient care  
19 profile, which is the master chart at the  
20 nurses' desk --

21 A. No, that's not correct. The old -- anything  
22 past a day is put into the master chart.

23 Q. Had you ever seen the thrombolytic therapy  
24 guidelines prior to that evening?

25 A. Yes.



1 Q. You had used them with other patients; is that  
2 correct?

3 A. Yes.

4 Q. Had you ever completed them over the phone with  
5 another doctor?

6 A. No.

7 Q. Whenever you had done it, you had done it in the  
8 hospital; is that correct?

9 A. Or it had already been started. Correct.

10 Q. On Plaintiff's Exhibit No. 1, I can't make that  
11 out. Could you tell me what that says?

12 A. "2 milligrams MS, "morphine sulfate," given, IV  
13 per order."

14 Q. Dr. Van Dyke was in the car when you contacted  
15 him regarding Mr. Grasgreen, correct?

16 A. That's correct.

17 Q. So he did not have the benefit of reading the  
18 EKG for himself, correct?

19 A. That's correct.

20 Q. He was relying on what you told him the house  
21 officer, Dr. Chentow, had said, correct?

22 MR. SCOTT: Objection as to what he  
23 relies upon.

24 MR. GAUGHAN: Objection. Go  
25 ahead. Answer. If you know.

1 Q. In terms of EKG interpretation, Dr. Van Dyke was  
2 relying on Dr. Chentow's interpretation of the  
3 EKGs; is that correct?

4 A. That's correct.

5 Q. Have you worked with Dr. Chentow much in the  
6 past? Or had you prior to May the 21st worked  
7 with Dr. Chentow?

8 A. Seldom.

9 Q. Seldom?

10 A. Uh-huh.

11 Q. Do you know what kind of a doctor he is, if he  
12 has a specialty?

13 A. I do not know that.

14 - - - -

15 (Thereupon, Plaintiff's Jordan  
16 Deposition Exhibit 10, 3-91 Thrombolytic Therapy  
17 In Acute MI, was marked for purposes of  
18 identification,)

19 - - - -

20 (Thereupon, Plaintiff's Jordan  
21 Deposition Exhibit 11, later withdrawn, was  
22 marked for purposes of identification.)

23 - - - -

24 Q. Omar, on Page 1 of the thrombolytic therapy  
25 guidelines, Plaintiff's Exhibit 3, whose

initials are "EI" on Page 1 of this sheet?

2 A. Where do you see that at?

3 I haven't the faintest idea.

4 Q. Is that your handwriting?

5 A. No.

6 Q. That is not your handwriting?

7 A. That is not.

8 MR. SCOTT: Are you looking at the  
9 top of the page?

10 MR. ZUCKER: At the top of the  
11 page, yes.

12 Q. Do you have any idea who wrote this sheet out?

13 A. Probably the secretary.

14 Q. The secretary. So that would most likely be the  
15 secretary; is that correct, the "EI"?

16 A. That's possible, yes.

17 Q. And then are you testifying that when you  
18 received this sheet that it had already been  
19 filled in at the top?

20 A. I can't say whether it was or not.

21 Q. Both Page 1 and Page 2 of the guidelines were  
22 completed by you prior to tPA administration; is  
23 that correct?

24 A. That's correct.

25 Q. No part of either of those two pages or no

1       portion of the guidelines was done at a later  
2       date, at a later time?

3   A.   Not to my knowledge.

4   Q.   I want to get the timing of the completion of  
5       the thrombolytic therapy guidelines down if I  
6       may. You had indicated that you didn't do them  
7       at the same time, correct?

8   A.   That's not what I said.

9   Q.   Okay. Will you clarify me on that?

10   A.   These are completed -- these are checked off per  
11       doctor's order. This was done at the bedside  
12       with the family. So those are two different  
13       times.

14   Q.   But they were both done in between 6:30 and  
15       6:40; is that correct?

16   A.   I would think so, yes.

17   Q.   You would think so. What does that mean?

18   A.   I do not have the specific time that that was  
19       done.

20   Q.   Well, they were done -- both sheets were  
21       completed prior to the tPA administration,  
22       weren't they?

23   A.   That's correct.

24   Q.   I still don't follow you when you say this was  
25       done with the family at bedside and this was

1       done at another time, They were both done  
2       between 6:30 and 6:40, is that correct, both of  
3       these sheets?

4   A.   They were done prior to tPA administration.

5   Q.   Well, you have testified, and your notes  
6       confirm, that no thought of tPA existed prior to  
7       6:30?

8   A.   That's correct.

9                   MR. GAUGHAN: 6:30?

10                  MR. ZUCKER: 6:30.

11                  MR. GAUGHAN: Referencing  
12                  Plaintiff's Exhibit 1?

13                  MR. ZUCKER: Right.

14   A.   6:30, this paragraph states that I received the  
15       orders and that this portion of the form --

16   Q.   Was completed at 6:30. When were Items 2  
17       through 11 completed? And by whom?

18   A.   Secretary. Secretary. This is the lab, the  
19       lab. The secretary puts all this in the  
20       computer. Lab. Lab. Lab. 7 would be started  
21       by a nurse. Repeat EKG would be done. This is  
22       standard protocol. This is done by me, and this  
23       is done by me.

24   Q.   You went over the Page 1 of 2 of the guidelines  
25       with the doctor, correct, over the phone? Is

1       that what you stated?

2   A.   That's correct.

3   Q.   Those are your checkmarks?

4   A.   That's correct.

5   Q.   These aren't your checkmarks, are they?

6   A,   Those are.

7   Q.   Those are also?

8   A.   Yes.

9   Q.   They're distinctly different checkmarks?

10                   MR. GAUGHAN:   Which checkmarks are  
11                   you referring to just --

12   Q.   Well, Page 1 of 2.  You actually did that  
13           physically with the doctor, right, over the  
14           phone?

15   A.   Uh-huh.

16   Q.   Went over these items?

17   A.   Uh-huh.

18   Q.   And made checkmarks in front of the numbers,  
19           right?

20   A.   Uh-huh.

21   Q.   Those are yours.  These are distinctly different  
22           checkmarks.  I'm asking you whose checkmarks  
23           these are on Page 2 of 2 of the guidelines?

24                   MR. GAUGHAN:  I would object to the  
25                   description of them being distinctly

1 different.

2 Q. Go ahead and answer.

3 A. To the best of my knowledge, these are all mine.

4 Q. Do these checkmarks look to be the same as these  
5 checkmarks to you?

6 A. Some of them do, yes.

7 Q. They do?

8 A. Uh-huh.

9 Q. Okay.

10 At 6:30, Dr. Van Dyke says to check for  
11 contraindications?

12 A. That's correct.

13 Q. So you go over Items 1-a through i with the  
14 Grasgreens?

15 A. That's correct.

16 Q. And you indicate -- where it says "Date," you  
17 put in the word "No" and an arrow instead of the  
18 date, correct?

19 A. The date would go here.

20 Q. The date would go under where it says "Date,"  
21 wouldn't it?

22 A. I would take it as the date would go here.

23 Q. Why didn't you date this form?

24 A. Well, because it's stamp dated and it's dated  
25 other places.

1 Q. Are you absolutely certain you did this form the  
2 evening that you gave Arthur Grasgreen the tPA  
3 and not at a later date?

4 A. Yes, I am,

5 Q. You're absolutely certain you didn't do it at a  
6 later time as well. Is that correct?

7 A. This sheet was done in front of the family.  
8 This portion, And this portion was completed at  
9 the same time as these.

10 Q. "These" referring to Items 2 through 11 on  
11 Page 2 of 2 of the guidelines and 1 through 11  
12 on Page 1 of 2 of the guidelines, correct?

13 A. Uh-huh.

14 Q. When were these done, after you finished doing  
15 that?

16 A. That I do not remember. Whether specifically I  
17 went and did this and then got the orders or  
18 whether I got the orders and got all this, did  
19 this.

20 MR. SCOTT: This record will be one  
21 of the mysteries of the world. I mean you  
22 guys talk about "these" and "that" and  
23 "these checks" and every other damn thing,  
24 and nobody's going to understand what the  
25 deposition says.



- 1 Q. I don't follow you when you say Item 2 through  
2 11 and Items 1 through 11 were done at a time  
3 you don't remember when, These things are  
4 obviously -- aren't these guidelines for  
5 administering tPA?
- 6 A. This is the guideline for administering tPA.  
7 This page.
- 8 Q. Right. Page 1 of 2.
- 9 A. 2 through 11 are subsequent tests to be done  
10 after the administration of tPA.
- 11 Q. Oh, is that right? Okay.
- 12 A. They will start with an initial blood draw, and  
13 this is continuing.
- 14 Q. Okay. Did you order these tests to be done  
15 after you began the tPA administration?
- 16 A. These tests are put in the computer, 2 through  
17 11, by the secretary. The times are correlated  
18 with 24 -- 6, 12, 18 and 24 hours after infusion  
19 begins and for whatever time is stated on the  
20 specific order.
- 21 Q. But you took the order from Dr. Van Dyke to  
22 perform those tests, correct?
- 23 A. That is correct,
- 24 Q. So what did you do with these two sheets after  
25 you completed them?

