

THE STATE OF OHIO,)
) ss:
COUNTY OF CUYAHOGA.)

IN THE COURT OF COMMON PLEAS

Lynn Martello, Executrix of)
the Estate of Edna P.)
Martello,)
)
Plaintiff,)
)
vs.) Case No. 427286
) Judge Eileen A.
Southwest General Health) Gallagher
Center, et al.,)
)
Defendants.)

- - -

Deposition of JAY MORROW, R.N., taken as
if upon cross-examination before Ronald M. Rua,
a Notary Public within and for the State of Ohio,
at Southwest General Health Center, Building C,
18697 East Bagley, Middleburg Heights, Ohio,
commencing at 9:10 a.m., on Tuesday, the 30th
day of October, 2001, pursuant to notice and
stipulations of counsel, on behalf of the
Plaintiffs.

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- - -
JAY MORROW, R.N., of
lawful age, called by the Plaintiff
for the **purpose** of cross-examination,
as provided by the Ohio Rules of Civil
Procedure, being by me first duly sworn,
as hereinafter certified, deposed and
said as follows:

- - -

MR. COTICCNIA: For the
record, this is the deposition of
Jay Morrow, R.N.?

THE WITNESS: Yes.

MR. COTICCNIA: And it is
being taken pursuant to notice and
agreement; is that correct,
Mr. Switzer?

MR. SWITZER Yes, it is.

MR. VANWAGNER Yes.

MR. COTICCNIA: Thank you.

CROSS-EXAMINATION OF JAY MORROW, R.N.

BY MR. COTICCHIA:

Q Please state your full name, for the record.

A Jay Morrow

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APPEARANCES:

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on behalf of the Defendant Emergency
Physicians Services, et al.

- 1 Q And how do you spell your name?
- 2 A J-A-Y, M-O-R-R-O-W.
- 3 Q And what is your occupation?
- 4 A I'm a Registered Nurse in the emergency department at
- 5 Southwest General.
- 6 Q When were you hired at Southwest General?
- 7 A November of '98.
- 8 Q I am going to ask you several questions, most of them
- 9 dealing with a patient named Edna Martello. If you
- 10 don't understand my question or if you don't hear me,
- 11 please speak up and I will repeat it, okay.
- 12 A I will.
- 13 Q What is your current home address?
- 14 A 6095 Akins, A-K-I-N-S, that's in North Royalton,
- 15 Ohio.
- 16 Q Are you married, single, divorced?
- 17 A Yes, I'm married.
- 18 Q Husband's name?
- 19 A Wayne.
- 20 Q Children?
- 21 A Two.
- 22 Q What are their names and ages?
- 23 A Paul is 23 and Bob is 22.
- 24 Q Do they live at home?
- 25 A No. Paul is married, and Bob is at college now. He

1 is at home in the summer.
 2 Q Would you tell me about your professional education
 3 and how you became a nurse?
 4 A Two years associate's degree at Cuyahoga Community
 5 College.
 6 Q Is that where you got your R.N.?
 7 A That's correct.
 8 Q What year was that?
 9 A 1983.
 10 Q Have you been a nurse full-time ever since then?
 11 A Half time or full-time, yes.
 12 Q All right.
 13 A The kids were little for most of that, so.
 14 Q Sure, sure. You don't have to wait for me to write
 15 down the answer. That's why we have a court
 16 reporter.
 17 A I was just trying to be considerate of you taking the
 18 notes there.
 19 Q Tell me from '83 where you worked, who you worked for
 20 and how long?
 21 A I worked for Deaconess Hospital in the emergency room
 22 for 15 years, and then I came to Southwest.
 23 Q Were you an emergency room nurse all the time at
 24 Deaconess?
 25 A Except for the first six months.

1 Q And what did you do for those first six months?
 2 A The first six months I worked on A north, which was
 3 just a med-surg, oncology, gynecology overflow floor.
 4 Q So your nursing experience has always been in the
 5 emergency room?
 6 A Predominantly, yes.
 7 Q All right. Do you remember a patient named Edna
 8 Martello?
 9 A Not specifically, no.
 10 Q You do not, okay. Before your deposition today have
 11 you ever given testimony under oath under any
 12 circumstances, in court, in a deposition, at an
 13 administrative hearing, anything like that?
 14 A Yes.
 15 Q Okay. Starting from the beginning, tell me when and
 16 where?
 17 A Is this professional or personal or both?
 18 Q Both. Any type of testimony--
 19 A Okay.
 20 Q -- where you were sworn in.
 21 A I was sworn in for a divorce and I was sworn in for a
 22 statement or a deposition at that time.
 23 Q A divorce deposition?
 24 A And that was -- please don't ask me the year.
 25 Q Nevermind.

1 A And there was a juvenile court case with a patient.
 2 My son was in the eighth grade then so maybe about
 3 ten years ago. So twice.
 4 Q So you were in Juvenile Court, was that patient a
 5 juvenile, I assume?
 6 A Yes.
 7 Q Had he -- oh, never mind. It was not involving any
 8 kind of claim for medical negligence, was it?
 9 A No.
 10 Q All right. So those were the two previous times you
 11 gave testimony under oath?
 12 A Yes.
 13 Q Does anything else come to mind while we are sitting
 14 here?
 15 A Not at all.
 16 Q Prior to this morning's deposition, did you review
 17 any medical records pertaining to Edna Martello?
 18 A I looked at the ER chart.
 19 Q And when you looked at the ER chart, did anything jog
 20 your memory that would remind you of Edna Martello or
 21 anyone else that you might have been working with?
 22 A Not specifically, no.
 23 Q No?
 24 A No.
 25 Q All right. What time did you start working on

1 January 3 1st, 2000, if you remember?
 2 A I have no clue. I work a couple different shifts, I
 3 don't know. I would have to look at the record.
 4 Q All right. I want to show you what has been marked
 5 as Exhibit 1. It is a January 30th -- 31st, that's
 6 unusual, 2000, County Emergency Service run report
 7 and ask you if that jogs your memory or if you
 8 recognize it.
 9 A I have seen these reports before, if that's what
 10 you're asking.
 11 Q But that specific one pertaining to Edna Martello?
 12 A Other than having seen it a few days ago when Mr.
 13 Switzer and I looked over the chart, no.
 14 MR. SWITZER: Did you say,
 15 "January 30th," Joe? I'm sorry?
 16 MR. COTICCHIA: I am mistaken.
 17 It should be January 3 1st. I just
 18 happened to say the 30th.
 19 THE WITNESS: Do you want that
 20 back?
 21 MR. COTICCHIA: Thank you.
 22 Q When a patient such as Edna Martello comes into the
 23 emergency room, do you look at the ambulance run
 24 report?
 25 A It depends on if it is available.

1 Q All right. If it is available, why do you look at
2 it?
3 A Usually just to see medications.
4 Q Is it also to determine if the patient has any
5 specific complaints?
6 A Usually you get those from the patient.
7 Q The patient tells you, all right. And you already
8 testified you don't remember this particular document
9 marked as Exhibit 1?
10 A Not specifically, no.
11 Q All right. I am going to hand you what has been
12 marked Exhibit 2. I think I've got an extra copy
13 here and I'm not sure if these pages are in the
14 proper order, maybe you can tell me. It is a three
15 page document.
16 First of all, do you recognize that document?
17 A I recognize that my writing is on it.
18 Q All right. Where is your writing?
19 A What is here, page two.
20 Q Page two. Is that in the correct order, from what
21 you can see?
22 A It appears to be, yes.
23 Q All right. The reason that I ask, will you please
24 turn to the third page.
25 A Yes.

