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The State of Ohio)
Cuyahoga County)

IN THE COURT OF COMMON PLEAS

JOANNE GRANT, admx., etc., et al.)

Plaintiff,)

vs.) Case #136464

MT. SINAI MEDICAL CENTER)

Defendant)

Deposition of JEFF ROSENFIELD a witness taken before JOE TILOCCO, Notary Public within and for the State of Ohio in this cause on Tuesday the 31st day of MAY 1988 at MOUNT SINAI MEDICAL CENTER Cuyahoga County, Ohio at 3:35 P.M. Pursuant to notice sent to counsel, this deposition recorded by Legal Electronic Recording, Inc.

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ALSO PRESENT

DEBORAH WATKINS GONZALEZ

P-R-O-C-E-E-D-I-N-G-S

Dr. Jeff Rosenfield, of lawful age, a witness herein having first been duly sworn as hereinafter certified, deposes and says as follows:

BY MR. GOLDENSE: Dr. Rosenfield, we met just briefly a minute ago. As you know, my name is David Goldense, and I represent the estate of Orlean Grant, in a case that's filed in Cuyahoga County here. I'm going to ask you a series of questions today about anything that I think is important, representing my client's interests. If I ever ask a question that you don't understand, please stop me, and I'll rephrase it, okay?

BY DR. ROSENFIELD: Okay.

BY MR. GOLDENSE: It's normal for you and I to nod our heads at one another here, but because we are recording this electronically, you must answer out loud, so that the court reporter somewhere down the road can transcribe what you've actually said, and taking

down a nod of a head makes that difficult. Okay?

BY DR. ROSENFIELD: Okay.

DEPOSITION OF DR. JEFF ROSENFIELD

BY MR. GOLDENSE:

Q State your full name and spell your last name for the record, please.

A Jeffrey Michael Rosenfield, R-O-S-E-N-F-I-E-L-D.

Q Dr. Rosenfield, where do you live?

A Address?

Q Yes.

A 2689 Hampshire Road, Cleveland Heights.

Q Is that an apartment or a house?

A A house.

Q How long have you lived there?

A Three years.

Q With whom do you reside at that address?

A My girlfriend. It's a three-floor house, and we live on the third floor of the house.

Q Date of birth?

A 12-20-59.

Q '59?

A Yes.

Q Where are you currently employed?

A At Mt. Sinai Medical Center.

a How long have you been employed at Mt. Sinai?

A This will be my third year.

Q You're in your third year now?

A Yes.

Q This is a residency program that you're serving here?

A Yes.

Q What's that nature of your residency program?

A Emergency medicine.

Q Where did you go to high school?

A Southwest Miami Senior High, Miami, Florida.

Q When did you graduate?

A 1977.

Q Where did you go to college?

A Florida State University.

Q Tallahassee?

A Yes.

Q Did you graduate?

A Yes.

Q When?

A June, 1981.

Q Did you go to medical school?

A Yes.

Q Where did you go to medical school?

A The University of South Florida.

Q Tampa?

A Tampa.

Q When did you graduate?

A June, 1985.

Q Any clinical training at the University of South Florida?

A What do you mean clinical training?

Q Any clinical training while you were in school at the University of South Florida? Medical school.

A Third and fourth year is all clinical.

Q Was it at a hospital down there?

A Yes.

Q What hospital is that?

A Tampa General, as well as the Veteran's Administration.

Q Any other hospitals that you worked at down there?

A No.

Q That takes us up to 1985, right?

A Right.

Q Did you come to Cleveland after that?

A Right.

Q Did you begin your residency training in emergency medicine directly here at Mt. Sinai, after leaving Tampa?

A Correct.

Q You didn't work at any other hospitals in the Cleveland area, did you?

A No.

Q When did you start your residency training here?

A July 1st.

Q Of 1985?

A Correct.

Q And that was here at Mt. Sinai? Yes?

A Yes.

Q Your residency training in the emergency room here has consisted of what? Working in the emergency room.

A Right, as well as various rotations.

Q What other rotations have you worked?

A There are numerous.

Q How many are there?

A I don't know the exact number.

Q I beg your pardon.

A I don't know an exact number of rotations. Each month is a different rotation.

Q So you are now in your third year of your residency program, and it is a three year program that you will serve here at Mt. Sinai, is that correct?

A Correct.

Q When will you become eligible to take the boards?