1 A. They go into the main chart that is at the  
2 nurses' desk,

3 Q. Is that your handwriting and your initials on  
4 that document?

5 A. That is.

6 MR. SCOTT: Wait a minute. Please  
7 identify that for the record. Can you do  
8 that?

9 MR. ZUCKER: This is the patient  
10 care profile, Page No. 3 from May 21st,  
11 1993 at 6:56 a.m.

12 MR. SCOTT: Thank you. How else  
13 are we going to be following this record?  
14 It's going to be a secret to you and God.

15 - - - -

16 (Thereupon, Plaintiff's Jordan  
17 Deposition Exhibit 12, 5-21-93 Patient Care  
18 Profile #3, 000251, was marked for purposes of  
19 identification.)

20 - - - -

21 Q. I'm handing you Plaintiff's Exhibit No. 12,  
22 which is a page from the patient care profile  
23 from Friday, March 21st, 1993 marked 6:56 a.m.

24 Under the word "Treatments" you have --  
25 well, it is written "TPA protocol, 01:29 a.m. "

- 1 A, I don't see what you're seeing there.
- 2 Q. Is that your handwriting? It says "TPA  
3 protocol"?
- 4 A. That's not my handwriting, no.
- 5 Q. That's not your handwriting?
- 6 A, No.
- 7 Q. Do you have any idea who wrote that?
- 8 A. No.
- 9 Q. Is any of that handwriting in the "Treatment"  
10 box yours?
- 11 A. It does not appear to be, no.
- 12 Q. Is that your signature and your initials at the  
13 bottom of the page?
- 14 A. Yes, it is.
- 15 Q. Do you see any of your handwriting in the first  
16 panel?
- 17 A. My initials,
- 18 Q. Those are your initials throughout?
- 19 A. For these certain lines.
- 20 Q. Referring to Plaintiff's Exhibit No. 8, the  
21 doctor's order sheet we talked about earlier,  
22 you had indicated that that is your handwriting  
23 and that is your signature; is that correct?
- 24 A. The first section of it is, yes.
- 25 Q. The first panel?

- A. The first panel,
- 2 Q. Correct?
- 3 A. Correct.
- 4 Q. Would you read what that says to me, please.
- 5 A, "Call if hematocrit less than 35 orthostatic
- 6 blood pressure, pulse in a.m. Telephone order
- 7 Dr. Van Dyke."
- 8 Q. What time did you write that order?
- 9 MR. GAUGHAN: I believe that
- 10 question was asked and answered, which was
- 11 he didn't know, if I'm --
- 12 Q. Is that your answer? You don't know what time
- 13 you wrote that?
- 14 A. I did receive orders at 8:10 from Dr. Van Dyke
- 15 according to my nurses' note. I'm not sure
- 16 exactly what time this was.
- 17 Q. You testified earlier that Plaintiff's Exhibits
- 18 6, 7 and 8, doctor's order sheets, various
- 19 orders on each one of these sheets were taken
- 20 and written by you, correct? Is that correct?
- 21 A. No. Not this page.
- 22 Q. That's not your handwriting on 6?
- 23 A. No.
- 24 Q. 7 and 8, correct? Plaintiff's Exhibits 7 and 8?
- 25 A. There's none of mine on 8.

- 1 Q. Only on Plaintiff's Exhibit 7 and 8?
- 2 A. The first two panels on 7. And the first panel  
3 on No. 8.
- 4 Q. The orders that you have taken and written on  
5 Plaintiff's Exhibits 6 and 7 -- I'm sorry -- 7  
6 and 8, are they not -- where's that last  
7 exhibit -- the same orders that indicate -- the  
8 same orders that are indicated on Plaintiff's  
9 Exhibit 12, the patient care profile at 1:29  
10 a.m.?
- 11 A. That is not -- that's not what you're reading.
- 12 Q. It's not your handwriting?
- 13 A. No. This time is not what time this was  
14 written.
- 15 Q. Tell me what I'm reading.
- 16 A. This is a computer-generated time of when this  
17 was published, treatments. Okay? This was  
18 entered into the computer by the secretary.  
19 This is freehand, and it does not have a time on  
20 it. This is written here so that when the  
21 person on night shift updates the computer that  
22 it is put in the computer under "Treatments."  
23 That's the only reason that it is there. But  
24 that time is not when this was written.
- 25 Q. I got you. I got you.

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- - - -

(Thereupon, Plaintiff's Jordan  
Deposition Exhibit 13, Routine And Stat  
Medications, 000245, was marked for purposes of  
identification,)

- - - -

Q. I'm going to be asking you some questions about  
Plaintiff's Exhibit 13, the medication  
administration record that you completed. Is  
that correct? Is that your signature?

A. This is my signature.

Q. For the -- what shift is indicated there?

A. This is -- my initials is for 5-21.

Q. Why are the entries made from the bottom --  
chronologically from the bottom of the page up?

A. These are routine and stat medications.

Q. Right.

A. If you have a stat medicine that's only going to  
be a one-time emergent order, you put it on the  
bottom.

Q. You go from the bottom up?

A. For your stat medications. And then your  
routine medications go from -- and it doesn't  
really matter what order they are in.

MR. GAUGHAN: Top down.

- 1 A. But that's why it's --
- 2 Q. Okay. This Plaintiff's Exhibit 13 is a  
3 medication administration record?
- 4 A. Uh-huh.
- 5 Q. And there are three entries on this form, four,  
6 for 5-21 regarding tPA, correct?
- 7 A. Correct.
- 8 Q. Two of them have been dated, the 6:40 dose and  
9 the 6:45 dose?
- 10 A. Correct.
- 11 Q. And the tPA, the third dose, has not been  
12 dated. It just says "Held" where it asks for a  
13 date. Why is that?
- 14 A. Well, it's all dated because it's all in the  
15 column of the --
- 16 Q. I'm sorry. The time. Why is the time missing  
17 on the 35 milligram maintenance dose?
- 18 A. Because it wasn't given.
- 19 Q. Why didn't you indicate that time that it was  
20 held?
- 21 A. That's not a standard to do.
- 22 Q. What did you do with the tPA that was left over  
23 after you discontinued it?
- 24 A. Threw it away.
- 25 Q. Threw it away. That's the standard procedure?

1 A. Uh-huh.

2 Q. Yes?

3 ^ Yes. I'm sorry.

4 MR. GAUGHAN: You have to answer  
5 verbally.

6 Q. If you took the order from Dr. Van Dyke to  
7 discontinue the tPA, why isn't there any  
8 indication of that in the doctor's order sheets?

9 MR. GAUGHAN: Objection. That's  
10 speculative. Go ahead and answer.

11 A. Well, this very well could possibly be that in  
12 question. It does not have to be written by me,

13 Q. The order came in to -- well, how would you know  
14 to discontinue the tPA if the order wasn't given  
15 to you?

16 A. Because I was told to discontinue it.

17 Q. Who told you to discontinue it?

18 A. Dr. Van Dyke.

19 Q. Then why didn't you enter the order?

20 MR. SCOTT: He said he doesn't have  
21 to. Somebody else might do it.

22 Q. Did you have somebody else enter the order to  
23 discontinue the tPA?

24 MR. GAUGHAN: Objection.

25 A. I don't remember. It's very normal when you're



1       very, very busy and a lot of things going on for  
2       other people to help you, and part of that help  
3       is in writing orders and transferring orders to  
4       your MARs, those types of things.

5   Q.   To your what?

6   A.   To your medication records.   These things.

7                   MR. GAUGHAN:   Referring to  
8                   Plaintiff's Exhibit 13.

9                   THE WITNESS:   Sorry.

10   Q.   Is there a possibility that you didn't  
11        discontinue the tPA and that you did administer  
12        the 35 milligram maintenance dose?

13   A.   That's not possible.

14   Q.   That's not possible?

15   A.   No, sir.

16   Q.   Did you tell Mr. and Mrs. Grasgreen that you  
17        were discontinuing the tPA?

18   A.   Yes.

19   Q.   And what did you tell them?

20   A.   I do not recall my exact words.

21   Q.   Do you remember what they responded to your  
22        words, whatever they may have been?

23   A.   No.

24   Q.   I mean you were giving them the clot buster - -  
25        you were giving Mr. Grasgreen the clot buster

1       for a half-hour, and then you discontinued it,  
2       correct?

3   A.   Correct.

4   Q.   And you don't recall any conversation that you  
5       may have related to them regarding the  
6       discontinuance of the clot buster?

7   A.   Not in exact words, no.

8   Q.   Are you familiar with a program here at Meridia  
9       Hillcrest Hospital, a cardiac program wherein  
10      the clot buster is advertised to the public?

