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1 DELICIA OSTROWSKI, R.N., of lawful age,
2 called for examination, as provided by the Ohio
3 Rules of Civil Procedure, being by me first duly
4 sworn, as hereinafter certified, deposed and
5 said as follows:
6 EXAMINATION OF DELICIA OSTROWSKI, R.N.
7 BY-MS. VADAS:
8 Q. My name is Katherine Vadas, I'm an
9 attorney and I represent the plaintiff in this
10 case, Erika Evans.
11 Can you state your name for the
12 record and spell your last name, please.
13 A. My name is Delicia, D-E-L-I-C-I-A,
14 and my last name is Ostrowski,
15 O-S-T-R-O-W-S-K-I. My maiden name is Garcia --
16 that's my listing in the chart -- G-A-R-C-I-A.
17 Q. What is your home address?
18 A. 38 Pond, P-O-N-D, Drive, Rocky
19 River.
20 Q. Your zipcode?
21 A. 44116.
22 Q. Is that an apartment or a single
23 home?
24 A. It's a home, like a cluster home.
25 Q. Have you ever had your deposition

Page 4

1 before?

2 A. No.

3 Q. This is just basically a

4 question-and-answer session that will be under

5 oath. Anything that you testify to today will

6 be used to prepare your testimony for the trial

7 in this matter. So if I ask any questions that

8 you do not understand, feel free to ask me to

9 rephrase them, and I will. If you answer the

10 question, I'm going to assume that you

11 understood what I was asking.

12 Please give all your answers

13 verbally because the court reporter can't take

14 down head nods, grunts, hand signals, that type

15 of thing.

16 This is not a memory game. If I ask

17 you any questions about the medical records and

18 I haven't supplied them to you, you can feel

19 free to look at the chart and I will give you a

20 copy. That way you can answer fully and fairly

21 without having to try and rely on your memory.

22 Also, during the deposition, your

23 counsel may object, will object, from time to

24 time to the questions that I ask. You are still

25 required to answer unless he instructs you not

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| <p style="text-align: right;">Page 5</p> <p>1 to do so. 2 Do you understand these instructions 3 as I've stated them? 4 A. Yes. 5 Q. What have you reviewed for this 6 deposition today? 7 A. The papers and the chart that have 8 all my signatures on them. 9 Q. Did you review any of the policies 10 or procedures of the hospital? 11 A. No. Was I supposed to? 12 MR. ALLISON: No. Just answer her 13 question. 14 A. No. 15 Q. Any medical literature or reference 16 materials off the internet or textbooks or 17 journals? 18 A. No. 19 Q. After Jasmine died, did you discuss 20 her death with any of the doctors, nurses or 21 administrators at Lakewood Hospital? 22 MR. ALLISON: Objection. Go ahead 23 and answer. 24 A. I was called and told that she had 25 passed away.</p> | <p style="text-align: right;">Page 7</p> <p>1 A. Yes. 2 Q. When did you receive your nursing 3 license? 4 A. In 1997. 5 Q. What type of program was your 6 nursing program? 7 A. It's an associate's in nursing. 8 Q. Did you receive that through a 9 college? 10 A. Yes. 11 Q. What college did you attend? 12 A. Mercy College of Northwest Ohio. 13 Q. In your nursing programs, did you 14 take any courses in pediatrics? 15 A. Yes. 16 Q. Do you recall how long the 17 pediatrics course was? 18 A. It was combined with obstetrics. It 19 was one quarter. 20 Q. Do you have any additional 21 medical-related training beyond your initial 22 nursing program? 23 A. I have my NRP. 24 Q. What does NRP stand for? 25 A. Neonatal resuscitation, I guess it's</p> |
| <p style="text-align: right;">Page 6</p> <p>1 Q. Were you asked to give any type of 2 statement or anything concerning the care that 3 you provided to her? 4 MR. ALLISON: Objection. Go ahead 5 and answer. 6 A. No. 7 Q. Since this case was filed, have you 8 discussed this case with any of the doctors or 9 nurses at Lakewood Hospital? 10 A. No. 11 Q. Other than with counsel, have you 12 discussed this case with anyone else? 13 A. No. 14 Q. Do you have any personal notes or a 15 personal file on this case? 16 A. No. 17 Q. Have you ever generated such notes? 18 A. No. 19 Q. Who is your current employer? 20 A. Lakewood Hospital. 21 Q. Were you an employee of Lakewood 22 Hospital in February of 2000? 23 A. Yes. 24 Q. Are you a registered nurse in the 25 State of Ohio?</p> | <p style="text-align: right;">Page 8</p> <p>1 program. 2 Q. Was this a course that you took? 3 A. Yes. 4 Q. Where did you take this course at? 5 A. Well, you have to take it every 6 couple years. I took one at Elyria and one here 7 at Lakewood. 8 Q. How long does this course last? 9 A. I believe two years. 10 Q. You go to class for two years, or 11 does your -- 12 A. No. No. It's a one-day thing. 13 Q. Okay. 14 A. And then you get certified and then 15 it lasts, and then you have to recertify. 16 Q. You have to recertify every two 17 years? 18 A. It's either every one year or two 19 years. I think it's every two. It seems like 20 I've taken it a few times. 21 Q. Do you hold any other 22 certifications? 23 A. CPR. I think that's it. 24 Q. What pediatric nursing journals do 25 you subscribe to?</p> |

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| <p style="text-align: right;">Page 9</p> <p>1 A. None. 2 Q. What pediatric nursing texts do 3 you -- 4 A. My Maternal Health Nursing from 5 nursing school. 6 Q. Do you know the title of that 7 textbook? 8 A. I think that's what it is. 9 Q. Do you know the author? 10 A. No. 11 Q. When did you first become employed 12 at Lakewood Hospital? 13 A. In March of '99. 14 Q. Did you work anywhere else in 15 nursing before becoming employed at Lakewood? 16 A. I worked at EMH Regional Medical 17 Center. 18 Q. How long did you work there? 19 A. One-and-a-half years. 20 Q. What nursing unit did you work in? 21 A. Obstetrics. 22 Q. What is your current title and 23 position at Lakewood Hospital? 24 A. I'm an RN in the emergency room. 25 Q. In February of 2000, what was your</p> | <p style="text-align: right;">Page 11</p> <p>1 A. A year. 2 Q. Are you presently a full-time 3 employee at Lakewood Hospital? 4 A. Yes. 5 Q. When did your full-time status 6 start? 7 A. Let me see. Maybe in June or July 8 of 2000. 9 Q. In February of 2000, what were your 10 duties and responsibilities at Lakewood 11 Hospital? 12 A. I was an RN in the birthing center. 13 I don't understand what you mean by that 14 question. 15 Q. What type of care did you provide to 16 the patients in the birthing center? 17 A. Oh, I acted as a labor and delivery 18 nurse or a baby nurse, charge nurse, postpartum, 19 that kind of thing. 20 Q. When you say charge nurse, what does 21 a charge nurse do? 22 A. You give assignments. They're 23 usually the one that is the baby nurse when the 24 baby is born. If there's any problems, we call 25 the supervisor and make sure there's staff for</p> |
| <p style="text-align: right;">Page 10</p> <p>1 title and position? 2 A. I was an RN in the birthing center. 3 Q. Besides the emergency room and the 4 birthing center, have you held any other 5 positions at Lakewood Hospital? 6 A. No. 7 Q. In February of 2000, were you a 8 full-time employee of Lakewood Hospital? 9 A. No. No, I wasn't. 10 Q. Do you recall, approximately, how 11 many hours a week you worked? 12 A. I was part time. Hold on. Let me 13 think. I think I was working still two 12's a 14 week. I would have to look, though. I'm not 15 sure. I'm sorry. 16 Q. That's okay. In February of 2000, 17 were you a regular staff member of any other 18 hospital? 19 A. Not a hospital, no. 20 Q. Where else did you work? 21 A. I worked at a clinic, Neighborhood 22 Family Practice. 23 Q. What city is that located in? 24 A. Cleveland. 25 Q. How long did you work there?</p> | <p style="text-align: right;">Page 12</p> <p>1 the next shift. 2 Q. In February of 2000, you said you 3 worked two 12's. Do you recall what 12-hour 4 shifts you worked? Was it day shift, night 5 shift? 6 A. Oh, nights. It would be nights. 7 Q. Do you know, approximately, what 8 time you started at night? 9 A. 7:00 p.m. till 7:00 a.m. 10 Q. Luckily, there were many people 11 before you, so most of these questions are 12 already answered. 13 What is the normal body temperature 14 of a newborn? 15 A. We want it to be anywhere from 36.5 16 to 37.5. 17 Q. What temperature is considered high 18 in a newborn? 19 A. Is the temperature considered 20 high -- 21 Q. Yes. 22 A. -- for a newborn? If it's like 23 37.6, once it starts to get over that, we would 24 start to think, hmm, what's causing this 25 temperature.</p> |