1 Q First of all, I know you said you reviewed the record
2 before your deposition this morning. My question is,
3 do you have an independent recollection as you look
4 at these documents of the night or the morning in
5 question and the patient?
6 A No, I really don't.
7 Q All right. Now, the third page has your name on
8 it--
9 A Yes.
10 Q -- at the bottom. Is your handwriting anywhere else
11 on this page?
12 A On the second page or on this page? (Indicating.)
13 Q On this page. (Indicating.)
14 A On this page, okay. It has my -- where it says,
15 disposition, that block and the one under it. And
16 one other place, where it says, referred physician, I
17 wrote the word, Narichania, 2 South. That appears to
18 be all of my handwriting on the page. That appears
19 to be it.
20 Q Who is Doctor Narichania?
21 A The surgeon who admitted this patient.
22 Q Why did you write, Narchania 2 South?
23 A Because it says, referred physician, and that's who
24 was taking over the care of the patient, would be
25 Doctor Narichania, and that's the block where you put

1 that information. And 2 South just lets the
2 secretary know where to put the information.
3 Q All right.
4 A You know, where to admit the patient to.
5 Q How did you find out that Doctor Narichania was going
6 to be the referred physician?
7 A I have a written order from Doctor Narichania.
8 Q You would have received a written order from Doctor
9 Narichania?
10 A Mm-hmm. I spoke with him on the phone.
11 MR. COTICCHIA: Pardon?
12 MR. SWITZER: She was saying,
13 mm-hmm. I wanted to have her say,
14 yes.
15 THE WITNESS: I'm sorry, I
16 guess, mm'hmm, is hard to spell.
17 MR. COTICCHIA: Right. I
18 should have mentioned that to you.
19 We are informal, but in a
20 deposition you have to give an oral
21 answer. A grunt or mm'hmm or
22 huh-uh cannot be written down
23 in the form of a word.
24 THE WITNESS: Yes.
25 Q Okay. So you would have received an order over the

1 phone before you wrote this in; is that correct?
2 A Correct.
3 Q Now, that's my next question. How and who would have
4 contacted Doctor Narichania?
5 A The physician who was taking care of the patient at
6 that time.
7 Q And who would that have been? Are you able to tell
8 fi-om that page in front of you?
9 A Not from this page in front of me, no.
10 Q Look through the other two pages and tell me
11 if you can determine that?
12 A I cannot tell specifically who contacted Doctor
13 Narichania before I took orders.
14 Q If you go to the very first page, is there anything
15 there that tells you?
16 A No.
17 Q All right. Did you review the deposition of a Doctor
18 Cooper?
19 A I did not.
20 Q Did you review a summary or an outline of his
21 deposition?
22 A His deposition, no.
23 Q Okay. As you look at these three pages, is there any
24 way you are able to determine how you found out that
25 Doctor Narichania was contacted?

1 A Specifically from this record I cannot tell who
2 contacted Doctor Narichania.
3 Q All right. Let's go back to that third page that we
4 were looking at with your name on it.
5 A All right.
6 Q Do you know what time you wrote that down?
7 A What time?
8 Q Yes.
9 A I did not time this entry, no.
10 Q Do you know what time -- well, at the lower bottom it
11 says, January 31 registration, 15:24, which would be
12 in the afternoon.
13 A That's correct.
14 Q So do you know from that date and time what shift you
15 were working on?
16 A I do not.
17 Q Okay. I want to go into the diagnostic impressions.
18 Do you remember working with Doctor Cooper that
19 afternoon?
20 A I don't remember that day, I'm sorry.
21 Q No recollection?
22 A I don't.
23 Q All right. Where it says, diagnostic impressions,
24 can you read what it says on the line above it?
25 A There is a word and slash, sigmoid diverticulum,

1 something.
2 Q Could it be, diverticulum?
3 A It could be.
4 Q What is a sigmoid diverticulum, if you know?
5 A That has to do with the sigmoid colon, and the
6 diverticulum is like a weakness in the wall.
7 Q All right. Do you know whose handwriting that is?
8 It's okay if you don't know.
9 A I don't know.
10 Q Okay. Under diagnostic impressions it says, number
11 one, intractable abdominal pain. Do you know whose
12 handwriting that is?
13 A I don't.
14 Q All right. Number two, it says, hypokalemia. Can
15 you tell me, if you know, what that is?
16 A That means low potassium.
17 Q Number three says, renal insufficiency. What does
18 that mean, if you know?
19 A That means that the kidneys aren't working
20 appropriately or aren't working sufficiently to meet
21 the body's needs.
22 Q And number four is, leukopenia. If you know, what
23 does that mean?
24 A A low white blood cell count.
25 Q Can these be symptoms of diverticulitis?

1 MR. SWITZER: Objection.
2 A You need a medical opinion for that.
3 Q So you don't have an opinion?
4 A I don't have an opinion, no.
5 Q If a patient -- I would like you to give me an
6 opinion, being an emergency nurse with 15 years of
7 experience. When a patient first comes in who exams
8 the patient first, the emergency room nurse or the
9 emergency room doctor?
10 A It depends on who gets there first, but usually the
11 nurse.
12 Q If you examine a patient such as this lady, Edna
13 Martello, and you see these characteristics, I want
14 you to assume that the doctor has not seen the
15 patient yet, isn't there enough there to tell you
16 that she's got abdominal pain and it may be this or
17 that, and my next question after you answer that is,
18 would you tell that to the doctor?
19 MR. SWITZER: I object to the
20 form of the question.
21 A Based on these four things, that question does not
22 make sense to me, no. What are you asking me?
23 Q I am asking you if intractable abdominal pain,
24 hypokalemia, renal insufficiency, and leukopenia can
25 be symptoms of diverticulitis?

1 A They don't always all go together, no.
2 Q So is your statement, no?
3 A No.
4 Q Okay. The next line is, under treatment at six p.m.,
5 soapsuds enema, repeat if no relief. Do you know
6 whose handwriting that is?
7 A I don't.
8 Q Do you know who gave Mrs. Martello an enema?
9 A Not from this document, no.
10 Q Do you know who ordered the enema?
11 A I don't know whose writing that is.
12 Q Well, would that writing have been the person that
13 ordered the enema or would that have been entered by
14 someone else?
15 A It should have been who is ordering the enema. It
16 should have been whoever is ordering it. Otherwise,
17 the protocol with the nurse who wrote the order or if
18 somebody else wrote the order would be to say, verbal
19 order of physician and slash, whoever, the writing of
20 whoever wrote it. But it appears it was written by
21 the physician.
22 Q Okay. And then the next line, will you read that,
23 please, if you can?
24 A Demerol 50 milligrams, I.V., Phenergan, 12.5 I.V.
25 Q What is Demerol?

1 A It is a narcotic pain medication.
 2 Q What was the pain, or what were the symptoms or the
 3 location of the pain?
 4 A That is not listed here. You can surmise, but it is
 5 not listed here specifically.
 6 Q Would it have been for item number one, intractable
 7 abdominal pain?
 8 A That would probably be a guess, a good guess.
 9 Q And what is Phenergan?
 10 A It is an antiemetic drug.
 11 Q What is that?
 12 A It decreases GI pain and sometimes helps with
 13 narcotic related nausea.
 14 Q Do you recognize that handwriting? (Indicating.)
 15 A I'm sorry, I don't.
 16 Q The record discloses that there were two doctors in
 17 the emergency room at this time, Doctor Cooper and
 18 Doctor Graber. Do you know or are you familiar with
 19 Doctor Cooper?
 20 A Yes.
 21 Q Do you know and are you familiar with Doctor Graber?
 22 A Yes.
 23 Q Would you recognize their handwriting if you saw it?
 24 A Specifically there is nothing totally characteristic
 25 about them, no.