11  A.   No.

12  Q.   No?  You don't know anything about a program, a  
13      clot buster program here at the hospital?

14  A.   Not that's advertised to the public, no.

15  Q.   You were never made aware of that by anybody at  
16      the hospital?

17  A.   I might have heard mention of it.  It's nothing  
18      that is --

19  Q.   What was it that you had heard mention of?

20  A.   I said I might have heard mention of something  
21      like that, but it is not anything that really  
22      stuck in my mind,

23  Q.   Is there any indication in the chart that you  
24      administered heparin to Mr. Grasgreen?

25  A.   I would have to look.

1 Q. Do you recall administering heparin?

2 A. I do not recall, no. But I'm not saying I  
3 didn't. I would have to look at the chart.

4 Q. Didn't you testify that you recalled telling  
5 Mrs. Grasgreen that you were using heparin  
6 instead of Coumadin because it was easier to  
7 control?

8 A. Yes.

9 Q. So you did tell her that you were giving him  
10 heparin; is that correct?

11 A. I would have to look in the chart to see whether  
12 it was administered.

13 Q. But you did tell her you were going to  
14 administer that as opposed to Coumadin, correct?

15 A. I remember something like that, yes.

16 Q. Wasn't it your testimony that you went over  
17 Page 1 of 2 of Plaintiff's Exhibit 3, the  
18 thrombolytic therapy guidelines, with  
19 Dr. Van Dyke?

20 MR. GAUGHAN: Objection. That's  
21 been asked and answered a number of times.

22 MR. SCOTT: Yes. We've gone  
23 through those guidelines about 40 percent  
24 of the time involved here. Surely, we have  
25 all questions answered in this record.

1 MR. ZUCKER: Okay, John.

2 MR. SCOTT: Let's cut it short.

3 MR. ZUCKER: Well, you wanted to  
4 stay, John.

5 MR. SCOTT: Well, I wanted to stay  
6 but not all night.

7 Q. Did Dr. Van Dyke tell you to give this man  
8 aspirin?

9 A. Yes.

10 MR. SCOTT: Isn't there a record?

11 Q. Do you recall giving him aspirin?

12 A. It's on the medication record.

13 Q. That you gave him aspirin?

14 A. Yes. We looked at it earlier.

15 MR. GAUGHAN: Objection for the  
16 record. That's been asked and answered  
17 previously.

18 Q. When Dr. Van Dyke asked you to fax him the EKGs,  
19 did he tell you that he was doing so for the  
20 purpose of reviewing them himself to determine  
21 whether he wanted to discontinue the tPA?

22 A. No.

23 Q. You did not know that he was thinking of  
24 discontinuing the tPA until he called you and  
25 said to discontinue the tPA; is that correct?

1 MR. GAUGHAN: Objection. You're  
2 mischaracterizing his testimony.

3 Q. Is that correct?

4 MR. GAUGHAN: You can answer.

5 A. That's correct,

6 Q. Did Dr. Van Dyke expressly order you to discuss  
7 the tPA with the Grasgreens?

8 A. No.

9 Q. Did he tell you to obtain their informed consent  
10 before giving Mr. Grasgreen the tPA?

11 A. No.

12 Q. Did you call a doctor when Mr. Grasgreen's blood  
13 pressure fell to 60 over 24 at 7:15?

14 MR. GAUGHAN: Objection. May he  
15 look at the chart?

16 MR. ZUCKER: He may.

17 MR. GAUGHAN: Anywhere in  
18 particular?

19 MR. ZUCKER: Well, yes. It would  
20 be Plaintiff's Exhibit 2 I believe.

21 MR. GAUGHAN: Okay. He's got it.

22 - - - -

23 (Thereupon, a discussion was had off  
24 the record.)

25 | - - - -

1 A. Can I look at that sheet there?

2 MR. GAUGHAN: Which sheet?

3 Q. At your note sheet?

4 A. At this sheet,

5 MR. GAUGHAN: That's this one,  
6 isn't it?

7 THE WITNESS: Oh, Yes.

8 Q. What time was that at now?

9 A. 7:15. The doctor was notified at 7:50.

10 Q. 7:50?

11 A. Correct.

12 Q. So when the blood pressure fell to 60 over 24,  
13 you didn't think it was necessary to contact the  
14 a doctor?

15 A. It was very necessary. It's more necessary to  
16 get the blood pressure up.

17 Q. And you felt confident that you were able to do  
18 that without any intervention by a physician?

19 A. We have standing --

20 MR. GAUGHAN: Objection. Go ahead  
21 and answer.

22 A. We have standing orders.

23 Q. You have standing --

24 A. For certain things, yes.

25 Q. Now, would those be the standing orders in the

1. chart, the coronary care guidelines that are  
2. done when a patient is admitted right away?

3. A. I'd have to look through the whole file of notes  
4. to answer that, of meds to answer that.

5. Q. Knowing the risk of bleeding with tPA and after  
6. administering 65 milligrams of the drug to your  
7. patient who by this time you knew was on  
8. Coumadin I assume, did you consider when his  
9. blood pressure fell that he may have been  
10. bleeding?

11. A. Not at all.

12. Q. What did you think was going on?

13. A. Nitroglycerin and morphine sulfate.

14. Q. Would lower his blood pressure?

15. A. Yes, sir.

16. Q. What did you do to get his blood pressure back  
17. up?

18. A. Exhibit 2, first line. Lowered the head of his  
19. bed and raised his feet. The patient was  
20. awake. No complaints. Fluid bolus of normal  
21. saline, 250 cc's times two at 7:24 and started a  
22. dopamine drip.

23. Q. How long did it take you to restore the blood  
24. pressure?

25. A. 7:24, he had a blood pressure of 85 over 49 and

1 7:25, 106 over 55.

2 Q. 14 minutes, correct? Approximately 14 minutes?

3 A. Ten. Ten minutes,

4 Q. Did you ask Mr. or Mrs. Grasgreen prior to  
5 administering the tPA whether or not

6 Mr. Grasgreen had a history of CVA?

7 MR. GAUGHAN: Objection. I think  
8 that's been asked and answered. Go ahead.  
9 Answer.

10 A. This question -- I don't know what exhibit.

11 Q. Go ahead.

12 A. Exhibit 4, Question 1-e states "History of  
13 cerebrovascular accident or known intracranial  
14 neoplasm" and has a few more things. This  
15 sentence was broken down to include the words  
16 "stroke, weakness, paralysis," basic English.

17 Q. And you asked them?

18 A. Yes, sir.

19 Q. In basic English, you broke it down for them,  
20 and they told you that he did not have a history  
21 of CVA?

22 A. That's correct.

23 Q. Did they tell you that he had a history of  
24 seizures?

25 A. No. I do not recall that.



1 Q. Had they told you that he had a history of  
2 seizures, would that have affected your thinking  
3 regarding the tPA?

4 A. No.

5 Q. You don't equate a seizure with a CVA?

6 A. No. Not necessarily.

7 Q. Did you break down Item 1-i of Exhibit 4?

8 A. I believe so.

9 Q. A known bleeding diathesis?

10 A. I believe so.

11 Q. You testified before you don't know what it  
12 means.

13 A. I did not.

14 MR. GAUGHAN: Objection.

15 Q. Do you know what it means, "known bleeding  
16 diathesis"?

17 A. It's a bleeding disorder. I believe that's what  
18 we came up with earlier. I broke that down into  
19 not only hemophilia, bleeding, GI bleeding, any  
20 type of ulcers, bleeding ulcers, that type of  
21 stuff.

22 Q. Did you break that down for them?

23 A. The known bleeding diathesis? Yes.

24 Q. And they didn't tell you that Mr. Grasgreen  
25 bleeds easily. Is that your testimony?

1 A. That's correct.

2 Q. Are you aware that Mr. Grasgreen had a pulmonary  
3 embolism?

4 A. I found that out later, yes.

5 Q. How did you find that out?

6 A. By his wife.

7 Q. That evening?

8 A. Uh-huh.

9 Yes. I'm sorry. Yes.

10 Q. I'm handing you what has been marked Plaintiff's  
11 Exhibit 10.

12 MR. ZUCKER: Do you have a copy of  
13 the hospital policy manual, John?

14 MR. SCOTT: I do not.

15 MR. ZUCKER: John, here. Take a  
16 quick look. I don't think there are any  
17 copies. That's the policy manual that was  
18 provided to me. He said he sent you a  
19 copy.

20 MR. GAUGHAN: Sorry if we didn't.

21 Q. Plaintiff's Exhibit No. 10 is a copy of the  
22 Meridia Hillcrest Hospital hospital policy  
23 manual on thrombolytic therapy in acute MI.  
24 Have you ever seen this document?

25 A. Probably.

1 Q. Where would you have seen it?

2 A. In orientation.

3 Q. You wouldn't have received a copy of it, would  
4 you?

5 A. No.

6 Q. On Page 2 of this document, would you tell me  
7 what it says right there?

8 A, This "Additional" --

9 Q. I'm sorry. On Page 1, it talks about  
10 contraindications, and it continues on Page 2.  
11 Contraindications on Page 2 goes to relative  
12 contraindications to the use of tPA, correct?