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| <p style="text-align: right;">Page 13</p> <p>1 Q. Anything below 36.5 would be 2 considered low? 3 A. Well, it depends. Like for a new 4 baby, sometimes it takes them a little bit to 5 regulate themselves. They're just still trying 6 to adapt to life outside the womb. 7 Q. By a little time, is there an 8 approximate amount of time that you mean? 9 A. Well, if I've got a baby with a 10 temperature that's below 36.5, I would probably 11 just -- you know, I would monitor him for a bit, 12 see how long it takes the temperature to come 13 up, make sure that I'm doing things to help the 14 temperature, like double wrapping and keeping 15 the baby warm, that kind of stuff. 16 Q. At what body temperature is a 17 newborn considered hypothermic? 18 MR. ALLISON: Objection. Go ahead 19 and answer. 20 A. I've never had a baby that I thought 21 was hypothermic. I'm not sure. 22 Q. At what low temperature would you 23 start to be concerned about the baby? 24 A. If the baby's temperature kept 25 dropping on me, I would start to get concerned.</p> | <p style="text-align: right;">Page 15</p> <p>1 adapting, or if the hat is not put on right 2 away, or -- I don't know. If the baby maybe is 3 not wrapped up fast enough. 4 Q. Are there any medical conditions 5 that can cause a baby's body temperature to be 6 low? 7 MR. ALLISON: Objection. Go ahead 8 and answer. 9 A. I guess if something is wrong with 10 the baby. I don't know. 11 Q. Can low blood sugar cause a baby's 12 temperature to be low? 13 A. Yes. 14 Q. Can sepsis or infection cause a 15 baby's body temperature to be low? 16 MR. ALLISON: Objection. Go ahead 17 and answer. 18 A. I've never had a baby's temperature 19 be low that was septic. Usually it's high. 20 Q. You said usually it's high. Does 21 that mean that sepsis can cause a body 22 temperature to be low? 23 MR. ALLISON: Objection. Go ahead 24 and answer. 25 A. I'm saying, in my experience, it's</p> |
| <p style="text-align: right;">Page 14</p> <p>1 Q. Is there a policy or protocol for 2 treating a newborn with a low body temperature? 3 MR. ALLISON: Objection. Go ahead 4 and answer. 5 A. I'm not sure. There probably is. 6 But it would be in the policy and procedure 7 book. I think you just do the things that 8 you're used to doing when you have a baby with a 9 low temperature. I've never actually looked it 10 up. 11 Q. What type of things would you do 12 when you had a baby with low a temp? 13 A. Put the hat on, double wrap or 14 sometimes even triple wrap. We have a blanket 15 warmer, so we can get warm blankets from there. 16 Some people will tell you to do skin-to-skin, 17 like where you have the mom take down her gown, 18 or even sometimes the dad, and put the baby like 19 that up against the skin, or you can put him on 20 a warmer, that kind of stuff. 21 Q. What are some possible causes of a 22 low body temperature in a newborn? 23 MR. ALLISON: Objection. Go ahead 24 and answer. 25 A. Sometimes they have a hard time</p> | <p style="text-align: right;">Page 16</p> <p>1 been high. 2 Q. What is a dextrose stick? 3 A. That's when you check the blood 4 sugar. You poke the hand. 5 Q. What signs and symptoms in a baby 6 would indicate to do a dextrose stick? 7 A. If they're under 5 pounds 13 ounces, 8 you do one. If you have a big baby, you do one. 9 If mom has risk factors, or she is under 36 10 weeks, you do one, or if mom is diabetic you do 11 one. 12 Q. Besides being a diabetic and being 13 under 36 weeks, what other risk factors in the 14 mom would cause you to do a dextrose stick on 15 the baby? 16 A. If she had like a high temperature 17 or if something abnormal was going on, we might 18 just check it just to be on the safe side. 19 Q. Besides high temperature, you said 20 something abnormal. What other abnormalities 21 would cause you to check? 22 A. Like if mom had a lot of bleeding, 23 anything. Sometimes we'll check it after a 24 C-section. 25 Q. Does it require a physician's order</p> |

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| <p>Page 17</p> <p>1 to complete a dextrose stick on a baby? 2 A. I think it's on the routine orders. 3 That's kind of a nursing judgment thing. 4 They're not going to be mad if you do it. 5 Q. Is a dextrose stick an invasive 6 procedure for a newborn? 7 A. I guess it could be considered that, 8 because you're poking them, but it's not -- I 9 guess, yes, you could say that it is. 10 Q. Does it harm the baby in any way? 11 MR. ALLISON: Objection. Go ahead 12 and answer. 13 A. I don't think so. 14 Q. Is there a policy or a procedure 15 regarding when a physician should be informed of 16 a low body temperature in a newborn? 17 A. I'm not sure. 18 Q. When was the last time you worked in 19 the birthing center? 20 A. January. 21 Q. January of 2001? 22 A. No. No. Of this year. January of 23 2002, I believe, was my last -- 24 Q. Could you define acrocyanosis for 25 me, please.</p> | <p>Page 19</p> <p>1 It's in the middle parts, not the periphery. 2 The hands and feet are the periphery. That's 3 normal. The middle part is bad. 4 Q. As a newborn birthing center nurse, 5 were you trained to recognize the signs and 6 symptoms of newborn sepsis? 7 A. Yes. 8 Q. What is sepsis? 9 A. Sepsis is an infection. 10 Q. What are the signs and symptoms of 11 newborn sepsis? 12 A. It can present in different ways. 13 Sometimes you'll have a kid with a heart rate 14 that's off, respiratory rate that's not within 15 the range, temperature that's off; kid is kind 16 of floppy. It can just be different things. It 17 depends on the kid. 18 Q. Isn't it true that lethargy can be a 19 sign of newborn sepsis? 20 MR. ALLISON: Objection. If you 21 know what she means by lethargy. 22 A. What do you mean by lethargy? 23 Q. Basically kind of floppy, kind of 24 lifeless. 25 A. Ask me the question again now that</p> |
| <p>Page 18</p> <p>1 A. Sure. It's like a persistent kind 2 of a blue color here (indicating) in the hands 3 or in the feet of a newborn. 4 Q. Do you know what causes this 5 acrocyanosis? 6 MR. ALLISON: Objection. Go ahead 7 and answer. 8 A. It's just a period like a baby 9 adjusting. As they get used to breathing 10 outside the womb, sometimes it takes them a 11 little bit to get completely pink all over. 12 Q. Would an active baby display 13 acrocyanosis? 14 A. Sometimes they can, because it's 15 normal for them to have it up to 24 hours. I 16 tell parents that because they get nervous 17 sometimes. 18 Q. What is cyanosis? 19 A. Cyanosis, when they have blueness 20 around their mouth. It's like a peripheral type 21 thing. It's in the main parts of their body. 22 That's stuff that you need to worry about. 23 MR. ALLISON: You mean central, not 24 peripheral. 25 A. Did I say peripheral? I'm sorry.</p> | <p>Page 20</p> <p>1 you're saying floppy, lifeless. 2 Q. Isn't it true that lethargy can be a 3 sign of newborn sepsis? 4 MR. ALLISON: Objection. Go ahead 5 and answer. 6 A. Yes, like that. 7 Q. Isn't it true that hypothermia can 8 be a sign of newborn sepsis? 9 MR. ALLISON: Objection. She 10 already testified she didn't know that she ever 11 had a baby with hypothermia and couldn't answer. 12 A. Isn't it true that hypothermia -- 13 Q. Isn't it true that hypothermia can 14 be a sign of newborn sepsis? 15 MR. ALLISON: Objection. Go ahead 16 and answer. 17 A. I've never had that, but maybe it 18 could. 19 Q. Isn't it true that poor feeding can 20 be a sign of newborn sepsis? 21 MR. ALLISON: Objection. Go ahead 22 and answer. 23 A. I don't think so. I mean, yes, it 24 can be. But poor feeding can just be poor 25 feeding.</p> |