A At the end of June, next month.

Q This is May 31st.

A June 30th.

Q So in another month, you'll be eligible to sit for the boards?

A Correct.

Q Are you licensed to practice in any state?

A Yes, in Ohio.

Q When did you become licensed?

A I think it was July 7th.

Q Of what year?

A I would have to check.

Q Would it have been the year you started your residency program?

A No, it was the year after.

BY MR. IRWIN: I think we should be clear that this is the permanent Ohio license to practice. All residents have a temporary license the day they begin their residency.

BY MR. GOLDENSE: Thank you.

Q So you are permanently practiced to license in Ohio?

A Right.

Q In the time that you have been serving your residency program here at Mt. Sinai, how much of that

time has been spent actually working in the emergency room?

A It's increased over the three years. The first year, it's approximately three months.

Q So the first year, you're talking year, meaning a twelve (12) month period of time?

A Twelve (12) month, yes.

Q So if you started July 1st of 1985, through June 30th of 1986, that twelve (12) month period, you would have spent about three months actually working in the ER ward?

A At this emergency room.

Q Right, here.

A Yes.

Q And that was my question, here at Mt. Sinai. And then in the second year, starting July 1st of 1986, until June 30th of 1987, your second year residency, how much time did you spend working in the emergency room?

A Five to six months. I'm not sure on the exact number.

Q Did it come in one chunk continuously?

A No, it was spread out.

Q Tell me how it was spread out.

A I don't recall my exact--each person is different.

Q Let me see if I can come at it another way. The

incident about which I'm here to ask you some questions today, occurred on November 10th, 1986.

A Right.

Q My question was really going to this issue. How much time had you spent working in the emergency room, at Mt. Sinai, between the time you started your residency program, in July of 1985, and November 10th of 1986?

A I don't recall.

Q We know it was at least three months.

A It was at least three. Probably at least most likely five.

Q And two of the months, from July through November?

A Right.

Q So to the best of your recall, you spent a minimum of five months working in the emergency room, in your residency here? At Mt. Sinai.

A In this emergency room.

Q That implies that you have worked in some other emergency rooms, doesn't it?

A Correct.

Q Where else have you worked in the ER?

A Rainbow and Babies pediatric emergency room.

Q When did you work at Rainbow Baby and Children's?

A It was my first year. I don't recollect what month

it was.

Q The first year of your residency?

A Right.

Q How long did you work there?

A One month.

Q Had you worked in any other emergency rooms, at any other facilities while you were in the University of South Florida, for instance?

A Yes, at University of South Flordia, yes.

Q You worked in your third and fourth year. Did you do a rotation through the emergency room down there?

A Yes.

Q As part of your medical degree?

A Correct.

Q Any other experience working in emergency rooms with emergency room patients?

A Yes, as a volunteer in college.

Q Tell me about that.

A I worked approximately six months in the emergency room at Tallahassee Memorial.

Q And that was when you were an undergraduate at Florida State?

A Correct.

Q And you had--strike that.

Tell me a little bit about your pediatric training,

prior to November 10th, 1986.

A In what way? As far as...

Q Tell me what training, from the standpoint of medical school or clinical experience, you had working with pediatric patients.

A Clinically, in medical school, we had pediatric rotation. It was approximately six weeks. Senior year, did a pediatric emergency room rotation for a month.

Q I'm sorry. You did a pediatric...

A Emergency room. That's--saw only pediatric patients.

Q Where was that?

A At Tallahassee--excuse me, at Tampa General, in Tampa. Coming here, the pediatric emergency room at Rainbow and Babies.

Q That was the one month that you did at Rainbow and Babies that you told me about?

A Right.

Q So that was all emergency room, and obviously Rainbow Baby and Children was all pediatric emergency room care?

A Correct. I believe that's all.

Q Tell me a little bit about your job description, your duties and responsibilities as a resident working in the emergency room at Mt. Sinai.

A We're to see every patient that comes to the emergency room, split up between the various doctors there, evaluate them, order any appropriate tests, and discuss it with the attending that's on for that day.

Q So you're giving the baseline primary care to the patient who presents to the Mt. Sinai emergency room, is that the idea?

A Yes.

Q What does your evaluation consist of for a--strike that. Terrible question.

Let me do it this way. Do you have any independent recollection, beyond Deposition Exhibits 1 through 5, of the emergency room visit of Orlean Grant, a seven month old black child in November of '86?