13 A. Correct.

14 Q. What does that say right there?

15 A. "Current anticoagulant therapy (prothrombin time  
16 greater than 15 seconds).

17 Q. What does that mean to you in the context of  
18 this case?

19 A. That means --

20 Q. "Current anticoagulant therapy." Isn't Coumadin  
21 an anticoagulant?

22 A. Yes.

23 Q. And wasn't Mr. Grasgreen's PT greater than 15  
24 seconds?

25 A. I don't know.

1 Q. Well, we talked about it before, and it was 29,  
2 wasn't it?

3 A. I'd have to see the date and the time that it  
4 was drawn.

5 Q. Excuse me. It was 24.

6 MR. ZUCKER: Didn't we make that an  
7 exhibit?

8 MR. GAUGHAN: I don't think we have  
9 on that one.

10 Q. Well, if Mr. Grasgreen's prothrombin time was 24  
11 and you had read that in the chart and you were  
12 aware of the hospital policy manual that says  
13 it's a contraindication to give a person tPA  
14 when they're on current anticoagulation therapy,  
15 would that have had some effect on your  
16 decision?

17 MR. GAUGHAN: Objection. I believe  
18 you have misquoted. It's a relative  
19 contraindication, whatever that means.

20 MR. ZUCKER: Okay. The record will  
21 so state.

22 Q. Would that have had any influence on your  
23 decision to recommend tPA or to indicate to the  
24 doctor that there were no contraindications?

25 A. I didn't recommend. All I did was go through

1 the check sheet.

2 Q. Okay. You've testified that the doctor told you  
3 to check for contraindications and that there  
4 were none to give the tPA, correct?

5 A, No.

6 Q. No?

7 A, No.

8 Q. What did this doctor tell you to do?

9 A. He asked me to go down this sheet here.

10 Q. And if there were -- and what?

11 A. When there was none, to proceed with the tPA.

12 Q. I'm sorry. And if there were none?

13 A. With no contraindications to these questions on  
14 this list, then proceed with the tPA.

15 Q. So he told you to check for contraindications  
16 and if there were none, to proceed with tPA,  
17 correct?

18 A. With this list, yes.

19 MR. SCOTT: Which list?

20 MR. GAUGHAN: Plaintiff's Exhibit

21 4.

22 MR. SCOTT: No, that's not what he  
23 said, not the entire thing.

24 A. 1-a through i.

25 Q. The doctor did not order you to call him back

1           and let him know whether or not there were any  
2           contraindications, correct? He left it up to  
3           you?

4   A.   I'm not certain.

5   Q.   Well, did the doctor tell you to call him back  
6           after you reviewed that sheet?

7   A.   I don't remember.

8   Q.   You don't remember something like that?

9                   MR. GAUGHAN: Asked and answered.

10                   Objection.

11                   THE WITNESS: What's that?

12                   MR. GAUGHAN: Move to strike. And  
13                   please don't badger the witness.

14   Q.   Did you make any incident reports in this case?

15                   MR. SCOTT: Objection.

16                   MR. GAUGHAN: Objection.

17   Q.   Go ahead.

18                   MR. GAUGHAN: You can answer.

19   A.   I do not think so. I do not remember.

20   Q.   Are you aware of any investigation here at the  
21           hospital regarding this matter?

22                   MR. SCOTT: Objection.

23                   MR. GAUGHAN: Objection.

24                   MR. SCOTT: That inquiry cannot  
25                   lead to anything that's admissible, and

1 even the question as to whether there's an  
2 investigation is objectionable.

3 Q. Are you aware of any investigation at the  
4 hospital of Arthur Grasgreen's case?

5 MR. GAUGHAN: I'm going to have to  
6 object.

7 MR. ZUCKER: Tyes versus St.  
8 Luke's, 12-93, says I can inquire into the  
9 existence of it.

10 MR. GAUGHAN: Well, just so the  
11 record's clear, I can honestly state I do  
12 not know what citation you're talking  
13 about. On your representation --

14 MR. ZUCKER: Are you going to let  
15 him answer the question?

16 MR. GAUGHAN: On your  
17 representation that that's what the case  
18 says.

19 MR. ZUCKER: I just want to know --

20 MR. GAUGHAN: On your  
21 representation --

22 MR. ZUCKER: Right.

23 MR. GAUGHAN: Go ahead, if you  
24 know.

25 Q. Are you aware of an investigation that took

1 place regarding the Grasgreen case?

2 A. This investigation?

3 MR. GAUGHAN: Are you aware of  
4 whether there was one?

5 A. I'm not understanding the full question.

6 Q. When Dr. Van Dyke told you to administer the tPA  
7 if there were no contraindications, how did you  
8 go about ordering the tPA up from the pharmacy?  
9 Will you tell me that procedure?

10 A. We have it stocked in the coronary care unit.

11 Q. Did you mix it?

12 A. I don't remember.

13 Q. You don't remember if you mixed it or somebody  
14 else mixed it?

15 A. It could have been. I don't remember.

16 Q. Have you ever been sued before?

17 A. No.

18 Q. Have you provided any expert testimony in a  
19 medical malpractice case?

20 A. You'll have to clarify that.

21 Q. Have you ever testified as an expert?

22 A. No.

23 Q. On behalf --

24 MR. GAUGHAN: Can we take a short  
25 break.



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- - - -

(Thereupon, a recess was had.)

- - - -

MR. ZUCKER: I have no more questions,

MR. GAUGHAN: Omar, ordinarily, after the transcript has been typed up, the witness has an opportunity to read it and sign it.

THE WITNESS: Am I the witness?

MR. GAUGHAN: You're the witness. If you like, you can waive signature, in which case, it'll be done without your further review. I would suggest that you actually sign it just to look over the transcript, but it's your call. If you want to waive signature, go ahead.

THE WITNESS: No. I would like to read it.

---

OMAR P. JORDAN, R.N.

C E R T I F I C A T E

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

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

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

Lynn D. Thompson, Notary Public, State of Ohio  
1750 Midland Building, Cleveland, Ohio 44115  
My commission expires January 21, 1995

W I T N E S S I N D E XPAGE

## CROSS-EXAMINATION

OMAR P. JORDAN, R.N.

BY MR. ZUCKER..... 3

E X H I B I T I N D E XEXHIBITMARKED

Plaintiff's Jordan

Deposition Exhibit E,  
narrative notes,

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Plaintiff's Jordan

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Deposition Exhibit 5,  
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Plaintiff's Jordan

Deposition Exhibit 6,  
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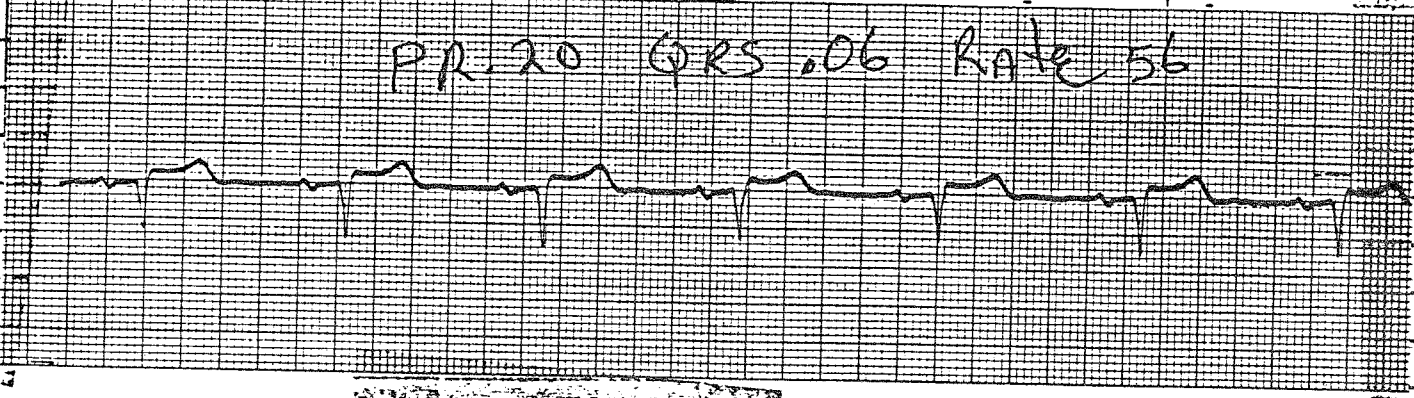
000420..... 88

Plaintiff's Jordan

Deposition Exhibit 7,  
5-21-93 doctor's order sheet,

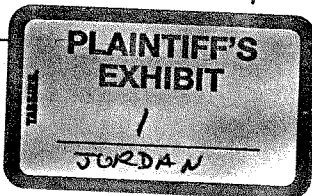
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1	Plaintiff's Jordan	
2	Deposition Exhibit 8,	
3	5-21.22-93 doctor's order sheet,	
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21	Deposition Exhibit 13,	
22	Routine And Stat Medications,	
23	000245.....	126
24		
25		

Time	Pro. #	Data/Intervention Plan	Time	Evaluation/Pt. Response
		palpable bilaterally. No peripheral edema. monitor showing NSR & ectopy. Pt denies chest pain. no other complaints. <i>OK</i>		
		CCU 3 GRAS GREEN (14) 21 3 1547 1 HR 56 VPB 8		
		PR-20 QRS .06 Rate 56		
				