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| <p style="text-align: right;">Page 21</p> <p>1 Q. Isn't it true that jaundice can be a 2 sign of newborn sepsis? 3 MR. ALLISON: Objection. Go ahead 4 and answer. 5 A. It probably could. 6 Q. I believe you've already answered 7 this, but have you ever treated a newborn with 8 sepsis? 9 A. Yes. 10 Q. Can you recall approximately how 11 many babies you've treated with sepsis? 12 A. Probably just two or three. Not a 13 ton at all. 14 Q. Have you ever treated a newborn with 15 meningitis? 16 A. I don't believe so, no. 17 MR. ALLISON: With respect to 18 treatment, we discussed at some of the earlier 19 depositions, you're talking about on a 20 physician's order as opposed to -- 21 MS. VADAS: Yes. 22 Q. What responsibility do you have as a 23 nurse if you suspect neonatal sepsis? 24 A. I've got to call a doc first and 25 probably put the kid on a monitor.</p> | <p style="text-align: right;">Page 23</p> <p>1 orders. 2 Q. Are these the same orders that are 3 put forth for every baby in the nursery, or do 4 they differ? 5 A. These are our routine orders for 6 every baby in our nursery. 7 Q. On the fifth line down, it says V.S. 8 What does that stand for? 9 A. Vital signs. 10 Q. Could you tell us what that line 11 says? 12 A. Sure. Vital signs every half hour, 13 then times three, then one hour until stable. 14 Then every four hours per nursing protocol. 15 Q. What does the "per nursing protocol" 16 mean? 17 A. Well, if a mom doesn't have any risk 18 factors and she is negative for CBS, then we can 19 do eight-hour vital signs on babies. 20 Q. So you wouldn't have to follow the 21 standing order? 22 MR. ALLISON: Objection. That is 23 part of the standing order as she just explained 24 it, partners in protocol, every eight hours. 25 MS. VADAS: I'm sorry. Let me</p> |
| <p style="text-align: right;">Page 22</p> <p>1 Q. What type of monitor would you put 2 the child on? 3 A. Like a pulse ox. And we've got a 4 little EKC monitor, put them on that, and get 5 stuff ready for IV and blood draw. 6 Q. Do you have any recollection 7 separate from the medical records of baby 8 Jasmine Evans? 9 A. Yes. Just that I told, after birth, 10 I told her mother that their features were very 11 similar. 12 Q. Do you recall Erika Evans? 13 A. Not that well. 14 MR. ALLISON: I'm sorry, what did 15 you say? 16 THE WITNESS: I said not that well. 17 - - - - - 18 (Thereupon, PLAINTIFFS' Deposition 19 Exhibit 1 was marked for purposes 20 of identification.) 21 - - - - - 22 Q. I'm handing you what has been marked 23 as Plaintiffs' Exhibit 1. Can you identify that 24 for the record, please. 25 A. Sure. That's the newborn nursery</p> | <p style="text-align: right;">Page 24</p> <p>1 rephrase my question. 2 Q. So if the mother does not meet any 3 of the risk factors, then you go back to the 4 policy and procedure of the birthing center with 5 regard to vital signs? 6 A. Right. You can go to eight hours. 7 Q. Down a couple more lines, it says, 8 D5W. Can you tell me what that stands for, 9 please? 10 A. That's dextrose water. It's just 11 a -- it's like a bottle of -- like sugar water 12 almost for babies that you can give. 13 Q. A couple more lines down, it says 14 breast feeding according to feeding protocol. 15 Could you tell me what the feeding protocol is? 16 A. Well, we've had some meetings, some 17 breast feeding meetings, and we've come up with 18 a couple different things. I couldn't tell you 19 what the protocol is for breast feeding, you 20 know, like word-for-word, but what you should 21 try to be doing is breast feeding every three to 22 four hours until baby is in a good routine. 23 Q. How soon should you make a first 24 attempt to feed the baby? 25 A. It really depends on what mom wants</p> |

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| <p>Page 25</p> <p>1 to do and what the nurse kind of gets going. 2 Ideally, you could try and get them to eat 3 within the first two hours of birth because 4 that's when they're most alert. After that, it 5 gets a little more difficult because they get so 6 sleepy. For 24 hours they're sleepy. 7 Q. A couple more lines down, it says, 8 initiate newborn hypoglycemia protocol as 9 indicated. Do you know what the hypoglycemia 10 protocol is? 11 A. Not word-for-word, but that's if you 12 have a kid under 5 pounds 13 ounces, or if you 13 have a big kid, or if you have -- if the mom is 14 under 36 weeks, then you would do a D stick that 15 we talked about earlier, check the blood sugar. 16 ----- 17 (Thereupon, PLAINTIFFS' Deposition 18 Exhibit 2 was mark'd for purposes 19 of identification.) 20 ----- 21 Q. I've handed you what has been marked 22 as Plaintiffs' Exhibit 2. Could you identify 23 that for the record, please. 24 A. That's the preprinted orders for 25 discharge, or for the home visit after the baby</p> | <p>Page 27</p> <p>1 go up. 2 Q. What would be considered extreme 3 sleepiness? 4 MR. ALLISON: You are talking about 5 in a baby that's already gone home; right? 6 MS. VADAS: Yes. 7 A. Greater than 48 hours' sleepiness. 8 This would be a kid you're still having trouble 9 getting up to eat every three to four hours. 10 Q. I'm handing you what's been marked 11 as Plaintiffs' Exhibit 3. Can you identify that 12 for the record, please. 13 ----- 14 (Thereupon, PLAINTIFFS' Deposition 15 Exhibit 3 was mark'd for purposes 16 of identification.) 17 18 A. Sure. This is the obstetric 19 admitting form. 20 Q. Is this filled out by the patient or 21 by an employee of Lakewood Hospital? 22 A. Employee of Lakewood Hospital. 23 Q. And under fetal assessment test, it 24 has a date, 8-16, U-S, and it says abruption. 25 A. Yes.</p> |
| <p>Page 26</p> <p>1 goes home. 2 Q. And who makes that home visit? 3 A. We had home visit nurses that would 4 go and visit our first-time moms. Or maybe at 5 this point they were still visiting every mom. 6 It changed, and I don't even know if they're 7 doing home visits anymore. 8 Q. Under number 3, could you read that 9 for me, please. 10 A. Sure. Obtain bili. If jaundice 11 noted in lower extremities or if jaundice 12 accompanied by other symptoms of concern, i.e., 13 signs of dehydration, extreme sleepiness or 14 breast feeding difficulties. 15 Q. And what is bili? 16 A. That's bilirubin. We were checking 17 for levels in their blood. 18 Q. How do you identify symptoms and 19 signs of dehydration? 20 A. It would be if a baby looks -- well, 21 you can check and see if their mucus membranes 22 are kind of sticky, if they're crying with 23 tears, wet diapers. If they're dehydrated, 24 probably you'll have a temperature, and if they 25 have a temperature, then their heart rate will</p> | <p>Page 28</p> <p>1 Q. What does the U-S stand for? 2 A. Ultrasound. 3 Q. What does abruption mean? 4 A. A separating of the placenta from 5 the uterine wall. 6 Q. Is this a normal condition? 7 MR. ALLISON: Objection. To the 8 extent that you know, based on this piece of 9 paper which you had nothing to do with, and to 10 the extent that you have any knowledge 11 whatsoever of what occurred between the 12 ultrasound on what I believe was 8-16 through 13 the time you first saw this mother and child in 14 February of 2002. 15 MR. FARCHIONE: Just put an 16 objection. It calls for a medical opinion, not 17 a nursing opinion, 18 MR. ALLISON: Go ahead and answer. 19 A. Is it normal? I would say no. 20 Q. In your opinion as a nurse, is this 21 a dangerous condition? 22 MR. ALLISON: Objection. 23 MR. FARCHIONE: Objection. Calling 24 for a medical opinion through the back door. 25 MR. ALLISON: Same objection. Go</p> |

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| <p style="text-align: right;">Page 29</p> <p>1 ahead and answer, to the extent that you can, 2 again, based on this single piece of paper at 3 this point in time that you had nothing to do 4 with and you don't have any idea what happened 5 between August the 16th of 1999 and February the 6 10th of 2000. 7 A. As a nurse, all I can say is, if it 8 was a complete abruption, she never would have 9 had this baby. So it had to be a partial 10 abruption and it had to have stopped. It must 11 have clotted off, and then the pregnancy 12 proceeded normally, it looks like, because the 13 baby was fine. 14 Q. What is a calcified placenta; do you 15 know? 16 MR. ALLISON: Objection. To the 17 extent that you know. 18 A. Calcified placenta is a placenta 19 that you can see a lot of pebbling on it; it 20 feels really rough to the touch. Usually you 21 see it with moms that are smokers. 22 Q. Did you help deliver Jasmine? 23 A. I was in the room. I was the baby 24 nurse. 25 Q. As the baby's nurse, what were your</p> | <p style="text-align: right;">Page 31</p> <p>1 ----- 2 (Thereupon, PLAINTIFFS' Deposition 3 Exhibit 4 was marked for purposes 4 of identification.) 5 ----- 6 Q. I've handed you what has been marked 7 as Plaintiffs' Exhibit 4. Can you identify that 8 for the record, please. 9 A. That's page 2 of the labor and 10 delivery summary. 11 Q. And what is the highest score that 12 you can get for each category? 13 A. A ten and a ten. 14 Q. Under each separate portion of the 15 category, and there are five here, the maximum 16 number that you can get is a two? 17 A. Yes. 18 Q. What would cause the color to be 19 reduced from a two to a one? 20 A. Acrocyanosis. That's what happens 21 with most kids. 22 Q. I don't have a copy of this, so if 23 you could refer to it in the record. 24 MR. ALLISON: What is it? 25 MS. VADAS: The newborn flow sheet.</p> |
| <p style="text-align: right;">Page 30</p> <p>1 responsibilities? 2 A. As soon as the baby came out, the 3 baby became my responsibility. 4 Q. What are your responsibilities with 5 the baby once you receive her? 6 A. To determine her Apgars, give her 7 meds and do her initial assessment. 8 Q. What meds does the baby receive? 9 A. Vitamin K, Erythromycin, eye 10 ointment, and depending on the peds or depending 11 on what's happening at the time, the hepatitis 12 vaccine. I don't know if she got that. 13 Q. How are the Apgars determined? 14 A. You look at the baby, you look at 15 color, how is their respiratory rate, reflexes, 16 tone, are they crying, are they quiet. 17 Q. What is the maximum score on an 18 Apgar? 19 A. Ten and ten. 20 Q. What is the maximum score that you 21 can get for color? 22 MR. ALLISON: If you would like to 23 refer to the sheet, you're more than welcome to. 24 MS. VADAS: I have one here. 25 A. It would be maybe with this.</p> | <p style="text-align: right;">Page 32</p> <p>1 Q. Can you state for the record what 2 time periods you treated, or you were 3 responsible for, Jasmine? 4 MR. ALLISON: Or involved in the 5 care and treatment of. 6 A. I was involved from 3:20 to 5:45. 7 Q. At 3:20, could you state what 8 Jasmine's temperature was. 9 A. 35.9, it looks like. 10 Q. Would this be the first temperature 11 that you would have taken on Jasmine? 12 A. It should have been the second. 13 Q. Where would the first have been 14 recorded? 15 A. On the labor and delivery summary. 16 Q. Would you consider this temperature 17 to be low? 18 MR. ALLISON: Objection. Go ahead 19 and answer. 20 A. Yes. 21 Q. Were you responsible for her at 22 3:50, per the initials at the top of the flow 23 sheet? 24 A. I wrote it, but it's not my 25 initials.</p> |