1 Q All right. Now, the next line, it says, repeat above
 2 call, and it looks like Narichania, Doctor
 3 Narichania. Does it look like Doctor Narichania to
 4 you?
 5 A It looks like Narichania to me, yes.
 6 Q Now, there is the next line, it says 0010, with a
 7 line through it marked error, and then it says, 0110.
 8 A Yes, that's correct.
 9 Q Does that represent the correction of the error?
 10 A I didn't write it, I would be guessing.
 11 Q Well, forgetting that we are in a lawsuit and you
 12 walk into the emergency room, all right, and you see
 13 this chart, what is your impression when you see that
 14 entry?
 15 A That the person changed the time from 12:10 to 1:10.
 16 Q Which means that was probably the correct time that
 17 the call to Doctor Narichania was made?
 18 A Oh, no.
 19 Q What does that time represent?
 20 A The time represents -- I do believe it represents
 21 Underneath, normal saline at 150 an hour something,
 22 with KCL something. I can't really read it.
 23 That's the nurse checking off the order
 24 underneath, I believe.
 25 Q So, that would be a correction, all right. Let's

1 read that, the next line, what does that say, femcath
 2 or what does that say?
 3 A Femcath per verbal order Doctor Cooper/nurse, the
 4 order taken off 00:45.
 5 There's a couple scribbles there that I can't
 6 read or I can't --
 7 Q All right. Do you know what nurse put this down?
 8 A I don't.
 9 Q And you don't know when you found out or the time you
 10 wrote in the word, Narichania; is that correct?
 11 A No. That entry is not timed, no.
 12 Q Who would have informed you?
 13 A Who would have informed me?
 14 MR. SWITZER: Informed her
 15 about what?
 16 MR. COTICCHIA: That Doctor
 17 Narichania was the referred
 18 physician.
 19 A Specifically in this case, I don't know. That does
 20 not say where that information came from.
 21 Q From your experience as an emergency room nurse,
 22 where do you think it probably came from?
 23 A Probably, I took orders from this doctor and knew
 24 that this doctor had given orders to admit the
 25 patient to 2 south, or a doctor or another doctor

1 said that this doctor was admitting and the patient
 2 would go to 2 south. That's from taking a doctor's
 3 order.
 4 Q So, then, specifically either Doctor Cooper informed
 5 you that Doctor Narichania has admitted Mrs. Martello
 6 or you would have gotten that directly from Doctor
 7 Narichania per a voice order?
 8 A That's reasonable to say, yes.
 9 Q Okay.
 10 A Or a telephone order.
 11 Q All right. Is a telephone order and a voice order
 12 different?
 13 A Well, if you're sitting here with me and you give me
 14 an order, that's a verbal order. If I am talking to
 15 you on the telephone, that's a telephone order, so --
 16 Q Okay. Does Southwest have any regulations or
 17 guidelines? You mentioned protocol. Do they have
 18 any printed regulations or guidelines or manuals for
 19 nurses and procedures in the emergency room?
 20 A Oh, yes.
 21 Q When is the last time you remember seeing one?
 22 A I looked at one probably two days ago, three days
 23 ago. My last shift, actually.
 24 Q Is there a title for that material?
 25 A Nursing, or it is called -- oh, geez; Policies and

1 Procedures and Policyies and Protocols. We have two
2 books and they are divided, some that are unit
3 specific and some that are emergency room specific.

4 Q I am interested in the emergency room. And they have
5 such a manual?

6 A Yes, we have.

7 Q Oradocument?

8 A Yes.

9 MR. COTICCHIA: For the
10 record, I would like to get a copy
11 of that, please.

12 MR. SWITZER: Why don't I get
13 the indices and send them to you,
14 and you can take a look at it and
15 see what you want.

16 MR. COTICCHIA: I'm a slow
17 reader so you will have to get it
18 to me as soon as possible.

19 THE WITNESS: You will need a
20 truck.

21 Q Will you go to the first page, please.

22 A Sure.

23 Q Do you recognize any of the initials or signatures
24 at the end of the lines where it says, interventions?
25 I believe it starts at the top.

1 says, 00:30, and I can't even read what it says.

2 Do you recognize those initials? It looks like
3 an O.

4 A Yes, it looks like O something. But I don't
5 recognize -- I mean, they seem to be consistent on
6 the page, but I don't know who they are; if that's
7 what you're asking.

8 Q Okay. At the bottom right hand corner it says, CD
9 inserted per VO, Doctor Cooper. What does that mean?

10 A Okay. Well, the entire entry starts at the line
11 before that.

12 Q At 00:45?

13 A 00:45, number sixteen French, which is the size of
14 the Foley catheter. CD inserted per voice order of
15 Doctor Cooper. UA sent, it looks like it says, sent.

16 Q What does that mean?

17 A That means the nurse at 00:45 went and inserted a
18 catheter which goes into the bladder and she left
19 that collection device to close drainage. And then
20 she sent a sample of the urine to the lab for
21 urinalysis.

22 Q Can you identify the initials and the signatures
23 at the bottom?

24 A I can't read them, at all. I don't know who
25 they are.

1 A I'm looking. I would be guessing.

2 Q At the top it says, 300 ccs soapsuds enema instilled,
3 and then I don't know what that is, PR or PP. Do you
4 recognize that initial at the end?

5 A No.

6 Q All right. Dropping down two lines it says, infused
7 and took x-ray, it looks like, and, MR?

8 A It looks like, MR.

9 Q Is that Nurse Reyes?

10 A I have no idea.

11 Q Do you know Nurse Reyes?

12 A I'm sorry, I do recognize M. Reyes, yes.

13 Q What is the, M, for?

14 A Melanie.

15 Q Do you know Nurse Melanie Reyes?

16 A Yes, I do.

17 Q Do you remember being on the shift with her at that
18 time or at any time?

19 A I'm on shifts with her often times.

20 Q Okay, all right.

21 A She's an I.V. therapist. She just starts I.V.s all
22 over the hospital. She doesn't work specifically
23 in the emergency room as a nurse.

24 Q There are other initials down here. For example,
25 just above the name M. Reyes just above the time, it

1 Q All right. Will you go to the next page, please, and
2 I want to start with your writing. Do you recognize
3 where your writing begins?

4 A Yes.

5 Q Your handwriting is legible so I know it is you. Let
6 me start at the beginning, and I will paraphrase this
7 for sake of brevity. Mrs. Martello was taking
8 contrast material by mouth and she is complaining
9 that she is burping it up every time she swallows it.

10 Do you remember this incident or anything about
11 this?

12 A This is not uncommon to the emergency room. I don't
13 know specifically this case.

14 Q Okay. It is not uncommon for a patient to complain
15 about burping up the contrast material?

16 A That's not -- well, I have had people -- burping it
17 up doesn't say anything specific to me, no, or
18 throwing it up, not being able to stand the taste of
19 it, all kinds of complaints. This specific complaint
20 doesn't stand out in my mind.