4P		monitor reveals a sinus rhythm & a rate of 56 PR-20 QRS .06 NTG 30mcg/min On 3Lpm NC PT denies CP SOB or any complaint at this time — <i>OK</i>		
545		PT 4/0 substernal CP non radiating 2-3 on a scale of 1-10 & 10 being the worst, PT holding chest & facial grimacing noted. stat EKG & house officer called — <i>OK</i>		
600		House officer to evaluate EKG NTG ↑ to 40mcg/min for 4/0 part 2-3 on 1-10 scale — <i>OK</i>		
630		NTG ↑ to 50mcg/min orders from Dr VAN DYKE to start TPA. TPA Protocol for contraindications completed & no contraindications noted BASIC NEURO check reveals & deficit PERL MAR well speech clear & appropriate 20gmcg I.V. started in @ forearm & in @ forearm & difficulty <i>OK</i>		
640		NTG ↑ to 60mcg/min TPA Bolus 15mg given — <i>OK</i>		
645		2mg MS Given I.V. Per order TPA 50mg/15mg started PT status PAT Rec pms — <i>OK</i>		

Unit # \_\_\_\_\_

Name \_\_\_\_\_

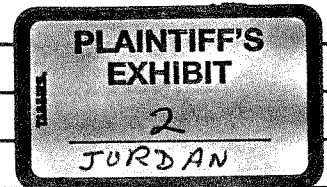
☐ SEE ADD ON PAGE

Date 000259

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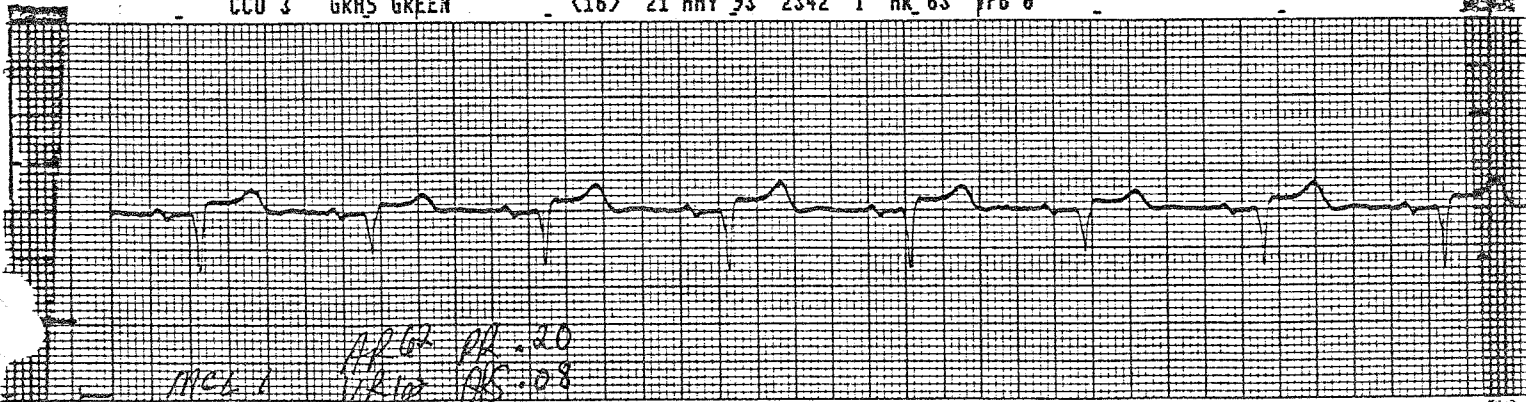
Date

Time	Pro.#	Data/Intervention Plan	Time	Evaluation/ Patient Response
715		Pt Clo being Clamy Hob ↓ Feet Elevated BP 4/24 Pt Awake & Slightly drowsy OCP & SOB <i>On file</i>		
718		BP 59/37 NTG off See PAGE Two Flow sheet for medications & frequent vitals — <i>On file</i>		
723		Fluid Boks of NS 250 cc #2 and 7 <sup>24</sup> pm Dopamine started At 5mcg/kg/min for ↓ BP <i>On file</i>		
750		Dopamine off for BP 136/71 PT denies ANY CP, SOB OR ANY Complaint at this time Dr UAN Dyke notified per update on PT — <i>On file</i>		
815		NTG drip at 10mcg/min started 8 <sup>10</sup> Per order — <i>On file</i>		orders Received — <i>On file</i>
820		Elastoplast dressings to Both Anticub areas d/t swelling PT has good distal pulses, Temp p color PT denies Complaint <i>On file</i>		
900		See flow sheet for neuro checks PT Remained uncharged neuro since TPA started — <i>On file</i>	10 <sup>30</sup> p	PT Resting — EYES Closed id NO obvious distress — <i>On file</i>
12		5/22/93		



CCU 3 GRAS GREEN

(16) 21 MAY 93 2342 I HR 63 VPB 8



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**MERIDIA HILLCREST HOSPITAL**  
 MAYFIELD HTS. • OHIO

**DOCTOR'S ORDER SHEET**

PATIENT NAME <i>Grasgreen, Arthur</i>	UNIT NO. <i>178749</i>	ROOM NO. <i>CCU-3</i>
ATTENDING PHYSICIAN <i>[Signature]</i>	HOUSE OFFICER <i>[Signature]</i>	INITIALS <i>ET</i>

THE GENERIC FORMULA EQUIVALENT IS AUTHORIZED ON PRESCRIPTIONS IF FILLED BY THE PHARMACY DEPARTMENT OF MERIDIA HILLCREST HOSPITAL OF MAYFIELD HEIGHTS, OHIO UNLESS THE WORDS "THIS BRAND ONLY" ARE WRITTEN AFTER THE DRUG NAME BY THE VISITANT PHYSICIAN.

**THROMBOLYTIC THERAPY GUIDELINES: tPA**

Page 1 of 2

- ✓ 1. Cardiology consult:
- ✓ 2. Obtain EKG **and** place patient on continuous cardiac monitoring to give the largest ST elevation.
- ✓ 3. Establish a total of two (2) IV sites. Flush any capped IV's per protocol.
- ✓ 4. tPA bolus dose <sup>15mg</sup>~~10~~ g IVP over 1-2 minutes, or CCU-3
- ✓ 5. tPA lytic dose 50 mg IV over <sup>1/2</sup>~~1~~ hour, or \_\_\_\_\_
- ✓ 6. tPA maintenance dose <sup>35 mg/hr</sup>~~20~~ mg/hour over <sup>1 hour</sup>~~2~~ hours, or \_\_\_\_\_
7. Heparin \_\_\_\_\_ units IV bolus \_\_\_\_\_ hours after tPA completed.
8. Heparin \_\_\_\_\_ units in \_\_\_\_\_ cc of 5%D/W to run at \_\_\_\_\_ units per hour IV after IV bolus heparin given.
9. Prophylactic lidocaine: \_\_\_\_\_ mg. IV bolus. Repeat \_\_\_\_\_ mg IV bolus in 10 minutes.
10. Lidocaine 2 grams in 500cc 5%D/W to infuse at \_\_\_\_\_ mg/min after IV bolus lidocaine given. (See \_\_\_\_\_ sheets for further treatment of any dysrhythmias)
11. A.S.A. 325mg P.O. STAT.

GRASGREEN, ARTHUR  
 01/13/93 749 M 178749 AO  
 CRIMPLATT, MICHA  
 01/13/93 749 M 178749 AO  
 05/20/93

**PLAINTIFF'S  
EXHIBIT**

 3  
**JORDAN**

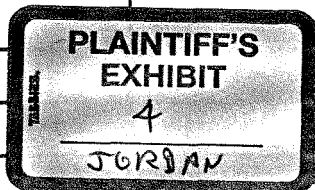
 Page 1 of 2  
 MR-153 1/93I

000422

ONLY THOSE ORDERS DATED, CHECKED AND SIGNED BY M.D. WILL BE CARRIED OUT

5/21/93 E. Ingram, M. Sec.

DATE	PHYSICIAN'S ORDERS	PAGE 2 OF 2
NO ✓	1. The following significant contraindications were reviewed prior to Thrombolytic Therapy Administration and none are determined to be present: a. Active internal bleeding b. Recent (within 2 months) intracranial or intraspinal surgery or injury. c. Intracranial neoplasm d. Severe uncontrolled hypertension (SBP greater than 180 and DBP greater than 110) e. History of cerebrovascular accident or known intracranial neoplasm, AV malformation or aneurysm f. Active internal bleeding within previous 10 days. g. Recent (within 10 days) trauma or surgery at a non-compressible site (organ biopsy, intraabdominal surgery, coronary artery bypass graft, obstetrical delivery, prolonged CPR) h. Women known to be or suspected of being pregnant i. Known bleeding diathesis Yes - Review done and no significant contraindications noted.	
	2. STAT lab work: CBC, PT, PTT, Platelets, Lytes, Chem-12, CPK.	
✓	3. Repeat CPK 6, 12, 18 and 24 hours after infusion begins.	
✓	4. Cardiac Injury panel at 0, 6, 12, and 24 hours after Infusion begins. (Use special order requisition #2655 & #2650)	
✓	5. Type and Screen red cells (#6251).	
✓	6. Crossmatch 2 units (#6262).	
	7. When Heparin infusion begins, PTT q6h x 4, then bid x 2 days, then qd while on Heparin.	
✓	8. Repeat EKG 3 hours after infusion ends and again at _____.	
	9. No IM injections or deep needlesticks after tPA Therapy is begun or if receiving Coumadin or Heparin.	
✓	10. Neuro checks q1h during infusion, then q2h x 4 and then prn.	4/3
✓	11. Vital signs q15 in x 4, then q30 min x 2 hours, then q1 hour x 4. Resume routine orders for vital signs.	