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| <p style="text-align: right;">Page 33</p> <p>1 Q. Was there a temperature taken at 2 3:50? 3 A. Yes. 36.1. I didn't X it, but I 4 wrote it. 5 Q. Would you consider that to be low? 6 MR. ALLISON: Objection. Go ahead 7 and answer. 8 A. Slightly. But it's climbing. 9 Q. And you took her temperature again 10 at 4:20. What was her temperature then? 11 A. It's 36. 12 Q. So the temperature has actually gone 13 down? 14 A. A tenth of a degree, yes. 15 Q. Would that cause you any concern? 16 A. No, because it's not that big of a 17 change. She's still new yet. 18 Q. And during all three of these time 19 periods, it shows under color an A. What does 20 that mean? 21 A. Acrocyanosis. That's in the palms 22 and the feet. 23 Q. Would you expect a baby that's 24 crying to display signs of acrocyanosis? 25 A. It's normal for newborns to be</p> | <p style="text-align: right;">Page 35</p> <p>1 Q. During this entire period of time, 2 she's acrocyanotic? 3 A. Yes. 4 Q. Were there any attempts to feed her 5 during this period of time? 6 A. There's nothing recorded, and I 7 don't remember. 8 Q. Do you have an understanding of what 9 caused Jasmine's death? 10 A. I guess -- yes. Well, no -- 11 MR. ALLISON: Other than what you 12 may have discussed with me. 13 A. Oh, other than -- no. 14 Q. Do you have any reason to believe 15 that anything Erika may have done caused her 16 child's death? 17 MR. ALLISON: Objection. Go ahead 18 and answer to the extent you have any knowledge 19 after you last saw her at 5:45 a.m. on 20 2-10-2000. 21 A. I thought the baby had a skull 22 fracture. 23 Q. Do you think anything that Jasmine 24 did contributed to this possible skull fracture? 25 MR. ALLISON: That Jasmine did?</p> |
| <p style="text-align: right;">Page 34</p> <p>1 acrocyanotic for up to 24 hours. 2 Q. The next time that Jasmine's body 3 temp is recorded is at 5:00 o'clock. Can you 4 tell us what the temperature is then? 5 A. It looks like 36.3 or 36.4. 6 Q. Would that still be below normal? 7 MR. ALLISON: Objection. Go ahead 8 and answer. 9 A. Just slightly, yes. 10 Q. And her next temperature was at 11 5:15? 12 A. Yes. 13 Q. And that would be? 14 A. It looks like 37.2 or 37.3. 15 Q. That would be in the normal range? 16 A. Oh, yes. 17 Q. At 5:45, there is a line over a P, 18 and then it looks like it says bath. 19 A. Yes. That means after bath. 20 Q. And her temperature after her bath 21 was? 22 A. About 36.6 or 36.7. 23 Q. Can a bath cause a baby's 24 temperature to fall? 25 A. Oh, yes.</p> | <p style="text-align: right;">Page 36</p> <p>1 MS. VADAS: I'm sorry. 2 Q. That Erika did. 3 MR. ALLISON: Objection. Go ahead 4 and answer. 5 A. I don't know. 6 Q. Do you have any reason to believe 7 that she would have done something to harm her 8 child? 9 MR. ALLISON: Objection. Go ahead 10 and answer. 11 A. No. 12 Q. Did you have any further 13 interactions with either Jasmine or Erika after 14 5:45 in the morning? 15 A. No. 16 Q. Can you read into the record for us, 17 please, your 2-10-2000 0300 note that you placed 18 in the record. 19 MR. ALLISON: You want her to read 20 slower than you think you need to. 21 A. All right. Viable female delivered 22 by spontaneous vaginal delivery. To mother's 23 abdomen. Cord cut by support person. Tactile 24 stim given. Infant covered in vernix. That's 25 V-E-R-N-I-X. Spontaneous cry and respirs. Skin</p> |

Page 37

1 color blue at first. Apgar, 9 at one, 9 at
2 five, 1 for color. To warmer. Infant meds
3 given. Assessment done. Infant bulb suctioned
4 repeatedly secondary to moderate mucus and fluid
5 in mouth. Footprints obtained. Infant weighed.
6 Bands applied. Vital signs taken. Infant
7 double wrapped. To moin in bed.
8 Q. What is vernix?
9 A. Vernix is like a white, cheesy --
10 it's like a lotion. Some babies have a little
11 bit of it. She had a lot of it. So you can try
12 and wipe it off. Sometimes it's really hard to
13 get off; you're rubbing and rubbing. But it's
14 normal stuff. I just always make a note of it
15 if there's a lot of it because the temperature
16 probe won't stay on, it's too sticky. Their
17 skin is like (indicating), but it's like the
18 best lotion you could ever use for your skin.
19 If we could scrape it and bottle it, it would be
20 good.
21 Q. Tactile stim given, what does that
22 mean?
23 A. That's when I'm rubbing the baby's
24 back and rubbing the belly, drying them off
25 while I'm rubbing them kind of vigorously. I

Page 39

1 AFFIDAVIT
2 I have read the foregoing transcript from
3 page 1 through 37 and note the following
4 corrections:
5 PAGE LINE REQUESTED CHANGE
6
7
8
9
10
11
12
13
14
15
16
17
18 DELICIA OSTROWSKI, R.N.
19
20 Subscribed and sworn to before me this
21 _____ day of _____, 2002.
22
23
24 Notary Public
25 My commission expires _____.

Page 38

1 want to see if this is going to get a reaction
2 from them, are they going to cry or are they
3 going to lie there limp, and I need to dry them
4 off, too, from everything inside. So I'm wiping
5 them good.
6 Q. As we sit here now, have we
7 discussed all of your care and treatment of
8 Jasmine that you recall?
9 A. Yes.
10 Q. All of your interactions with
11 Jasmine and Erika that you recall?
12 A. Yes.
13 MR. VADAS: I have no further
14 questions.
15 MR. ALLISON: Okay. I have the same
16 agreement with respect to reading the
17 transcript. If it can be sent to me and I will
18 send it to Delicia and we'll go from there.
19 Joe, do you have any questions?
20 MR. FARCHIONE: No, I don't.
21 (Deposition concluded at 10:53 o'clock a.m.)
22 (Signature not waived.)
23 *****
24
25

Page 40

1 CERTIFICATE
2
3 State of Ohio,)
4) SS:
5 County of Cuyahoga.)
6
7
8 I, Karen M. Patterson, a Notary Public
9 within and for the State of Ohio, duly
10 commissioned and qualified, do hereby certify
11 that the within named DELICIA OSTROWSKI, R.N.
12 was by me first duly sworn to testify to the
13 truth, the whole truth and nothing but the truth
14 in the cause aforesaid; that the testimony as
15 above set forth was by me reduced to stenotypy,
16 afterwards transcribed, and that the foregoing
17 is a true and correct transcription of the
18 testimony.
19 I do further certify that this deposition
20 was taken at the time and place specified and
21 was completed without adjournment; that I am not
22 a relative or attorney for either party or
23 otherwise interested in the event of this
24 action. I am not, nor is the court reporting
25 firm with which I am affiliated, under a
contract as defined in Civil Rule 28(D).
IN WITNESS WHEREOF, I have hereunto set my
hand and affixed my seal of office at Cleveland,
Ohio, on this 13th day of March 2002.
Karen M. Patterson
Karen M. Patterson, Notary Public
Within and for the State of Ohio
My commission expires October 7, 2004.