21 Q All right. Let's go to 03:30. What does that say?

22 A Admission order taken from Doctor Narichania and my
23 initials.

24 Q Now, did you get that order directly from Doctor
25 Narichania?

1 A I took admission orders from Doctor Narichania.
 2 Q At that point it is 3:30 in the morning, correct?
 3 A That's what it says.
 4 Q What would you and Doctor Narichania have talked
 5 about, if anything?
 6 A I will read what this says. "I took admission orders
 7 from Doctor Narichania."
 8 Q All right.
 9 A That's all that says.
 10 Q What does that mean?
 11 A That means that I took the phone, Doctor Narichania
 12 gave me orders, I wrote them down. That's what that
 13 means.
 14 Q I want to be a little more specific. What is an
 15 admission order?
 16 A An admission order is the physician saying, I want my
 17 patient confined to the hospital, and it can -- and
 18 it goes on from there.
 19 It can be -- they can give orders; they can just
 20 say, admit to the floor, or they can say, admit to
 21 the floor, and then give numerous orders after that.
 22 Q All right. Would you have written this order at 3:30
 23 before you wrote the entry in the lower right hand
 24 corner on the third page of this Exhibit?
 25 A That's highly unlikely, because I wouldn't have known

1 that the doctor wanted her admitted until after I got
 2 the order to do that.
 3 Q So, as far as this third page, it is probably in the
 4 right place with regards to the chronology of events?
 5 A Actually, these pages aren't chronological. The
 6 first two pages is one separate area, that is kept in
 7 one separate area of the department.
 8 Q Okay.
 9 A And the third page works totally independently.
 10 Q It is a separate document?
 11 A It is a separate document, yes, and they work
 12 independently.
 13 Q Okay, thank you. How would Doctor Narichania know
 14 when he talked to you on the phone to admit the
 15 patient?
 16 A That would have been as a result of his communication
 17 with whichever physician phoned him and discussed
 18 this patient's care with him.
 19 Q Did you discuss the patient's care or the symptoms or
 20 the conditions of Mrs. Martello with Doctor
 21 Narichania?
 22 MR. SWITZER: At 3:30?
 23 MR. COTICCHIA: Yes.
 24 A Until this point at 3:30 in the morning it looks like
 25 I had never seen the patient before.

1 Q Okay.
 2 A So I probably would be guessing.
 3 I just took orders, because there is nothing
 4 reflective of the fact that I saw the patient before
 5 3:30 and I would have nothing to discuss.
 6 Q All right. At 3:55 it says, medicate for abdominal
 7 pain, scale ten. What does that mean?
 8 A It says, medicate for abdominal pain, scale ten,
 9 abdominal pain. That means that the patient was
 10 complaining of abdominal pain and she subjectively
 11 said that my pain is a scale ten out of ten; it is
 12 the worst pain possible.
 13 Q At 3:55 did you administer Demerol?
 14 A And the interventions said, it says, Demerol 50
 15 milligrams and Vistaril 50 milligrams IM were given
 16 in the right hip.
 17 Q And what are they, both pain medications, Demerol and
 18 Vistaril?
 19 A Demerol is an antihistamine by class, actually, and
 20 the Demerol is used to potentiate the Demerol and
 21 also it calms nausea.
 22 MR. SWITZER: I think you just
 23 misspoke. You probably meant
 24 Vistaril.
 25 MR. COTICCHIA: That's all

1 right, I understand.
 2 THE WITNESS: Thank you.
 3 Q Intramuscular right hip, is that where it was
 4 injected?
 5 A According to this, yes.
 6 Q Did you administer that injection?
 7 A It appears I did. That's my -- I signed it. That's
 8 my signature at the end.
 9 Q What is, SR, with two arrows pointed upward?
 10 A That the side rails were up and the patient had a
 11 call bell. It is a safety thing.
 12 Q At 5:10 what does your next entry say?
 13 A Demerol 25 milligrams IM, also in the right hip, and
 14 again my signature.
 15 Q Under the patient assessment would you read your
 16 entry at 5:10?
 17 A At 5:10 I assumed care. The patient denied any
 18 relief of abdominal pain after the medication.
 19 Patient was expectorating fecal smelling, brown
 20 fluid, her abdomen was distended. She had localized
 21 pain to the right lower quadrant. There was
 22 tenderness on palpation -- wait a minute. Patient
 23 localized or pain localized to right lower quadrant
 24 but tenderness -- but palpating there causes pain
 25 elsewhere. Unable to auscultate bowel sounds.

1 Doctor Graber aware. Respiration is 60, SA02 80
 2 percent, and a call was placed to Doctor Narichania.
 3 And again my signature.
 4 Q All right. Let's start with -- I know what it means
 5 when it says, patient denies relief of abdominal
 6 pain. But patient expectorating fecal smelling,
 7 brown fluid, when you say, expectorating, what does
 8 that mean?
 9 A That means it is coming out of her mouth. She's not
 10 vomiting that. That means when she spits it out it
 11 smells like fecal material.
 12 Q And when you make an entry, fecal smelling, brown
 13 fluid, when you make that entry, do you inform the
 14 emergency room doctor?
 15 A Yes, I would. It says here in the same entry that
 16 Doctor Graber was aware, was made aware.
 17 Q All right. And that would have been at 5:10 in the
 18 morning?
 19 A At 5:10, yes.
 20 Q Could the fecal smelling, brown fluid have been
 21 stool?
 22 A It says, fecal smelling, brown fluid. That's all I
 23 can say what that is.
 24 Q Well, you made a note of it because I am assuming you
 25 considered it significant?

1 A It is unusual that people cough up fecal smelling
 2 material.
 3 Q And my question is, could that have been stool?
 4 A It could have been a back-up from stool.
 5 Q And when you talk about, abdomen distended, what does
 6 that mean?
 7 A That means instead of being flat and soft, it is
 8 starting to get more bloated and firm.
 9 Q What is that a sign of?
 10 A A sign of many things. It could be gas or a
 11 collection of gas, a collection of any number of
 12 things that occupy space inside the abdominal cavity.
 13 Q That's not a normal finding, is it?
 14 A There are a lot of people who have abdominal
 15 distension for many reasons.
 16 Q Is that a normal finding under these circumstances?
 17 A What are these circumstances?
 18 Q Fecal smelling, brown fluid, severe abdominal pain,
 19 ten out of ten pain scale, injection of Demerol,
 20 which does not provide relief, and now you have got,
 21 distended abdomen. Is that an abnormal finding under
 22 these circumstances?
 23 A Under these circumstances you might expect to find
 24 some distension.
 25 Q What does that mean when you say, pain localized to

1 right lower quadrant?
 2 A That means when you palpate the patient's abdomen she
 3 has localized pain to the right lower quadrant of her
 4 abdomen.
 5 Q All right. Would that be in the area -- I'm sure it
 6 is to the right of the abdomen. In relation to the
 7 naval, would it be above or below the naval?
 8 A Below the beltline on the right hand side.
 9 Q Okay. Does it mean anything to you when you palpate
 10 the pain was caused elsewhere?
 11 A That's a finding that says that there is enough --
 12 there is enough distension, there is enough space
 13 occupying, lesion, something in that belly when you
 14 touch there the pain went all over; the pain
 15 communicated to the entire abdomen.
 16 Q Okay. Does that tell you that there is something
 17 wrong going on in there somewhere?
 18 A Yes, it does. Yes, it does.
 19 Q And then your next entry, you are unable to
 20 auscultate bowel sounds. What does that mean and how
 21 did you make the determination?
 22 A That means I attempted to auscultate bowel sounds and
 23 there were none. Auscultate means listen, hear.
 24 Q Where would you listen?
 25 A We would listen in all four quadrants of the abdomen.