TO Dr VAN DYKE  
 Omar Jordan MD

*[Signature]* M.D.

Only those orders dated, checked and signed by M.D. will be carried out by the Nursing Staff.

5/21/93 E. Ingram, H. Sec. c 9:00 P.M.

MERIDIA HILLCREST HOSPITAL  
 THROMBOLYTIC THERAPY GUIDELINES

CRASGREEN, ARTHUR INP  
 C/12/17 74Y M 178749 AO  
 GRINBLATT, MICHA  
 GRINBLATT, MIC 93140-CC419  
 05/20/93



## ADL'S / MISC.

FEEDING SET UP TRAY ✓  
 HYGIENE AM/HS CARE  
 HYGIENE ORAL CARE BID- ASSIST ✓  
 HYGIENE SHAVE SELF ✓  
 ICU/CCU VS P, BP Q 30 MIN  
 ICU/CCU VS TEMP Q 4H ✓  
 ICU/CCU VS RESP Q 4H ✓  
 IV CONT. PERIPHERAL W/1 SITE  
 NEUROCHECK GLASCOW COMA SCALE QD ✓  
 SAFETY HALF RAILS 2 UP  
 SAFETY BED LOW POSITION & LOCKED ✓  
 ACTIVITY BEDREST W/BSC FOR BM'S  
 TOILETING BSC- W/1  
 HYGIENE ASSIST WITH BATH 10:5 complete ✓  
 PRIVILEGES MAY USE TELEPHONE (CCU) ✓  
 I & O Q SHIFT ✓  
 NEUROCHECK Q 1 HOUR ✓

Prc: OXYGEN THERAPY  
 BLEEDS EASILY

Diet: CLEAR LIQ-ADV AS ORDERED

## ACTIVE ORDERS

EKG 05/22 06:00 A  
 I & HEMATO CR 03:00 A  
 CARDIAC INJURY PANEL 05/22 09:00 A  
 CK (CPK, CREATINE PHO 05/22 09:00 A  
 HEMOGLOBIN & HEMATOCR 05/22 09:00 A  
 CARDIAC INJURY PANEL 05/22 03:00  
 CK (CPK, CREATINE PHO 05/22 03:00 P  
 HEMOGLOBIN & HEMATOCR 05/22 03:00 P  
 OXYGEN 05/21 01:29 A  
 40% VENTIMASK BUT MAY LEAVE PT ON  
 5L/M NC WHILE VOMITTING  
 PULSE OXIMETRY \* 05/22 01:43 A  
 CONTINUOUS PULSE OX  
 PULSE OXIMETRY 05/22 01:30 A  
 CT HEAD W/O CONTRAST 05/22 04:54 A  
 1: MAY BE DONE IN CONJUNCTION WITH DSA  
 CAROTIDS  
 2: MAY INTERFERE WITH IVP  
 3: CAT SCAN WILL NOTIFY FLOOR SECRETARY  
 IN AM REGARDING PREP INSTRUCTIONS  
 FOR EACH PATIENT.  
 CT HEAD W/O CONTRAST 05/22 02:15 A

## PLAN OF CARE

PC: COMFORT/PAIN- ALTERATION  
 DO: PT WILL VERBALIZE A DECREASE/OR  
 CONTROL OF PAIN  
 1: ASSESS S/S PAIN Q4H AND PRN  
 FINDINGS: 8<sup>th</sup> pain  
 2: BACK/SHOULDER RUB PRN: Y/N Y/N Y/N  
 EFFECTIVE: Y/N Y/N Y/N  
 3: TEACH BREATHING TECHNIQUES: Y/N  
 DEMONSTRATES: Y/N  
 4: POSITION FOR COMFORT: (Y/N) Y/N Y/N  
 EFFECTIVE: Y/N Y/N Y/N  
 PB: KNOWLEDGE DEFICIT OF SELF PAIN  
 CONTROL  
 EO: PT WILL STATE MEANS TO ASSIST IN  
 PAIN CONTROL  
 1: TEACH TO COMMUNICATE ONSET AND  
 QUALITY OF PAIN: (Y/N)  
 DEMONSTRATES: Y/N  
 2: COLLABORATE ON PAIN MEDICATION/  
 RELIEF METHODS: Y/N  
 EFFECTIVE: Y/N



000073

INT

SIGNATURE

Dx : CHEST PAIN, R/O MI

Alg: NKA

Iso:

Smk: UNK

Sgy:

Type: INP

CCU-3

8749

93140-00419

Adm : 0 20/93

Dob: 01/13/19 74Y

Phys: GRASG, BLATT, MICHAEL S Level:

GRASG, ARTHUR

Sex: M

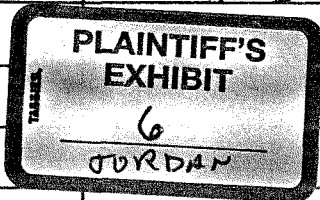
Sat May 22, 1993 07:03 A Shift 123  
 PATIENT CARE PROFILE # 5

78

PATIENT NAME <i>Grassgreen Arthur</i>		UNIT NO.	ROOM NO. <i>Cen 3</i>
ATTENDING PHYSICIAN	TIME	HOUSE OFFICER	TIME
			INITIALS <i>3</i>

THE GENERIC FORMULA EQUIVALENT IS AUTHORIZED ON PRESCRIPTIONS IF FILLED BY THE PHARMACY DEPARTMENT OF MERIDIA HILLCREST HOSPITAL OF MAYFIELD HEIGHTS, OHIO UNLESS THE WORDS "THIS BRAND ONLY" ARE WRITTEN AFTER THE DRUG NAME BY THE VISITANT PHYSICIAN.

DATE / TIME	ORDERS
5/21/93 3:30 PM	Clarification: 1) Tegretol 200mg po QID (dosage per wife) w/o Dr. Minblatt / Jean Augidos 5/21/93 5:40 J. Augidos 5/21/93 6:40



NOTED BY

IMP  
GRASSGREEN, ARTHUR  
01/13/19 MAY M 17 749 AO  
GRINBLATT, MICHA  
03/14/90-00419  
GRINBLATT, MIC  
05/20/93

5/21/93	Renew IV PTT 5/22/93 Premier 20 mg po Q Kasix 40mg po today Kasix 20 mg po today. 5/21/93 10:15
---------	---

NOTED BY

IMP  
GRASSGREEN, ARTHUR  
01/13/19 MAY M 178749 AO  
GRINBLATT, MICHA  
03/14/90-00419  
GRINBLATT, MIC  
05/20/93

5/21	(26) ✓ 1 Stat Hct, Stat Typ & Screen ✓ 2 D/c NTG got ✓ 3 D/c Tpt ✓ 4 250 NS w/wd op, repeat x 1 ✓ 5 Dopamine 400/250 Dsw start at 5mg Keep SBP > 90 T.O. Dr. Van Dyke / ... 5/21/93 J. Augidos
------	---

NOTED BY

IMP  
GRASSGREEN, ARTHUR  
01/13/19 MAY M 178749 AO  
GRINBLATT, MICHA  
03/14/90-00419  
GRINBLATT, MIC  
05/20/93  
FORM NO. MR-39 10916065  
Moore Speediset 228

V102  
5-21-93

5/23

V102  
5/23/93

MERIDIA HILLCREST HOSPITAL  
MAYFIELD HTS. • OHIO

DOCTOR'S ORDER SHEET

PATIENT NAME <u>Chasgreen, Arthur</u>		UNIT NO. <u>118749</u>	ROOM NO. <u>3</u>
ATTENDING PHYSICIAN	TIME	HOUSE OFFICER	TIME
		INITIALS <u>JP</u>	

THE GENERIC FORMULA EQUIVALENT IS AUTHORIZED ON PRESCRIPTIONS IF FILLED BY THE PHARMACY DEPARTMENT OF MERIDIA HILLCREST HOSPITAL OF MAYFIELD HEIGHTS, OHIO UNLESS THE WORDS "THIS BRAND ONLY" ARE WRITTEN AFTER THE DRUG NAME BY THE VISITANT PHYSICIAN.