10 (Pages 37 to 40)

| | | |
|----|-----------------------------------|---------|
| | | Page 41 |
| 1 | I N D E X | |
| 2 | WITNESS | PAGE |
| 3 | | |
| 4 | EXAMINATION OF DELICIA OSTROWSKI, | 3 |
| 5 | R.N. | |
| 6 | BY-MS. VADAS: | |
| 7 | | |
| 8 | E X H I B I T S | |
| 9 | | PAGE |
| 10 | | |
| 11 | PLAINTIFFS' Deposition | 22 |
| 12 | Exhibit 1 was marked | |
| 13 | | |
| 14 | PLAINTIFFS' Deposition | 25 |
| 15 | Exhibit 2 was mark'd | |
| 16 | | |
| 17 | PLAINTIFFS' Deposition | 27 |
| 18 | Exhibit 3 was mark'd | |
| 19 | | |
| 20 | PLAINTIFFS' Deposition | 31 |
| 21 | Exhibit 4 was marked | |
| 22 | | |
| 23 | | |
| 24 | | |
| 25 | | |

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|---|---|---|--|--|
| <p>-- A --</p> <p>abdomen 36:23</p> <p>abnormal 16:17,20</p> <p>abnormalities 16:20</p> <p>about 4:17 13:23 18:22 21:19 25:15 27:4 34:22</p> <p>above 1:22 40: 11</p> <p>abruption 27:24 28:3 29:8,10</p> <p>accompanied 26: 12</p> <p>according 24: 14</p> <p>acrocyanosis 17:24 18:5,13 31:20 33:21,24</p> <p>acrocyanotic 34:1 35:2</p> <p>acted 11:17</p> <p>action 40: 16</p> <p>active 18:12</p> <p>actually 14:9 33:12</p> <p>adapt 13:6</p> <p>adapting 15:1</p> <p>additional 7:20</p> <p>address 3:17</p> <p>adjournment 40: 15</p> <p>adjusting 18:9</p> <p>administrators 5:21</p> <p>admitting 27: 19</p> <p>AFFIDAVIT 39: 1</p> <p>affiliated 40: 17</p> <p>affixed 40:19</p> <p>aforesaid 40: 11</p> <p>after 5:19 16:23 22:9 25:4,25 34:19,20 35:19 36:13</p> <p>afterwards 40: 12</p> <p>again 19:25 29:2 33:9</p> <p>against 14:19</p> <p>age 3: 1</p> <p>agreement 1:19 38:16</p> <p>ahead 5:22 6:4 13:18 14:3,23 15:7,16,23 17:1 18:6 20:4,15,21 21:3 28:18 29:1 32:18 33:6 34:7 35:17 36:3,9</p> <p>all 1:8</p> | <p>alert 25:4</p> <p>ALLISON 2:8 5:12 5:22 6:4 13:18 14:3,23 15:7,16 15:23 17:11 18:6 18:23 19:20 20:4 20:9,15,21 21:3 21:17 22:14 23:22 27:4 28:7,18,22 28:25 29:16 30:22 31:24 32:4,18 33:6 34:7 35:11 35:17,25 36:3,9 36:19 38:15</p> <p>almost 24: 12</p> <p>already 12:12 20:10 21:6 27:5</p> <p>always 37:14</p> <p>amount 13:8</p> <p>answer 4:9,20,25 5:12,23 6:5 13:19 14:4,24 15:8,17 15:24 17:12 18:7 20:5,11,16,22 21:4 28:18 29:1 32:19 33:7 34:8 35:18 36:4,10</p> <p>answered 12:12 21:6</p> <p>answers 4: 12</p> <p>anymore 26:7</p> <p>anyone 6:12</p> <p>anything 4:5 6:2 13:1 16:23 35:15 35:23</p> <p>anywhere 9: 14 12:15</p> <p>apartment 3:22</p> <p>Apgar 30: 18 37:1</p> <p>Apgars 30:6,13</p> <p>APPEARANCES 2: 1</p> <p>applied 37:6</p> <p>approximate 13:8</p> <p>approximately 10:10 12:7 21:10</p> <p>around 18:20</p> <p>asked 6: 1</p> <p>asking 4: 11</p> <p>assessment 27:23 30:7 37:3</p> <p>assignments 11:22</p> <p>associate's 7:7</p> <p>assume 4: 10</p> | <p>attempt 24:24</p> <p>attempts 35:4</p> <p>attend 7: 11</p> <p>attorney 3:9 40:15</p> <p>August 29:5</p> <p>author 9:9</p> <p>Avenue 1:20 2:9</p> <p>away 5:25 15:2</p> <p>a.m 1:22 12:9 35:19 38:21</p> <p>B</p> <p>B 41:8</p> <p>babies 21:11 23:19 24:12 37:10</p> <p>baby 11:18,23,24 13:4,9,15,20,23 14:8,12,18 15:2 15:10 16:5,8,15 17:1,10 18:8,12 20:11 22:7 23:3,6 24:22,24 25:25 26:20 27:5 29:9 29:13,23 30:2,3,5 30:8,14 33:23 35:21</p> <p>baby's 13:24 15:5 15:11,15,18 29:25 34:23 37:23</p> <p>back 24:3 28:24 37:24</p> <p>bad 19:3</p> <p>Bands 37:6</p> <p>based 28:8 29:2</p> <p>basically 4:3 19:23</p> <p>bath 34:18,19,20,23</p> <p>became 30:3</p> <p>Becker 2:3</p> <p>become 9: 11</p> <p>becoming 9: 15</p> <p>bed 37:7</p> <p>before 1:16 4:1 9:15 12:11 39:20</p> <p>behalf 2:2,6,11</p> <p>being 3:3 16:12,12</p> <p>believe 8:9 17:23 21:6,16 28:12 35:14 36:6</p> <p>belly 37:24</p> <p>below 13:1,10 34:6</p> <p>Besides 10:3 16:12 16:19</p> <p>best 37:18</p> <p>between 28: 11 29:5</p> | <p>beyond 7:21</p> <p>big 16:8 25:13 33:16</p> <p>bili 26:10,15</p> <p>bilirubin 26: 16</p> <p>birth 22:9 25:3</p> <p>birthing 10:2,4 11:12,16 17:19 19:4 24:4</p> <p>bit 13:4,11 18:11 37:11</p> <p>blanket 14:14</p> <p>blankets 14:15</p> <p>bleeding 16:22</p> <p>blood 15:11 16:3 22:5 25:15 26:17</p> <p>blue 18:2 37:1</p> <p>blueness 18:19</p> <p>body 12:13 13:16 14:2,22 15:5,15 15:21 17:16 18:21 34:2</p> <p>book 14:7</p> <p>born 11:24</p> <p>bottle 24: 11 37:19</p> <p>breast 24:14,17,19 24:21 26:14</p> <p>breathing 18:9</p> <p>Building-Suite 2:9</p> <p>bulb 37:3</p> <p>3Y-MS 3:7 41:6</p> <p>C</p> <p>calcified 29:14,18</p> <p>call 11:24 21:24</p> <p>called 1:15 3:2 5:24</p> <p>Calling 28:23</p> <p>calls 28:16</p> <p>came 30:2</p> <p>care 6:2 11:15 32:5 38:7</p> <p>case 1:63:10 6:7,8 6:12,15</p> <p>category 31:12,15</p> <p>cause 15:5,11,14,21 16:14,21 31:18 33:15 34:23 40:11</p> <p>caused 35:9,15</p> <p>causes 14:21 18:4</p> <p>causing 12:24</p> <p>center 9:17 10:2,4 11:12,16 17:19 19:4 24:4</p> <p>central 18:23</p> | <p>CERTIFICATE 40: 1</p> <p>certifications 8:22</p> <p>certified 3:4 8:14</p> <p>certify 40:9,14</p> <p>change 33: 17 39:5</p> <p>changed 26:6</p> <p>charge 11:18,20,21</p> <p>chart 3:16 4:19 5:7</p> <p>check 16:3,18,21,23 25:15 26:21</p> <p>checking 26: 16</p> <p>cheesy 37:9</p> <p>child 22:2 28:13 36:8</p> <p>child's 35:16</p> <p>city 10:23</p> <p>Civil 3:3 40:17</p> <p>class 8:10</p> <p>Cleveland 2:5,10 2:15 10:24 40:19</p> <p>climbing 33:8</p> <p>clinic 10:21</p> <p>clotted 29: 11</p> <p>cluster 3:24</p> <p>Co 2:3</p> <p>code 3:20</p> <p>college 7:9,11,12</p> <p>color 18:2 30:15,21 31:18 33:19 37:1 37:2</p> <p>combined 7: 18</p> <p>come 13:12 24:17</p> <p>commission 39:25 40:24</p> <p>commissioned 40:9</p> <p>COMMON 1:1</p> <p>complete 17:1 29:8</p> <p>completed 40: 15</p> <p>completely 18:11</p> <p>concern 26:12 33:15</p> <p>concerned 13:23,25</p> <p>concerning 6:2</p> <p>concluded 38:21</p> <p>condition 28:6,21</p> <p>conditions 15:4</p> <p>consider 32:16 33:5</p> <p>considered 12:17 12:19 13:2,17 17:7 27:2</p> <p>contract 40:17</p> <p>contributed 35:24</p> <p>copy 4:20 31:22</p> |
|---|---|---|--|--|