1 Q And you are listening for bowel sounds?
 2 A That's correct.
 3 Q You could not find bowel sounds in either of the or
 4 in any of the four quadrants?
 5 A This entry says, unable to auscultate bowel sounds.
 6 Q And that's a significant finding?
 7 A This is an unusual finding.
 8 Q What does that mean to you?
 9 A It means to me that the patient has some type of
 10 obstruction, some malfunction in the bowel system.
 11 The bowel is obviously not working for whatever
 12 reason.
 13 Q Could this be a symptom of a ruptured diverticulum?
 14 MR. SWITZER: Objection.
 15 Q You may answer.
 16 A It could be a symptom of many things.
 17 Q Could it be a symptom of a ruptured diverticulum
 18 amongst other things?
 19 MR. SWITZER. Objection. You
 20 can answer.
 21 A It could be a symptom of ruptured diverticulum, yes.
 22 Q It says, Doctor Graber aware. What is this word
 23 after, aware?
 24 A R-E-S-P, resp, respiration.
 25 Q All right. When you make the entry, Doctor Graber

- 1 aware, what does that mean?
- 2 A That means she went to Doctor Graber and said, Doctor
- 3 Graber, this patient has fecal smelling expectorant,
- 4 distended abdomen, she's breathing 60 times a minute,
- 5 she's got pain with tenderness when you touch that is
- 6 reflected over the entire abdomen. That's what that
- 7 means, we went and told him.
- 8 Q Does that also mean --
- 9 MR. SWITZER: I believe you're
- 10 speaking over each. Are you done?
- 11 THE WITNESS: (Nodding
- 12 affirmatively.)
- 13 Q When you were explaining this just now in answer to
- 14 the question, do you also include the fact that there
- 15 was no bowel sounds?
- 16 A When I said, Doctor Graber was aware, Doctor Graber
- 17 was aware of all the conditions at that time. He was
- 18 made aware of everything going on at that time.
- 19 Q All right. What does, 60, SA02 80, mean?
- 20 A Actually, it is respiration 60, period. That's one
- 21 entry. SA02 is the second one.
- 22 Q That's fine.
- 23 A The patient was breathing 60 times a minute and her
- 24 oxygen saturation was at 80 percent.
- 25 Q Is that normal?

- 1 A Respirations normally are 16 to 20, sometimes 22, and
- 2 the patient is 77 years old and the SA02 normals are
- 3 95 to one hundred. So these were not normal.
- 4 Q Is that in laymen's terms, shortness of breath?
- 5 A It is tachypnea or rapid respiration. It doesn't
- 6 mean that she's short of breath. It means she was
- 7 breathing rapidly. Shortness of breath is a
- 8 subjective thing.
- 9 Q Your next entry says, call placed to Doctor
- 10 Narichania, correct?
- 11 A That's what it says.
- 12 Q And that is your initial there?
- 13 A Yes.
- 14 Q J; what did you tell him?
- 15 A That means that a call was placed, the secretary went
- 16 and got on the phone and put a call to Doctor
- 17 Narichania. It does not mean that I spoke to him,
- 18 myself.
- 19 Q And who is the secretary who made the call?
- 20 A That is not reflected in the record.
- 21 Q Whoever that would have been?
- 22 A Whoever the ER secretary is or whoever was at the
- 23 desk at that time.
- 24 Q Do you know the names of the secretaries in the ER?
- 25 A Yes. But we have a high turnover and this was almost

- 1 two years ago.
- 2 Q Right. Two years ago who were the secretaries at the
- 3 desk in the ER?
- 4 A Oh, gosh.
- 5 Q If you remember.
- 6 A I don't recall. There are several and I would be
- 7 guessing. I would just be guessing.
- 8 Q How would you find out that a call was placed to
- 9 Doctor Narichania?
- 10 A There is an ER call log that is kept in the emergency
- 11 department so that we can trace what times physicians
- 12 were called and what times they subsequently answered
- 13 and if we called them in between, if we had to repeat
- 14 the calls.
- 15 Q You did not make the call; is that correct?
- 16 A This does not reflect the fact that I made the call.
- 17 It does not say who made the call. It just says a
- 18 call was made to Doctor Narichania. So whether I did
- 19 or delegated, that's not reflected in the record.
- 20 Q Would you have requested the call to be placed to
- 21 Doctor Narichania based on your entry here at 5:10?
- 22 A Based on my entry here, I can't say if I specifically
- 23 did or if Doctor Graber did, because obviously I had
- 24 a conversation. The record shows I had a
- 25 conversation with Doctor Graber. So either Doctor

- 1 Graber said, place the call, or I said, place the
- 2 call, that is not clear from looking at this.
- 3 Q All right. But your finding in the entry of 5:10 was
- 4 significant enough that you wanted to make it clear
- 5 to Doctor Graber; is that correct?
- 6 A I wanted to make it clear that this patient needs
- 7 help, physician help.
- 8 Q Okay. Will you please go on -- well, let's get back
- 9 to the interventions and what was done and why
- 10 they were done.
- 11 It looks like your initials right down the line
- 12 here, so at 5:10 more Demerol is administered,
- 13 correct?
- 14 A Yes.
- 15 Q And then it is a little bit out of sequence, but at
- 16 05:00 what was done?
- 17 A Cefotan, one gram in DS and water, 50 ccs, and it was
- 18 hanging at one hundred ccs an hour.
- 19 Q And there is a 5:10 entry written before a 05:00
- 20 entry. Why is a 5:10 entry written before a 05:00
- 21 entry?
- 22 A Lack of concentration. I wrote one and said, oh,
- 23 this one came before and I checked the time. But
- 24 those are the times that they were given.
- 25 Q You put the times in?

1 A We put the time in that we actually gave the
 2 medicine.
 3 Q All right.
 4 A So I wrote one and I said, oh, I have to write the
 5 other one.
 6 Q I understand. 05:40, what is that entry?
 7 A It was other medication or another medication, Flagyl
 8 500. It is a pre-mixed solution and it was hanging
 9 at one hundred ccs an hour
 10 Q The next entry is 06:04. I understand that is not
 11 your handwriting, but what does it say?
 12 A A number sixteen French Foley to CD was inserted by
 13 Chris Christopher, R.N.
 14 Q Do you know Chris Christopher?
 15 A Yes, I do.
 16 Q Is that his handwriting in the upper lines of the
 17 patient assessment response, if you know? If you
 18 don't know, that's okay.
 19 A In the upper lines here, is that what you're
 20 referring to. (Indicating.)
 21 Q Down here it looks similar. (Indicating.)
 22 A This certainly does not look like that, no. This is
 23 wider, that's more condensed. And I can recognize
 24 Chris' signature and her writing and that does not
 25 look like hers, at all.

1 Q Let's go back to your entries under the time and
 2 patient assessment.
 3 A Okay.
 4 Q Is that, 06:26?
 5 A It looks like 5:26 an EKG was done and a monitor was
 6 placed.
 7 Q Did you participate in the EKG?
 8 A Usually we have someone who does EKGs. There's
 9 someone designated in the ER at any specific time who
 10 comes and does them.
 11 Q All right. Who ordered the EKG, if you know?
 12 A From this, I don't know.
 13 Q Well, it could have been anyone then, right, Doctor
 14 Cooper or Doctor Graber or Doctor Narichania?
 15 A I can tell you by looking at page three, it says,
 16 EKG, and little check and it says, 05:20, and it
 17 says, MP, and that appears or that is known to me to
 18 be Melanie Petrac. So she put that order in at 5:20
 19 and at 5:26 it was done.
 20 Q Who is Melanie Petrac?
 21 A The ER secretary or one of them.
 22 Q Where would she have gotten the order? I mean, she
 23 can't make that order without some medical authority,
 24 right?
 25 A The page reflects an ER physician. (Indicating.)