DATE	TIME	ORDERS
5/21		<p>✓ OB All stools call if <math>\oplus</math> <math>\oplus</math></p> <p>✓ Hold Iopressor for Heart Rate <math>\downarrow</math> 50</p> <p>✓ OR SBP <math>\downarrow</math> 100</p> <p>✓ Nitro drip 50mg/250 DSW Titrate to</p> <p>✓ Pain &amp; to keep SBP 110-130</p> <p>✓ Call if H&amp;H Less than 3PT</p> <p>1 Exam AM Draw</p>

		<p>✓ Start new Cardiac <del>Prophyl</del></p> <p>✓ Envy Panel @ 6H x 4</p> <p>✓ H&amp;H <math>\oplus</math> @ 6H x 2 Call</p> <p>✓ If 3pts less than AM 5-21-93</p> <p>✓ PT PTT <math>\oplus</math> NOW</p> <p>TO Dr VAN DYKE</p> <p>OMAR JORDAN RN</p> <p>5/21/93 E. Ingram, H. Sec. C</p>
--	--	---

5/21		<p>DC dopamine drip</p> <p>T.O. Dr VanDyke / OMAR Jordan RN</p>
------	--	---

PLAINTIFF'S EXHIBIT

7

JORDAN

000421

5-21-93

5/21/93 E. Ingram, H. Sec. C

NOTED BY INP

CHASGREEN, ARTHUR 178749 AO

CHINPLATT, MICHA 93140-CC419

CHINPLATT, MICHA 05/20/93

NOTED BY INP

CHASGREEN, ARTHUR 178749 AO

CHINPLATT, MICHA 93140-CC419

CHINPLATT, MICHA 05/20/93

UPN 1/22/93 / R

PATIENT NAME Grasgreen, Arthur UNIT NO. 178749 ROOM NO. CCU 3  
ATTENDING PHYSICIAN \_\_\_\_\_ TIME \_\_\_\_\_ HOUSE OFFICER \_\_\_\_\_ TIME \_\_\_\_\_ INITIALS \_\_\_\_\_

THE GENERIC FORMULA EQUIVALENT IS AUTHORIZED ON PRESCRIPTIONS IF FILLED BY THE PHARMACY DEPARTMENT OF MERIDIA HILLCREST HOSPITAL OF MAYFIELD HEIGHTS, OHIO UNLESS THE WORDS "THIS BRAND ONLY" ARE WRITTEN AFTER THE DRUG NAME BY THE VISITANT PHYSICIAN.

DATE / TIME \_\_\_\_\_ ORDERS \_\_\_\_\_

5/21 - Call if Hct < 35  
Orthostatic BP, P in AM  
TO Dr Van Dyke  
Omar Jordan RN  
*[Signature]*  
5/22/93 AM  
Amber RN

5/22 Stat Chest X-ray # 43  
stat Pulse ox # 44  
stat EKG # 46  
Stat PT, PTT, Hgb & Hct, Chem 4 # 45  
T/O Dr Attarian / Ann Mcgett RN  
*[Signature]*

5/22/93 1) Continuous pulse ox # 48  
1:40 AM V.O. Dr Attarian / Joan Paugides ~  
*[Signature]*  
1:40 AM 5/22/93 Bm  
*[Signature]*

PLAINTIFF'S  
EXHIBIT  
8  
JORDAN

000424

NOTED BY  
G. J. 5/13/93 7:44 AM  
GRINHLATT, MICHA  
GRINHLATT, MIC  
05/20/93

NOTED BY  
G. J. 5/13/93 7:44 AM  
GRINHLATT, MICHA  
GRINHLATT, MIC  
05/20/93

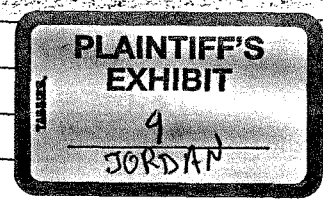
NOTED BY  
G. J. 5/13/93 7:44 AM  
GRINHLATT, MICHA  
GRINHLATT, MIC  
05/20/93

WEIGHT: 80.9 kg

BODY SURFACE AREA:

DIAGNOSIS: Chest pain, MI

TIME	VITAL SIGNS				CVP	ARTERIAL PRESSURE	PAP S/D	PCWP	PAIN	PAIN	MEDICATION: PRN, STAT, IV SOLUTION: MEDICATION RATE OF FLOW CHANGES
	T	P	R	BP							
8:00	36.3	64	16	135/78							
8:30		60	16	148/76							
9:00		64	16	133/86							
9:30		83	16	133/80							
10:00		78	20	146/73							
11:00		75	20	159/79							
11:30		61	20	131/73							
12:00	37	59	20	148/76							
12:30		49	16	142/77							
1:00		60	18	151/82							
1:30		55	16	131/62							
2:00		52	16	152/78							
2:30		53	14	127/80							
3:00		58	14	132/76							
3:30		56	16	130/70							
4:00	36.4	53	16	145/25							
4:30		52	16	115/66							
5:00		55	16	144/72							
5:30		68	18	127/68							
5:45					PT	C6	CP		2-3		NTG 40mg IV
6:00		60	20	163/85					2-3		NTG 40mg IV
6:30									2-3		NTG 50mg IV
6:40		59		179/94							NTG 60mg / TPA 800mg
6:45		61		153/90							MS 2mg IV 50mg / 1/2 hr
7:00		64	18	146/88							
7:15		61		60/24							110B ↓ Legs ↑ NTG all
7:18		57		59/35							
7:20		55		65/36							
7:23		55		72/37							NS. OPEN + 250cc
7:24		57		85/49							Dop 5mg / 1/2 hr
7:25		55		106/35							
7:30		57		99/53							



PUPIL CODE

GLASCOW COMA SCALE - RESPONSE CODE†

**REACTION**

Reactive = +

Non-Reactive = -

sluggish = S

**SIZE**

1 2 3 4

**EYES OPEN**

4 = Spontaneously

3 = To Speech

2 = To Pain

1 = None

C1 = Closed By Swelling

**BEST VERBAL**

5 = Oriented

4 = Confused

3 = Inappropriate Words

2 = Incomprehensible Words

1 = None

T1 = Tube Present

**BEST MOTOR (Use Best Arm)**

6 = Obeys Command

5 = Localize Pain

4 = Flexion To Pain - Withdrawal

3 = Flexion - Decorticate

2 = Extension To Pain - Decerebrate

1 = None

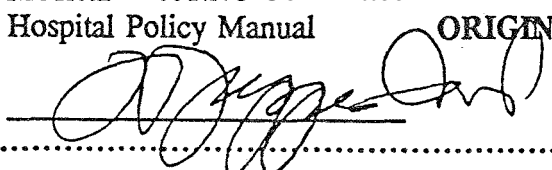
A1 = Agitated

\* See Narrative Notes  
Blank space means not applicable

† See Procedure Book

MERIDIA HILLCREST HOSPITAL  
HOSPITAL POLICY MANUAL

THROMBOLYTIC THERAPY IN ACUTE MI

ORIGINATED BY: Nurse Manager, Stepdown Unit  
APPROVAL: Vice President, Inpatient Services/Pharmacy and Therapeutics Committee/  
Medical Executive Committee  
DISTRIBUTION: Hospital Policy Manual ORIGINAL DATE: March, 1991  
SIGNATURE: 

- I. PURPOSE: Infuse thrombolytic agent IV in acute MI patient safely and appropriately.
- II. POLICY:
1. Can be administered by an R.N. in ER, ICU, CCU.
  2. Physician will determine if patient is appropriate candidate:

CANDIDATES

Patients presenting in the Emergency Department with chest pain of at least 30 minutes duration, but less than 4 hours from onset or 6 hours with persistent pain.

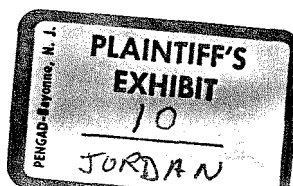
ST segment elevation of at least 0.1mv in a precordial lead or 2 contiguous limb leads.

Coronary spasm ruled out via lack of relief from one sublingual nitroglycerin tablet and/or nifedipine 10mg., sublingual.

No contraindications to thrombolytic therapy as outlined below:

CONTRAINDICATIONS:

- History of cerebrovascular event (stroke, TIA, intracranial neoplasm, AV malformation, aneurysm, etc.).
- Recent (within 2 months) cranial or spinal injury or trauma.
- Severe, uncontrolled hypertension (diastolic greater than 110mm, systolic greater than 180mm).
- Known bleeding diathesis.
- Active internal bleeding within the previous 10 days (i.e., GI bleed).
- Recent (within 10 days) trauma or major surgery at a non-compressible site. (Organ biopsy, intra-abdominal surgery, coronary artery bypass, graft, obstetrical delivery, prolonged CPR.)
- Known or suspected pregnancy.



## THROMBOLYTIC THERAPY IN ACUTE MI

### RELATIVE CONTRAINDICATIONS:

- Recent (within 10 days) puncture of a non-compressible blood vessel.
- Poorly controlled hypertension.
- Diabetic hemorrhagic retinopathy, or hemorrhagic ophthalmic condition.
- Current anticoagulant therapy (prothrombin time greater than 15 seconds).
- Advance hepatic or renal disease.
- Predisposition to bleeding (aspirin use within 72 hours, ulcerative colitis, vascular tumor, or active peptic ulcer disease).
- Recent serious trauma including prolonged (greater than 5 minutes) or traumatic external cardiac compression or traumatic endotracheal intubation.
- Known or suspected left heart thrombus (e.g., mitral stenosis and atrial fibrillation).
- Infective endocarditis.
- Septic thrombophlebitis.