| | | | | |
|--|--|--|--|---|
| <p>Cord 36:23 correct 40:12 corrections 39:4 counsel 1:19 4:23 6:11 County 1:240:5 couple 8:6 24:7,13 24:18 25:7 course 7:17 8:2,4,8 courses 7:14 court 1:1 4:13 40:16 covered 36:24 CPR 8:23 cry 36:25 38:2 crying 26:22 30:16 33:24 current 6:199:22 cut 36:23 Cuyahoga 1:240:5 cyanosis 18:18,19 C-section 16:24</p> <hr/> <p>D</p> <p>D 25:14 41:1 dad 14:18 dangerous 28:21 date 1:21 27:24 day 1:21 12:4 39:21 40:19 death 5:20 35:9,16 Defendant 2:6 Defendants 1:9 define 17:24 defined 40:17 degree 33:14 dehydrated 26:23 dehydration 26:13 26:19 Delicia 1:11,14 3:1 3:6,13 38:18 39:18 40:9 41:4 deliver 29:22 delivered 36:21 delivery 11:17 31:10 32:15 36:22 depending 30:10,10 depends 13:3 19:17 24:25 deposed 3:4 deposition 1:11,14 3:25 4:22 5:6 22:18 25:17 27:14 31:2 38:21 40:14</p> | <p>41:11,14,17,20 depositions 21:19 determine 30:6 determined 30:13 Detroit 1:20 dextrose 16:2,6,14 17:1,5 24:10 diabetic 16:10,12 diapers 26:23 died 5:19 differ 23:4 different 19:12,16 24:18 difficult 25:5 difficulties 26:14 discharge 25:25 discuss 5:19 discussed 6:8,12 21:18 35:12 38:7 display 18:12 33:24 doc 21:24 doctors 5:20 6:8 doing 13:13 14:8 24:21 26:7 done 35:15 36:7 37:3 door 28:24 double 13:14 14:13 37:7 down 4:14 14:17 23:7 24:7,13 25:7 33:13 draw 22:5 Drive 3:18 dropping 13:25 dry 38:3 drying 37:24 duly 3:3 40:8,10 during 4:22 33:18 35:1,5 duties 11:10 D-E-L-I-C-I-A 3:13 D5W 24:8</p> <hr/> <p>E</p> <p>E 41:1,8 each 31:12,14 earlier 21:18 25:15 East 2:14 eat 25:2 27:9 eight 23:24 24:6 eight-hour 23:19 either 8:18 36:13</p> | <p>40:15 EKG 22:4 Elyria 8:6 emergency 9:24 10:3 EMH 9:16 employed 9:11,15 employee 6:21 10:8 11:3 27:21,22 employer 6:19 enough 15:3 entire 35:1 Erievue 2:14 Erika 1:43:10 22:12 35:15 36:2 36:13 38:11 Erythromycin 30:9 ESQ 2:3,8,13 et 1:8 etc 1:4 Euclid 2:9 Evans 1:43:10 22:8 22:12 even 14:14,18 26:6 event 40:16 ever 3:25 6:17 20:10 21:7,14 37:18 every 8:5,16,18,19 23:3,6,12,14,24 24:21 26:5 27:9 everything 38:4 examination 1:16 3:2,6 41:4 Exhibit 22:19,23 25:18,22 27:11,15 31:3,7 41:12,15 41:18,21 expect 33:23 experience 15:25 expires 39:25 40:24 explained 23:23 extent 28:8,10 29:1 29:17 35:18 extreme 26:13 27:2 extremities 26:11 eye 30:9</p> <hr/> <p>F</p> <p>factors 16:9,13 23:18 24:3 fairly 4:20 fall 34:24 Family 10:22</p> | <p>Farchione 2:13,13 28:15,23 38:20 fast 15:3 features 22:10 February 6:22 9:25 10:7,16 11:9 12:2 28:14 29:5 feed 24:24 35:4 feeding 20:19,24,25 24:14,14,15,17,19 24:21 26:14 feel 4:8,18 feels 29:20 feet 18:3 19:2 33:22 female 36:21 fetal 27:23 few 8:20 fifth 23:7 file 6:15 filed 6:7 filled 27:20 fine 29:13 firm 40:17 first 3:3 9:11 21:24 24:23 25:3 28:13 32:10,13 37:1 40:10 first-time 26:4 five 31:15 37:2 floppy 19:16,23 20:1 flow 31:25 32:22 fluid 37:4 follow 23:20 following 39:3 follows 3:5 Footprints 37:5 foregoing 39:2 40:12 form 27:19 forth 1:21 23:3 40:11 four 23:14 24:22 27:9 fracture 35:22,24 free 4:8,19 from 4:23 9:4 12:15 14:15 22:7 28:4 31:19 32:6 38:2,4 38:18 39:2 fully 4:20 full-time 10:8 11:2 11:5 further 36:12 38:13</p> | <p>40:14</p> <hr/> <p>G</p> <p>game 4:16 Garcia 3:15 GBS 23:18 generated 6:17 gets 25:1,5 getting 27:9 give 4:12,19 6:1 11:22 24:12 30:6 given 36:24 37:3,21 go 5:22 6:4 8:10 13:18 14:3,23 15:7,16,23 17:11 18:6 20:4,15,21 21:3 24:3,6 26:4 27:1 28:18,25 32:18 33:6 34:7 35:17 36:3,9 38:18 goes 26:1 going 4:10 16:17 17:4 25:1 38:1,2 38:3 gone 27:5 33:12 good 24:22 37:20 38:5 gown 14:17 Greater 27:7 grunts 4:14 guess 7:25 15:9 17:7,9 35:10 G-A-R-C-I-A 3:16</p> <hr/> <p>H</p> <p>H 2:8 41:8 half 23:12 hand 4:14 16:4 40:19 handed 25:21 31:6 handing 22:22 27:10 hands 18:2 19:2 Hanna 2:9 happened 29:4 happening 30:11 happens 31:20 hard 14:25 37:12 harm 17:10 36:7 hat 14:13 15:1 having 4:21 27:8 head 4:14 Health 9:4</p> |
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| | | | | |
|--|---|---|--|---|
| <p>heart 19:13 26:25 held 10:4 help 13:13 29:22 hepatitis 30:11 her 5:12,20 6:3 14:17 22:10 30:5 30:6,6,7 32:21 33:9,10 34:10,20 34:20 35:4,15,19 36:7,19 hereinafter 3:4 hereunto 40:18 high 12:17,20 15:19 15:20 16:1,16,19 highest 31:11 him 13:11 14:19 hmm 12:24 hold 8:21 10:12 home 3:17,23,24,24 25:25 26:1,2,3,7 27:5 hospital 1:7,20 2:7 5:10,21 6:9,20,22 9:12,23 10:5,8,18 10:19 11:3,11 27:21,22 hour 23:12,13 hours 10:11 18:15 23:14,24 24:6,22 25:3,6 27:7,9 34:1 hypoglycemia 25:8 25:9 hypothermia 20:7 20:11,12,13 hypothermic 13:17 13:21</p> <hr/> <p>I</p> <p>idea 29:4 Ideally 25:2 identification 22:20 25:19 27:16 31:4 identify 22:23 25:22 26:18 27:11 31:7 indicate 16:6 indicated 25:9 indicating 18:2 37:17 Infant 36:24 37:2,3 37:5,6 infection 15:14 19:9</p> | <p>informed 17:15 initial 7:21 30:7 initials 32:22,25 initiate 25:8 inside 38:4 instructions 5:2 instructs 4:25 interactions 36:13 38:10 interested 40:16 internet 5:16 invasive 17:5 involved 32:4,6 IV 22:5 i.e 26:12</p> <hr/> <p>J</p> <p>January 17:20,21 17:22 Jasmine 5:19 22:8 29:22 32:3,11 35:23,25 36:13 38:8,11 Jasmine's 32:8 34:2 35:9 jaundice 21:1 26:10 26:11 Joe 38:19 JOSEPH 2:13 journals 5:17 8:24 judgment 17:3 July 11:7 June 11:7 just 4:3 5:12 13:5 13:11 14:7 16:18 16:18 18:8 19:16 20:24 21:12 22:9 23:23 24:10 28:15 34:9 37:14</p> <hr/> <p>K</p> <p>K 30:9 Karen 1:17 40:8,23 Katherine 2:3 3:8 Kathleen 2:17 keeping 13:14 kept 13:24 kid 19:13,15,17 21:25 25:12,13 27:8 kids 31:21 kind 11:19 13:15 14:20 17:3 18:1 19:15,23,23 25:1</p> | <p>26:22 37:25 know 9:6,9 12:7 13:11 15:2,10 18:4 19:21 20:10 24:20 25:9 26:6 28:8 29:15,17 30:12 36:5 knowledge 28:10 35:18</p> <hr/> <p>L</p> <p>labor 11:17 31:9 32:15 Lakewood 1:7,20 1:21 2:6 5:21 6:9 6:20,21 8:7 9:12 9:15,23 10:5,8 11:3,10 27:21,22 last 3:12,14 8:8 17:18,23 35:19 lasts 8:15 lawful 3:1 Let 10:12 11:7 23:25 lethargy 19:18,21 19:22 20:2 levels 26:17 license 7:3 lie 38:3 life 13:6 lifeless 19:24 20:1 like 3:24 8:19 12:22 13:3,14 14:17,18 16:16,22 18:1,8 18:20 20:6 22:3 24:11,11,20 29:12 30:22 32:9 34:5 34:14,18 37:9,10 37:17,17 limp 38:3 line 23:7,10 34:17 39:5 lines 24:7,13 25:7 listing 3:16 literature 5:15 little 13:4,7 18:11 22:4 25:5 37:10 LLP 2:8 located 10:23 long 7:16 8:8 9:18 10:25 13:12 look 4:19 10:14 30:14,14 looked 14:9</p> | <p>looks 26:20 29:12 32:9 34:5,14,18 lot 16:22 29:19 37:11,15 lotion 37:10,18 low 13:2,22 14:2,9 14:12,22 15:6,11 15:12,15,19,22 17:16 32:17 33:5 lower 26:11 Luckily 12:10 L.P.A 2:3</p> <hr/> <p>M</p> <p>M 1:17 40:8,23 mad 17:4 maiden 3:15 main 18:21 make 11:25 13:13 24:23 37:14 makes 26:2 Mannion 2:12 many 10:11 12:10 21:11 March 1:12 9:13 40:19 marked 22:19,22 25:21 27:10 31:3 31:6 41:12,21 mark'd 25:18 27:15 41:15,18 materials 5:16 Maternal 9:4 matter 4:7 maximum 30:17,20 31:15 may 4:23 35:12,15 maybe 11:7 15:2 20:17 26:4 30:25 mean 11:13 13:8 15:21 18:23 19:22 20:23 23:16 28:3 33:20 37:22 means 19:21 34:19 medical 4:17 5:15 9:16 15:4 22:7 28:16,24 medical-related 7:21 meds 30:7,8 37:2 meet 24:2 meetings 24:16,17 member 10:17 membranes 26:21</p> | <p>memory 4:16,21 meningitis 21:15 Mercy 7:12 Merit 1:17 middle 19:1,3 might 16:17 Mikol 2:11 Mishkind 2:3 moderate 37:4 mom 14:17 16:9,10 16:14,22 23:17 24:25 25:13 26:5 37:7 moms 26:4 29:21 monitor 13:11 21:25 22:1,4 more 24:7,13 25:5 25:7 30:23 morning 36:14 Moscarino 2:8 most 12:11 25:4 31:21 mother 22:10 24:2 28:13 mother's 36:22 month 18:20 37:5 mucus 26:21 37:4 must 29:10 M.D 2:11</p> <hr/> <p>N</p> <p>N 41:1 name 3:8,11,12,13 3:14,15 named 40:9 need 18:22 36:20 38:3 negative 23:18 Neighborhood 10:21 neonatal 7:25 21:23 nervous 18:16 never 13:20 14:9 15:18 20:17 29:8 new 13:3 33:17 newborn 12:14,18 12:22 13:17 14:2 14:22 17:6,16 18:3 19:4,6,11,19 20:3,8,14,20 21:2 21:7,14 22:25 25:8 31:25 newborns 33:25 next 12:1 34:2,10</p> |
|--|---|---|--|---|