1 Q The one you said is a separate document?
 2 A These pages reflect an order from an ER physician,
 3 yes.
 4 Q So that would have been Doctor Cooper or Graber?
 5 A The physician at 5:20, yes.
 6 Q And we know at 5:10 you made Doctor Graber aware of
 7 the symptoms you just described.
 8 A So, I would imagine it was Doctor Graber, but again.
 9 Q Okay. Now, at 5:26 you have an EKG and at 6:20 is
 10 your next entry; is that correct?
 11 A That's correct. Well, actually 6:04, but that was
 12 another entry, and there is another entry at 6:20.
 13 Q Where is the 6:04, I'm sorry?
 14 A That's the intervention part. To track it
 15 chronologically you have to look at both.
 16 Q Okay, I see. So we have 6:04 and the number 16,
 17 what's that?
 18 A Again, 16 is the size of the nasal gastric tube.
 19 Q And what is the word after that?
 20 A Easily.
 21 Q That means?
 22 A It went in easily.
 23 Q With?
 24 A 500 ccs of immediate return green and brown fluid.
 25 Q What is, NG?

1 A NG is an abbreviation for nasal gastric tube. It is
 2 a tube, that's what it says. It is a very long,
 3 flexible tube that has holes in the bottom. It is
 4 two lumens and you insert it through the nose and it
 5 goes into the stomach. Hence the term, nasal
 6 gastric. And it is for decompressing the stomach.
 7 Q So, in laymen's terms, it goes into the nose, down
 8 the throat and into the stomach; isn't that correct?
 9 Well, I guess down the nasal passage into the
 10 stomach?
 11 MR. SWITZER The esophagus.
 12 Q Or the esophagus.
 13 A Now you got that correct.
 14 Q And the purpose is to drain the contents of the
 15 stomach?
 16 A That's correct.
 17 Q And what are they trying to drain here I guess is
 18 what I'm asking?
 19 MR. SWITZER: Object to the
 20 form here, to the term, they. But
 21 go ahead.
 22 A Apparently from this record they were trying to drain
 23 out any fecal smelling fluid that the patient would
 24 have had causing distension in the abdomen. Also, it
 25 is used to decompress the stomach if a patient has a

1 distended abdomen, even if there's just air in there.
2 So whatever is in the stomach is released, the
3 pressure, the space occupying, whatever occupies the
4 space in there to make the stomach, the abdomen
5 itself rather than the stomach, the whole abdomen
6 less rigid, less distended.

7 Q Are these materials sent to a lab for analysis or are
8 you able to tell what the fluids are?

9 A In recent years it is very unlikely to send gastric
10 contents to the stomach or to the lab, I'm sorry.

11 Q Of the stomach to the lab?

12 A Right. We don't usually send them to the lab at all.

13 Q Well, was it still fecal smelling fluid?

14 A When you put an NG tube in, you connect it up to a
15 drainage system so you don't always get a smell. It
16 is a closed system.

17 Q Well, what do you think it was? Is it the same stuff
18 you wrote earlier about, the fecal smelling fluid?

19 MR. SWITZER: Objection.

20 A You are asking me to guess.

21 Q I am not asking you to guess. I mean, you are there,
22 you are treating this patient.

23 A You're asking me what it smells like and when I put
24 this in I can't say. It is collected in the tube and
25 it is a closed collection system.

1 But I did describe that one thing I can tell you
2 from the record, it is green and brown fluid. So I
3 can tell you what it looks like, but at 6:20 I
4 couldn't tell you what it smells like with any
5 certainty.

6 Q All right. Let me ask you this: Was this fluid, in
7 your opinion, this brown fluid that is now coming out
8 of the NG tube, the same stuff that you smelled when
9 you made the entry on Exhibit 2?

10 MR. SWITZER: Objection.

11 A I can't say. I can't say that for sure. It could be
12 just old food. You would be asking me to guess.

13 Q No, I am not asking you to guess. I am asking you to
14 tell me from your own experience.

15 MR. SWITZER: Note an
16 objection.

17 A From my own experience you're asking me to guess and
18 I can't guess.

19 Q Does it make sense to you, by hindsight you know that
20 this lady had a ruptured diverticulum, what do you
21 think that brown fluid is at this point, knowing what
22 we know today?

23 MR. SWITZER: Objection.

24 A I'm going to comment what I wrote at 6:20, she had
25 green, brown fluid, 500 ccs, that was in her NG tube.

1 If it was old food, whatever it was, that's what we
2 collected.

3 Q Well, that does not answer my question. Are you
4 saying you don't know even knowing what we know today
5 what that represented?

6 A I'm saying exactly that; I don't know. I can't tell
7 from this entry what that was. I didn't analyze it
8 and this is all I know.

9 Q Okay. What does the next entry state?

10 A The next entry is at 6:30, Doctor Diaz here and
11 examined, H & P done, chest x-rays done, and my
12 signatory.

13 Q And who is Doctor Diaz?

14 A I don't specifically know Doctor Diaz. But I am
15 guessing that that's the house physician who came to
16 do an H & P because house physicians are or house
17 intensivists come in and do H & P's, which are
18 history and physical, preoperatively. So, that is a
19 guess, but that's probably what that means. But, I
20 specifically don't know Doctor Diaz.

21 Q What does the next group of letters mean?

22 A CXRs done, chest x-rays done.

23 Q And who would have asked Doctor Diaz to do this?

24 A I don't know who ordered the chest x-ray, if it was
25 Doctor Graber or if it was Doctor Narichania. I

1 don't know where that order came from.

2 Q What about when we back up here, who would have asked
3 Doctor Diaz to do the exam?

4 A Is there a written order? If there was a written
5 order for that we could check the written order. Or
6 I mean, you would have to check to see if there was a
7 a written order for the house doctor to do an exam.
8 It does not reflect here anywhere that I can tell
9 where Doctor Diaz came into play.

10 Q Well, I have what is marked Exhibit 4. Are you able
11 to tell -- this at the top of the page, this is the
12 physician order. Can you tell from that?
13 (Indicating.)

14 A Sure, let me look.

15 It does not. This order page does not reflect
16 any order to have Doctor Diaz do -- I can say with
17 pretty much certainty I did not arrange this, or I
18 can say the record here does not reflect that I
19 arranged that. It also does not give me a clue as to
20 who arranged that.