### ADDITIONAL RELATIVE CONTRAINDICATIONS WITH STREPTOKINASE:

- Recent streptokinase therapy (6 months or less).
- Renal or hepatic failure.
- Current therapy with other thrombolytic agents.

3. Pharmacy will mix and supply medication as follows:
  - Eminase - 30 units mixed in 5cc of sterile water to be administered by direct IV injection over 2-5 minutes. (Must be used within 30 minutes of reconstitution.)
  - Streptokinase - 1.5 million units in 100cc, D5W or NS, over 1 hour.
- tPA
  - 1 - An initial bolus of 10mg will be given IV push and followed by a 50 mg infusion over the first hour. An additional infusion at 20mg/hour will continue over the next two (2) hours (a total of 100mg over three hours).
  - 2 - Front end loading protocol - 15 mg bolus, 50 mg over the first ½ hour and 35 mg over the next hour.

### III. EQUIPMENT

### IV. PROCEDURE:

---

WHAT: 1. Preparation

HOW: 1a. Explain therapy to patient and family.



## THROMBOLYTIC THERAPY IN ACUTE MI

- 1b. Obtain initial lab work and **EKG** - do not delay administration of the drug waiting for lab results.
  - 1c. Obtain informed consent if possible.
  - 1d. Establish a minimum of 2 IV sites (3 are preferable).
  - 1e. Obtain baseline systems assessment including glasgow coma scale and pupil check.
  - 1f. Set an arterial line if ordered by physician.
  - 1g. Before administration of streptokinase give Benadryl and corticosteroid as ordered by physician.
- 

### WHAT: 2. Infusion

- HOW:
- 2a. Infusion medication at rate ordered via a volumetric infusion pump.
  - 2b. Monitor heart rhythm in diagnostic lead to observe ST segment (see policy on tPA leads).
  - 2c. Evaluate, document and treat all chest pain.
  - 2d. Assess and document vital signs every 15 min. X4, every 30 min. X2, then every 1 hour x4.
  - 2e. Assess and document neuro status every 1 hour during infusion, then every 2 hours X4, then PRN, utilize glasgow coma scale, notify physician of any changes
  - 2f. When tPA infusion is complete, add 30cc of IV saline into the IV container and infuse.
- 

### WHAT: 3. Maintenance Care

- HOW:
- 3a. Continuous cardiac monitoring (monitor and evaluate reprofusion arrhythmias and treat as ordered).
  - 3b. Begin and maintain heparin infusion as ordered.
  - 3c. Obtain serial EKG and lab work as ordered, utilize A-line or heparin lock for blood sampling (see procedure for drawing blood from hep lock).
  - 3d. No IM injections or deep needle sticks after thrombolytic therapy or if receiving coumadin or heparin.
  - 3e. Monitor all puncture/IV sites for evidence of bleeding.
  - 3f. Place a sign at the bedside "bleeding precautions," check with nurse - prior to venipuncture."
  - 3g. Monitor all stool, urine, sputum and emesis for evidence of flank or occult blood for 72" or as ordered.
-



## THROMBOLYTIC THERAPY IN ACUTE MI

Pharmacy and Therapeutics Committee Approved: July 6, 1992

Medical Executive Committee Approved: August 12, 1992

Revised: March, 1992

Reviewed: March, 1991  
(Signature/Date)

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ADL'S / MISC.

FEEDING SET UP TRAY *EV OS*  
HYGIENE AM/HS CARE *10a EV*  
HYGIENE ORAL CARE BID- ASSIST *EV*  
HYGIENE SHAVE SELF *EV*  
ICU/CCU VS P, BP Q 30 MIN *EV*  
ICU/CCU VS TEMP Q 4H *EV*  
ICU/CCU VS RESP Q 4H *EV*  
IV CONT. PERIPHERAL W/ 3 SITES *EV*  
NEUROCHECK GLASCOW COMA SCALE QD *EV OS*  
SAFETY HALF RAILS 2 UP *EV OS*  
SAFETY BED LOW POSITION & LOCKED *EV*  
ACTIVITY BEDREST W/BSC FOR BM'S *EV*  
TOILETING BSC- W/1 *EV*  
HYGIENE ASSIST WITH BATH *EV*  
PRIVILEGES MAY USE TELEPHONE (CCU) *EV*  
I & O Q SHIFT *EV OS*

Prc: OXYGEN THERAPY  
BLEEDS EASILY

Diet: CLEAR LIQ-ADV AS ORDERED

ACTIVE ORDERS

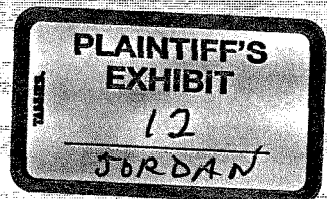
EKG 05/21 01:33 A  
6AM  
CARDIAC INJURY PANEL 05/21 05:00 A  
6H PANEL  
CK (CPK, CREATINE PHO 05/21 05:00 A  
6H PANEL  
CARDIAC INJURY PANEL 05/21 11:00 A  
12H  
CK (CPK, CREATINE PHO 05/21 11:00 A  
12H  
OXYGEN \* 05/21 01:23 A  
O2 3L NC  
PT / PTT

TREAT

05/21 01:35 A  
1. LITATIONAL R.E.S (DO NOT EDIT)  
- all ill in room *EV*  
- 3 patients call y 2:35 HCT  
- or mastatic BP in Am on 5/22  
TPA protocol 05/21 01:29 A  
2: DEFIBRILLATION AT 400 JOULES FOR  
FIBRILLATION

PLAN OF CARE

PC: COMFORT/PAIN- ALTERATION  
DO: PT WILL VERBALIZE A DECREASE/OR  
CONTROL OF PAIN  
1: ASSESS S/S PAIN Q4H AND PRN  
FINDINGS: *series*  
12m no pain 4m no pain  
2: BACK/SOULDER RUB PRN: *Y/N* Y/N Y/N  
EFFECTIVE: Y/N Y/N Y/N  
3: TEACH BREATHING TECHNIQUES: Y/N  
DEMONSTRATES: Y/N  
4: POSITION FOR COMFORT: *Y/N* Y/N *Y/N*  
EFFECTIVE: *Y/N* Y/N *Y/N*  
PB: KNOWLEDGE DEFICIT OF SELF PAIN  
CONTROL  
EO: PT WILL STATE MEANS TO ASSIST IN  
PAIN CONTROL  
1: TEACH TO COMMUNICATE ONSET AND  
QUALITY OF PAIN: *Y/N*  
DEMONSTRATES: *Y/N*  
2: COLLABORATE ON PAIN MEDICATION/  
RELIEF METHODS: Y/N  
EFFECTIVE: Y/N *NA*

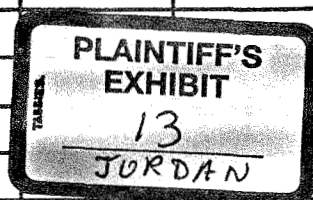


INT SIGNATURE  
*EV* *Mike Jordan*  
*Am* *Mike Jordan RN*

Dx : CHEST PAIN, R/O MI  
Alg: NKA  
Iso: 000251 Smk: UNK  
Sgy:  
Type: INP  
CCU-3 178749 93140-00419  
Adm : 05/20/93 Dob: 01/13/19 74Y  
Phys: GRINBLATT, MICHAEL S Level:  
GRASGREEN, ARTHUR Sex: M

Fri May 21, 1993 06:56 A Shift 12  
PATIENT CARE PROFILE # 3

ROUTINE AND STAT MEDICATIONS					Diagnosis: <u>ROMI</u>				
Example	Gluteus	Deltoid	Vastus Lateralis	Renewed	Allergic To: <u>NKA</u>				
Site R.G. or Initials F.H.	Right - R.G. Left - L.G.	Right - R.D. Left - L.D.	Right - R.L. Left - L.L.	Code-R					
Order Date	Exp. Date	MEDICATION Doseage-Frequency-Route of Admin.	Time	5 Date	Date	Date	Date	Date	
5/21		Flush capped IV q 8 hrs. per policy (applicable only if order date present)	N D E	11	21	22	23	24	25
5/22		Imperial 1mg IV q 6 <sup>0</sup> Held 5/21 < 60	5 11 5-11	7	21	22	23	24	25
5/22		Zantac 50mg IV q 12 <sup>0</sup>	12 12	3 6 <sup>00</sup> PM	21	22	23	24	25
5/21	5/21	TPA maintenance dose 35mg/hr		11	21	22	23	24	25
5/21	5/21	TPA lytic dose 50mg IV over 1/2 hour		6 45 PM	21	22	23	24	25
5/21	5/21	TPA bolus dose 15mg IV over 1-2 minutes		6 40 PM	21	22	23	24	25
Recopied by:			SIGNATURES	Night	Arthur Grinblatt				
				Day	Arthur Grinblatt				
				Evening	Arthur Grinblatt				



MERIDIA HILLCREST HOSPITAL  
MEDICATION ADMINISTRATION RECORD

GRASGREEN, ARTHUR INF  
01/13/19 74Y M 178749 AC  
GRINBLATT, MICHA  
GRINBLATT, MIC 93140-CC413  
05/20/91 000245