| | | | | |
|---|--|---|---|--|
| <p> night 12:4,8 nights 12:6,6 nods 4:14 None 9:1 normal 12:13 18:15 19:3 28:6,19 33:25 34:6,15 37:14 normally 29:12 Northwest 7:12 Notary 1:18 39:24 40:8,23 note 36:17 37:14 39:3 noted 26:11 notes 6:14,17 nothing 28:9 29:3 35:6 40:10 NRP 7:23,24 number 26:8 31:16 nurse 6:24 11:18,18 11:18,20,21,23 19:4 21:23 25:1 28:20 29:7,24,25 nursery 22:25 23:3 23:6 nurses 5:20 6:9 26:3 nursing 7:2,6,7,13 7:22 8:24 9:2,4,5 9:15,20 17:3 23:14,15 28:17 </p> <hr/> <p> O oath 4:5 object 4:23,23 objection 5:22 6:4 13:18 14:3,23 15:7,16,23 17:11 18:6 19:20 20:4,9 20:15,21 21:3 23:22 28:7,16,22 28:23,25 29:16 32:18 33:6 34:7 35:17 36:3,9 obstetric 27:18 obstetrics 7:18 9:21 Obtain 26:10 obtained 37:5 occurred 28:11 October 40:24 off 5:16 19:14,15 29:11 37:12,13,24 38:4 </p> | <p> office 2:4 40:19 offices 1:19 Oh 11:17 12:6 34:16,25 35:13 Ohio 1:2,19,21 2:5 2:10,15 3:2 6:25 7:12 40:3,8,19,23 ointment 30:10 okay 8:13 10:16 38:15 once 12:23 30:5 one 7:19 8:6,6,18 11:23 16:8,8,10 16:11 23:13 30:24 31:19 37:1 One-and-a-half 9:19 one-day 8:12 opinion 28:16,17,20 28:24 opposed 21:20 order 16:25 21:20 23:21,23 orders 17:2 23:1,2 23:5 25:24 Ostrowski 1:11,14 3:1,6,14 39:18 40:9 41:4 other 6:11 8:21 10:4,17 16:13,20 26:12 35:11,13 otherwise 40:16 ounces 16:7 25:12 out 27:20 30:2 outside 13:6 18:10 over 12:23 18:11 34:17 ox 22:3 o'clock 1:22 34:3 38:21 O'Connell 2:12 O-S-T-R-O-W-S-... 3:15 </p> <hr/> <p> P P 34:17 page 31:9 39:3,5 41:2,9 palms 33:21 paper 28:9 29:2 papers 5:7 parents 18:16 part 10:12 19:3 23:23 </p> | <p> partial 29:9 partners 23:24 parts 18:21 19:1 party 40:15 passed 5:25 patient 27:20 patients 11:16 Patterson 1:17 40:8 40:23 pebbling 29:19 pediatric 8:24 9:2 pediatrics 7:14,17 peds 30:10 people 12:10 14:16 per 23:14,15 32:22 period 18:8 35:1,5 periods 32:2 33:19 peripheral 18:20 18:24,25 periphery 19:1,2 persistent 18:1 person 36:23 personal 6:14,15 physician 17:15 physician's 16:25 21:20 piece 28:8 29:2 pink 18:11 place 40:14 placed 36:17 placenta 28:4 29:14 29:18,18 plaintiff 3:9 Plaintiffs 1:5,15 2:2 22:18,23 25:17,22 27:11,14 31:2,7 41:11,14,17,20 PLEAS 1:1 please 3:12 4:12 17:25 22:24 24:9 25:23 26:9 27:12 31:8 36:17 point 26:5 29:3 poke 16:4 poking 17:8 policies 5:9 policy 14:1,6 17:14 24:4 Pond 3:18 poor 20:19,24,24 portion 31:14 position 9:23 10:1 positions 10:5 possible 14:21 </p> | <p> 35:24 postpartum 11:18 pounds 16:7 25:12 Practice 10:22 pregnancy 29:11 prepare 4:6 preprinted 25:24 present 2:16 19:12 presently 11:2 probably 13:10 14:5 21:5,12,25 26:24 probe 37:16 problems 11:24 procedure 3:3 14:6 17:6,14 24:4 procedures 5:10 proceeded 29:12 program 7:5,6,22 8:1 programs 7:13 protocol 14:1 23:14 23:15,24 24:14,15 24:19 25:8,10 provide 11:15 provided 3:2 6:3 Public 1:18 39:24 40:8,23 pulse 22:3 purposes 22:19 25:18 27:15 31:3 put 14:13,18,19 15:1 21:25 22:1,4 23:3 28:15 P-O-N-D 3:18 p.m. 12:9 </p> <hr/> <p> Q qualified 40:9 quarter 7:19 question 4:10 5:13 11:14 19:25 24:1 questions 4:7,17,24 12:11 38:14,19 question-and-ans... 4:4 quiet 30:16 </p> <hr/> <p> R range 19:15 34:15 rate 19:13,14 26:25 30:15 reaction 38:1 read 26:8 36:16,19 </p> | <p> 39:2 reading 38:16 ready 22:5 really 24:25 29:20 37:12 reason 35:14 36:6 recall 7:16 10:10 12:3 21:10 22:12 38:8,11 receive 7:2,8 30:5,8 recertify 8:15,16 recognize 19:5 recollection 22:6 record 3:12 22:24 25:23 27:12 31:8 31:23 32:1 36:16 36:18 recorded 32:14 34:3 35:6 records 4:17 22:7 reduced 31:19 40:11 refer 30:23 31:23 reference 5:15 reflexes 30:15 regard 24:5 regarding 17:15 Regional 9:16 registered 1:17 6:24 regular 10:17 regulate 13:5 relative 40:15 rely 4:21 remember 35:7 repeatedly 37:4 rephrase 4:9 24:1 reporter 1:18 4:13 reporting 40:16 represent 3:9 REQUESTED 39:5 require 16:25 required 4:25 respect 21:17 38:16 respiratory 19:14 30:15 respires 36:25 responsibilities 11:10 30:1,4 responsibility 21:22 30:3 responsible 32:3,21 resuscitation 7:25 review 5:9 </p> |
|---|--|---|---|--|