21 Q Okay, go ahead, please continue describing your
22 entries.

23 A At 6:45 I assessed the patient. The patient had SA02
24 of 90 percent on four liters by cannula. So at that
25 point we increased the oxygen to six liters by

1 cannula.
 2 Respirations were 56. The blood pressure was 93
 3 over 49, and the heart rate was 127. The patient had
 4 two sites grade zero. The patient was awake, alert,
 5 and complains of a pain scale of ten.
 6 Q All right. Starting at SA02 at 90 percent, or
 7 starting at SA02, 4LNC, what does that mean, and is
 8 that normal or abnormal?
 9 A The patient -- let's take it bit by bit. The
 10 patient's percentage of oxygenation was 90 percent.
 11 That's a little low because you like to see it at 95
 12 or above. Four LNC means that this was -- that the
 13 patient's SA02 was taken when she was on four liters
 14 by cannula. That is the flow rate of oxygen. 4.0
 15 liters nasal by cannula, that's when someone is
 16 breathing rapidly and there's low oxygenation, that
 17 is the intervention you do. You have them on oxygen
 18 since it is low. The SA02 was increased to six
 19 liters by cannula as an intervention.
 20 Q Can you make that determination on your own or do you
 21 have to have --
 22 A There are nursing protocols, yes.
 23 Q You can do that?
 24 A Yes.
 25 Q Your answer is, yes?

1 A Yes.
 2 Q Now, you have respiratory 56.
 3 A Yes.
 4 Q Or respiration, I should say.
 5 A Yes.
 6 Q Is that normal?
 7 A No.
 8 Q What is normal?
 9 A Sixteen to 20 or 22, depending on age.
 10 Q So this lady is kind of having short, quick breaths?
 11 A That's correct.
 12 Q BP 93 over 49, is that normal?
 13 A For this patient whose -- if you have looked ahead,
 14 her initial blood pressure was 139 over 76, so that's
 15 on the low side.
 16 Q Okay.
 17 A Blood pressures are relative.
 18 Q Would you have communicated this to one of the
 19 emergency room doctors?
 20 A At this moment in time?
 21 Q Yes.
 22 A Probably not.
 23 Q What is causing the drop in blood pressure and the
 24 increase in respiration?
 25 MR. SWITZER: Objection.

1 Q You may answer.
 2 A You are asking me again to venture a guess. The
 3 patient has a surgical abdomen and the respirations
 4 could be because of the pain, which could just be
 5 part of a whole plethora of reasons why her
 6 respirations are elevated. The blood pressure could
 7 be decreasing because the patient has some
 8 interruption to the vasculature and that is reflected
 9 in the heart rate because the heart rate is up to
 10 compensate for that.
 11 Q The heart rate is 127?
 12 A That's correct.
 13 Q What is a surgical abdomen?
 14 A Surgical abdomen is the site of an abdomen when you
 15 look at it, it says there is something grossly wrong
 16 here and it looks like it needs intervention.
 17 Q Surgical intervention; is that correct?
 18 A Yes, yes.
 19 Q And the next line says, I.V. times two sites.
 20 A That means this patient had two I.V. sites and
 21 they are both grade zero.
 22 Q What does, grade zero, mean?
 23 A They weren't patent, infiltrated. They weren't red.
 24 They were good sites.
 25 Q Clear?

1 A Clear.
 2 Q What is the next word?
 3 A Awake.
 4 Q Okay. Next word.
 5 A Alert.
 6 Q Pain scale is still ten; is that right?
 7 A Yes, that's correct.
 8 Q Were you on duty when Doctor Narichania arrived?
 9 A It is not reflected in this charting anywhere when
 10 Doctor Narichania arrived.
 11 Q Did you talk to him?
 12 A I don't recall.
 13 Q Is there anything in the records you reviewed?
 14 A I talked to him at 3:30.
 15 Q 3:30 A.M.?
 16 A Yes. And it looks like I spoke to him again at
 17 whatever time my second order -- what was that,
 18 Exhibit 4, that you handed me a bit ago. You can
 19 check on there.
 20 Q Sure.
 21 A I spoke with him at 3:30 and I spoke with him again
 22 at 5:45.
 23 Q Any recollection of what you talked about? I know
 24 you talked about the patient, right?
 25 A Yes.

- 1 Q Would it be fair to say that you were communicating
2 to him what your record already reflects and you have
3 described here?
4 A At 5:45 I am certain that I would have let him know
5 that the patient was expectorating fecal smelling
6 fluid and that the pain was ten out of ten and that
7 the patient needed to go, not to the medical floor
8 but to ICU or to surgery or needed more intervention.
9 Q Do you have any handwriting --
10 A So we communicated this assessment to Doctor
11 Narichania.
12 Q Is your handwriting anywhere on this Exhibit 4, the
13 orders?
14 A Yes.
15 Q Okay. Can you show it to me?
16 A This first one here and this here. (Indicating.)
17 Q Okay.
18 A Those two sections.
19 Q So where it has, all labs, diet, it is following the
20 admit. (Indicating.)
21 A From here to here. (Indicating.)
22 Q And this is you underneath here? (Indicating.)
23 A That's correct.
24 Q And that is your signature, right?
25 A That is correct.

- 1 Q Now, I want to ask you a question and I marked
2 this -- the bottom of the copy I have is cutoff. Do
3 you know what that says under Heather somebody?
4 MR. COTICCHIA: Do one of you
5 gentlemen have a better copy?
6 MR. SWITZER: That's all that
7 I have. Actually, you have a
8 better copy than I do, Joe.
9 Q What I marked in the yellow highlight, can you read
10 what that says under that name?
11 A No.
12 MR. SWITZER: We can get that.
13 MR. COTICCHIA: I would like
14 to get a better copy, please.
15 MR. SWITZER: Okay.
16 Q I just want to make it clear, because I am almost
17 done, Jay Morrow, R.N., you talked to Doctor
18 Narichania based on these physician orders sometime
19 around 3:30 A.M., correct?
20 A That's what it says.
21 Q And then you talked to him again sometime around 5:45
22 A.M., correct?
23 A That's correct.
24 Q And generally speaking, you probably communicated
25 to him what you have already described in your

- 1 entries on Exhibit 2?
2 A That's correct.
3 Q And do you know if you were on duty when Doctor
4 Narichania arrived for surgery?
5 A I don't know when Doctor Narichania arrived for
6 surgery. I have no idea. This record does not
7 reflect when he got there.
8 Q And I don't have it at my fingertips.
9 A So I don't have it listed that Doctor Narichania was
10 in the emergency department. It is not listed here,
11 so I wouldn't know.
12 Q Well, I've got an anesthesia record here marked
13 Exhibit 6 that says the surgery started 7:30.
14 Would Doctor Narichania come into the emergency
15 room when he got to the hospital or would he go right
16 to the surgery unit?
17 A Individual preference. I couldn't venture a guess.
18 Q And is it your testimony you don't remember talking
19 to him, other than on the phone?
20 A I do not remember him, no.
21 Q Is what a doctor in the emergency room or a nurse
22 in the emergency room tells the surgeon like Doctor
23 Narichania the basis upon which a surgeon decides
24 whether or not to have the patient prepped for
25 surgery?

- 1 MR. SWITZER: Objection.
2 A That totally depends on the surgeon. It depends on
3 their communication.
4 Q It totally depends on the surgeon?
5 A Yes, it depends. You're asking me to be in someone
6 else's head. You're asking me if a surgeon can feel
7 comfortable making a decision based on a phone call
8 or if he needs to come in. You're asking me and I
9 can't answer. I am not a surgeon.
10 Q Well, look, we have got a lot of entries that you
11 described, including your concern about an abdominal
12 or surgical abdomen. You've got a doctor who came in
13 and did a history and physical and ordered an x-ray.
14 You have a lady who had pain medication two or three
15 times and she's still saying it is a ten. Have you
16 had occasion to tell a doctor, I think you ought to
17 come in here, this lady may have a surgical abdomen?
18 Have you ever had to say that to a doctor in all
19 your years?
20 A Yes. You say, I think you need to come and see this
21 patient.
22 Q All right.
23 A But did I say that in this case, the record does not
24 reflect.
25 Q Allright.