| | | | | |
|---|--|--|---|--|
| <p>reviewed 5:5 right 15:1 24:6 27:5 36:21 risk 16:9,13 23:17 24:3 River 3:19 RN 9:24 10:2 11:12 Rocky 3:18 room 9:24 10:3 29:23 rough 29:20 routine 17:2 23:5 24:22 rubbing 37:13,13 37:23,24,25 Rule 40:17 Rules 3:3 R.N 1:11,15 3:1,6 39:18 40:9 41:5</p> <hr/> <p>S S 41:8 safe 16:18 same 23:2 28:25 38:15 saw 28:13 35:19 saying 15:25 20:1 says 23:7,11 24:7 24:13 25:7 27:24 34:18 school 9:5 score 30:17,20 31:11 scrape 37:19 seal 40:19 second 32:12 secondary 37:4 see 11:7 13:12 26:21 29:19,21 38:1 seems 8:19 send 38:18 sent 38:17 separate 22:7 31:14 separating 28:4 sepsis 15:14,21 19:6 19:8,9,11,19 20:3 20:8,14,20 21:2,8 21:11,23 septic 15:19 session 4:4 set 1:21 40:11,18 Sharon 2:11 sheet 30:23 31:25</p> | <p>32:23 shift 12:1,4,5 shifts 12:4 shows 33:19 side 16:18 sign 19:19 20:3,8 20:14,20 21:2 signals 4:14 Signature 38:22 signatures 5:8 signs 16:5 19:5,10 23:9,12,19 24:5 26:13,19 33:24 37:6 similar 22:11 Since 6:7 single 3:22 29:2 sit 38:6 skin 14:19 36:25 37:17,18 skin-to-skin 14:16 skull 35:21,24 Skylight 2:4 sleepiness 26:13 27:3,7 sleepy 25:6,6 slightly 33:8 34:9 slower 36:20 smokers 29:21 some 14:16,21 21:18 24:16,16 37:10 something 15:9 16:17,20 36:7 sometimes 13:4 14:14,18,25 16:23 18:10,14,17 19:13 37:12 soon 24:23 30:2 sorry 10:15 18:25 22:14 23:25 36:1 specified 40:14 spell 3:12 spontaneous 36:22 36:25 SS 40:4 stable 23:13 staff 10:17 11:25 stand 7:24 23:8 28:1 standing 23:21,23 stands 24:8 start 11:6 12:24 13:23,25</p> | <p>started 12:8 starts 12:23 state 1:18 3:11 6:25 32:1,7 40:3,8,23 stated 5:3 statement 6:2 status 11:5 statute 1:16 stay 37:16 stenotypy 40:11 stick 16:2,6,14 17:1 17:5 25:14 sticky 26:22 37:16 still 4:24 10:13 13:5 26:5 27:8 33:17 34:6 stim 36:24 37:21 stopped 29:10 Street 2:4,14 stuff 13:15 14:20 18:22 22:5 37:14 subscribe 8:25 Subscribed 39:20 suctioned 37:3 sugar 15:11 16:4 24:11 25:15 summary 31:10 32:15 supervisor 11:25 supplied 4:18 support 36:23 supposed 5:11 sure 10:15 11:25 13:13,21 14:5 17:17 18:1 22:25 23:12 26:10 27:18 suspect 21:23 Sutter 2:12 Sweeney 2:17 sworn 3:4 39:20 40:10 symptoms 16:5 19:6,10 26:12,18</p> <hr/> <p>T T 41:8 Tactile 36:23 37:21 take 4:13 7:14 8:4,5 14:17 taken 1:16 4:1 8:20 32:11 33:1 37:6 40:14 takes 13:4,12 18:10 talked 25:15</p> | <p>talking 21:19 27:4 tears 26:23 tell 14:16 18:16 23:10 24:8,15,18 34:4 temp 14:12 34:3 temperature 12:13 12:17,19,25 13:10 13:12,14,16,22,24 14:2,9,22 15:5,12 15:15,18,22 16:16 16:19 17:16 19:15 26:24,25 32:8,10 32:16 33:1,9,10 33:12 34:4,10,20 34:24 37:15 ten 30:19,19 31:13 31:13 tenth 33:14 test 27:23 testified 20:10 testify 4:5 40:10 testimony 4:6 40:11 40:13 textbook 9:7 textbooks 5:16 texts 9:2 their 18:20,21 22:10 26:17,21,25 30:15 37:16 themselves 13:5 thing 4:15 8:12 11:19 17:3 18:21 things 13:13 14:7 14:11 19:16 24:18 think 8:19,23 9:8 10:13,13 12:24 14:7 17:2,13 20:23 35:23 36:20 THOMAS 2:8 though 10:14 thought 13:20 35:21 three 21:12 23:13 24:21 27:9 33:18 through 7:8 28:12 28:24 39:3 till 12:9 time 4:23,24 10:12 12:8 13:7,8 14:25 17:18 28:13 29:3 30:11 32:2 33:18 34:2 35:1,5 40:14 times 8:20 23:13</p> | <p>title 9:6,22 10:1 today 4:5 5:6 told 5:24 22:9,10 ton 21:13 tone 30:16 top 32:22 touch 29:20 Tower 2:14 Tower-Suite 2:4 trained 19:5 training 7:21 transcribed 40:12 transcript 38:17 39:2 transcription 40:12 treated 21:7,11,14 32:2 treating 14:2 treatment 21:18 32:5 38:7 Treu 2:8 trial 4:6 triple 14:14 trouble 27:8 true 19:18 20:2,7 20:12,13,19 21:1 40:12 truth 40:10,10,10 try 4:21 24:21 25:2 37:11 trying 13:5 two 8:9,10,16,18,19 10:13 12:3 21:12 25:3 31:16,19 type 4:14 6:1 7:5 11:15 14:11 18:20 22:1</p> <hr/> <p>U ultrasound 28:2,12 under 1:16 4:4 16:7 16:9,13 25:12,14 26:8 27:23 31:14 33:19 40:17 understand 4:8 5:2 11:13 understanding 35:8 understood 4:11 unit 9:20 unless 4:25 until 23:13 24:22 use 37:18 used 4:6 14:8 18:9 usually 11:23 15:19</p> |
|---|--|--|---|--|

| | | | | |
|---|---|--|--|--|
| 15:20 29:20 uterine 28:5 U-S 27:24 28:1 _____ V _____ vaccine 30:12 Vadas 2:3 3:7,8 21:21 23:25 27:6 30:24 31:25 36:1 38:13 41:6 vagina 1 36:22 verbally 4: 13 vernix 36:24 37:8,9 very 22: 10 Viable 36:21 vigorously 37:25 visit 25:25 26:2,3,4 visiting 26:5 visits 26:7 vital 23:9,12,19 24:5 37:6 Vitamin 30:9 vs 1:6 V-E-R-N-I-X 36:25 V.S 23:7 _____ W _____ waived 38:22 wall 28:5 want 12:15 36:19 38: 1 wants 24:25 warm 13:15 14:15 warmer 14:15,20 37:2 wasn't 10:9 water 24:10,11 way 4:20 17:10 ways 19:12 Wednesday 1:12 week 10:11,14 weeks 16:10,13 25:14 weighed 37:5 welcome 30:23 well 8:5 13:3,9 22:13,16 23:17 24: 16 26:20 35: 10 were 6:1,21 10:7,17 11:9 12:10 19:5 22:10 26:5,16 29:25 32:2,21 35:4 West 2:4 | wet 26:23 we'll 16:23 38:18 we've 22:3 24:16,17 whatsoever 28: 11 WHEREOF 40: 18 while 37:25 white 37:9 whole 40: 10 wipe 37:12 wiping 38:4 Witness 1:15 22:16 40:18 41:2 womb 13:6 18:10 word-for-word 24:20 25: 11 work 9:14,18,20 10:20,25 worked 9: 16 10:11 10:21 12:3,4 17:18 working 10:13 worry 18:22 wouldn't 23:20 wrap 14:13,14 wrapped 15:3 37:7 wrapping 13:14 wrong 15:9 wrote 32:24 33:4 _____ X _____ X 33:3 41:1,8 _____ Y _____ year 8:18 11:1 17:22 years 8:6,9,10,17 8:19 9:19 _____ Z _____ zip 3:20 _____ 0 _____ 0300 36: 17 _____ 1 _____ 1 22:19,23 37:2 39:3 41:12 10th 29:6 10:00 1:22 10:53 38:21 12's 10:13 12:3 12-hour 12:3 13 16:7 25:12 13th 40: 19 | 1301 2:14 1422 2:9 14519 1:20 16th 29:5 1660 2:4 1997 7:4 1999 29:5 _____ 2 _____ 2 25:18,22 31:9 41:15 2nd 2:4 2-10-2000 35:20 36:17 2000 6:22 9:25 10:7 10:16 11:8,9 12:2 29:6 2001 17:21 2002 1:12 17:23 28:14 39:21 40:19 2004 40:24 216 2:5,10,15 22 41:11 24 18:15 25:6 34:1 241-2600 2:5 25 41:14 27 41:17 28(D) 40: 17 _____ 3 _____ 3 26:8 27:11,15 41:4,18 3:20 32:6,7 3:50 32:22 33:2 31 41:20 35.9 32:9 36 16:9,13 25:14 33:11 36.1 33:3 36.3 34:5 36.4 34:5 36.5 12:15 13:1,10 36.6 34:22 36.7 34:22 3600 2: 14 37 39:3 37.2 34: 14 37.3 34: 14 37.5 12:16 37.6 12:23 38 3:18 _____ 4 _____ 4 31:3,7 41:21 | 4:20 33:10 44113 2:5 44114 2:15 44115 2:10 44116 3:21 444182 1:6 48 27:7 _____ 5 _____ 5 16:7 25:12 5:00 34:3 5:15 34: 11 5:45 32:6 34:17 35: 19 36:14 _____ 6 _____ 6 1:12 621-1000 2:10 630 2:9 660 2:4 _____ 7 _____ 7 40:24 7:00 12:9,9 _____ 8 _____ 8-16 27:24 28:12 _____ 9 _____ 9 37:1,1 9th 2: 14 928-2200 2: 15 99 9:13 | |
|---|---|--|--|--|