1 A But it reflects an assessment which concerned me for
2 which we called a physician. That I can say,
3 Q Independent of whether you told him or not, knowing
4 what we know now as we sit here going over this
5 record, is there enough here in your mind as a nurse
6 that the surgeon ought to come in and look at this
7 patient?

8 MR. SWITZER: I just object to
9 the form of the question. Go
10 ahead.

11 Q You may answer.

12 A There is enough information that would concern me
13 that the patient had a surgical abdomen and a surgeon
14 or at least a physician that could arrange a surgical
15 consult should be involved in the care of this
16 patient.

17 MR. COTICCHLA: I want to make
18 a request on the record and you
19 guys tell me if I have to do this
20 formally. I would like at least
21 the index, since the volume is so
22 lengthy, regarding the emergency
23 room department nursing policies
24 and procedures, for the ER. And I
25 would like to see the ER call log,

1 which I should have asked for a
2 long time ago on these days and
3 hours in question, please.

4 MR. SWITZER: Well, since you
5 said, please, you don't need to
6 submit a formal request. I made a
7 note of those things anyway.

8 Q So, is there anything else you would like to tell me,
9 Jay Morrow, R.N.?

10 A I would like to tell you it is a beautiful day and I
11 would like to be out there playing in it.

12 MR. COTICCHIA: All right. I
13 don't have any more questions at
14 this time. However, the other
15 attorney may.

16 MR. VANWAGNER: I have a
17 couple questions. I represent
18 Doctor Cooper.

19 CROSS-EXAMINATION OF JAY MORROW, R.N.
20 BY MR. VANWAGNER

21 Q This call log that has now been requested, that would
22 reflect each time a call was made, for example, to
23 Doctor Narichania?

24 A The call log kept in the emergency room reflects any
25 time, or ideally reflects any time that a physician

1 requests a staff member, usually the secretary,
2 sometimes the nurse, but usually the secretary, to
3 phone a physician, or you know, even if they request
4 that we call 696-KIDS or a social worker or whatever.
5 But any time that we call another person, entity?
6 involved in a patient's care that we log the time we
7 call and the time they answered, or if in fact they
8 didn't answer right away, that we called them again
9 and again. The record ideally should reflect that,
10 yes.

11 Q So, in theory, the record should reflect at a minimum
12 the 3:30 call to Doctor Narichania?

13 A If done properly it would reflect the time that the
14 initial call was placed to Doctor Narichania which
15 resulted in my speaking with him at 3:30.

16 Q Okay. So, in other words, there may be on that log a
17 time that precedes 3:30 A.M. when the first call went
18 to Doctor Narichania?

19 A Most definitely there may be a time that precedes
20 3:30.

21 Q Now, would the 3:30 call typically be reflected in
22 the log, as well?

23 A The call that resulted in his calling at 3:30.

24 Q Would be reflected?

25 A Would be reflected. That does not mean that we

1 called at 3:30. This says I spoke with him at 3:30.

2 Q Okay.

3 A So whenever we called the time that we called
4 resulted in my speaking with him at 3:30. It does
5 not mean that there was a 3:30 call, if that clears
6 it up.

7 Q Now, that reflects outgoing calls but not incoming
8 calls?

9 A It reflects also the time they respond.

10 Q Okay. If I am looking at the physician order sheet
11 correctly, am I interpreting it accurately that there
12 was another call between 3:30 and 5:45 that someone
13 else took from Doctor Narichania?

14 A There was a request at 5:10, call placed to Doctor
15 Narichania.

16 MR. SWITZER: Excuse me.

17 A Oh, oh. Someone spoke -- it looks like Lynn Remaylis
18 spoke with Doctor Narichania at sometimes, thank you.
19 I didn't see it before. I see something, it looks
20 like 5:10, okay.

21 Q Oh, that one looks like 5:10?

22 A The scribble looks like 05:10. It is a bad copy, but
23 it looks like 05:10. So I spoke with him at 3:30 and
24 Lynn spoke with him at 5:10 and I spoke with him
25 again at 5:45.

1 Q Okay. And did I understand you earlier to say that
2 when you first spoke with Doctor Narichania there was
3 enough information available to you that this might
4 be a surgical abdomen?

5 MR. SWITZER: No, She
6 meant --

7 MR. COTICCHIA: Objection.

8 MR. SWITZER: Why are you
9 objecting?

10 MR. COTICCHIA: You are
11 answering a question posed to the
12 witness.

13 MR. SWITZER: All right, go
14 ahead. I withdraw that.

15 A Ask me again.

16 Q I want to make certain I understand, at some point
17 during the end of your deposition you indicated that
18 there was enough information available to you that
19 would suggest this might be a surgical abdomen. Is
20 that a fair statement?

21 A At 5:10, yes.

22 Q Does that also hold true at 3:30 A.M.?

23 A If you look at the entry for 5:10 it says I assumed
24 care at 5:10. At 3:30 it appears that I have never
25 seen the patient before and did nothing more than

1 MR. SWITZER: Are you done?

2 MR. COTICCHIA: I'm done.

3 MR. SWITZER: But you look
4 pensive.

5 MR. COTICCHIA: I am not going
6 to ask about waiver. I would like
7 the transcript, please.

8 - - -

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11 JAY MORROW, R.N.

12 (Deposition concluded.

13 Signature not waived.)

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1 speak with the physician on the phone and write
2 orders.

3 Q Okay. When it says there on the physician order
4 sheet that you at 3:30, that you wrote out here, I
5 will do H & P, what does that mean?

6 A On the physician order?

7 MR. SWITZER: Show it to her.

8 A Can I look at that, please?

9 MR. COTICCHIA: We are showing
10 the witness Exhibit 4.

11 Q Who is the, "I," there?

12 A That since it came -- that was a telephone call from
13 Doctor Narichania. H & P means, I, Doctor Narichania
14 will do the H & P, because those are his words.
15 That's what the physician order reflects.

16 Q At least at that time you interpret the record to
17 mean at 3:30 A.M. Doctor Narichania intends to do an
18 H & P?

19 A At that time, yes.

20 Q But we know later he did not, it was Doctor Diaz?

21 A Yes.

22 Q Do you know why there was a switch?

23 A No. The record does not so reflect that.

24 MR. VANWAGNER: I don't have
25 anything further. Thank you.

1 STATE OF OHIO,) CERTIFICATE
2)

3 COUNTY OF GEAUGA.)

4 I, Ronald M. Rua, a Notary Public within and for the
5 State aforesaid, duly commissioned and qualified, do hereby
6 certify that the above-named JAY MORROW, R.N.,
7 was by me before the giving of her deposition,
8 first duly sworn to testify the truth, the whole
9 truth, and nothing but the truth; that the
10 deposition as above set forth was reduced to
11 writing by me by means of stenotype, and was
12 later transcribed into typewriting under my
13 direction; that said deposition was taken in
14 all respects pursuant to the stipulations of
15 counsel herein contained, and was completed
16 without adjournment; that the foregoing is
17 the deposition given at said time and place
18 by said JAY MORROW, R.N.; that I am
19 not a relative or attorney of either party
20 or otherwise interested in the event of this
21 action. IN WITNESS WHEREOF, I hereunto set my
22 hand and seal of office at Cleveland, Ohio, this
23 1st day of November A.D. 2001.

24 Ronald M. Rua, Notary Public
25 My commission expires: 5/13/05.

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