A Yes.

Q You do have an independent recollection?

A Yes.

Q And that recollection, I take it, has been refreshed by those documents, Deposition Exhibits 1 through 5, is that right?

A Yes.

Q You were assigned to the emergency ward November 10th, 1986, is that right?

A Yes.

Q When did you first come into contact with this

child? This patient.

A As far as what? Time of day. As far as...

Q When? What time of day did you first come into contact with her?

A To the best of my recollection, between 9:30 and 10:00--excuse me, 8:30 and 9:00 that evening.

Q And you are drawing that time from where, Dr. Rosenfield?

A From the admission sheet that came in at 8:00, and I wrote down the temperature at 9:10 of being one hundred and four (104).

Q On which page, and again if you would refer to that, I would appreciate it.

A On Exhibit 1.

Q You wrote down what?

A On the bottom of the chart, at 9:10, temperature one hundred and four (104).

Q That's in your handwriting?

A Yes.

Q I'm sorry. And what did you tell me that you thought the time was that you first came into contact with this child?

A Somewhere between 8:30 and 9:00.

Q I see, all right. Under physician findings, there are one, two, three, four, five, six--fifteen (15)

lines, going all the way down through EKG interpretation on the preprinted form of the emergency room. Is all of that material in your handwriting?

A Yes.

Q Slowly, would you read that line by line for me, please?

A Sure. Do you want me to just say what the abbreviations are?

Q Yes, read it so that some poor court reporter somewhere down the line could type this up.

A Seven month old black female, mother states awoke last p.m. crying, which has continued throughout the day. Increased appetite, though emesis after meals.

Q Excuse me. That arrow pointing straight up is to point...

A Increasing.

Q Increasing.

A She will eat, though...

Q I'm sorry. Let me just--increased appetite, though emesis following meals?

A Right.

Q Emesis means vomiting, is that right?

A Correct. Felt warm today, unquantitative temperature. The mother did not...

Q I'm sorry. Felt warm today?

A Right, but the mother did not take the temperature.

Q What's the word that you used?

A Unquant is unquantitative temperature. She didn't...

Q Not measured.

A It wasn't measured. And with dry cough. Denies diarrhea, frequency, last urine ten (10) minutes ago, no pulling at ears. Physical exam was temperature triage was one hundred and five four (105.4).

Q How do you know that triage was one hundred and five four (105.4)?

A Because that's what the triage sheet read.

Q I see, okay.

A Pulse was one fifty (150), respirations were forty (40) and crying.

Q Now, excuse me, physical examination, temperature of one hundred and five point four (105.4) degrees, that was measured at the triage station?

A Correct.

Q Is it the triage station measured the pulse at one fifty (150)?

A No, that's me.

Q How do you know which was which?

A Because you always--we always use the temperature--the initial temperature is what they find in triage, and

we don't take initial temperature when they hit the door.

Q But you do take your own pulse and your own respiratory?

A Right, I do my own vital signs.

Q And then the abbreviation on the next line reads what?

A HENT, which is head, ears, eyes, nose, throat. Eyes, her pupil were equal and reactive to the light, full range of motion. Ears, pink TM, pink positve light reflect, good...

Q Excuse me. TM's are what?

A Tympanic membranes. Positive light, meaning positive light reflex, with mobility.

Q Now the positive light refers to the tympanic membrane having a reflex to light?

A Correct.

Q And if it reacts to the light, it moves, is that it? Is that what mobility means?

A No, there are two separate things. The light reflects and mobility are two indicators of an infection behind the eardrum.

Q Let's take those one at a time. It was positive for a light reflex.

A Correct.

Q Now that's referring to the tympanic membrane inside the ear?

A Correct.

Q Tell me exactly how you do that test, or that study?

A Just looking at the tympanic membrane with the otoscope, it will shine back a light at you if it's a normal eardrum.

Q And if it's abnormal, what will happen?

A It will lose that reflex, by being pushed out by fluid behind it.

Q So the light will not reflect back to the otoscope, is that it?

A Right.

Q And mobility, what's meant by the term mobility here under the ear examination?

A When you're looking at the ear, you blow a little air through the otoscope, and the tympanic membrane will move, versus an infected tympanic membrane will not move.

Q Then you examined the mouth, is that the next line?

A Correct. The mouth was moist pink mucosa without tonsillary swellings, no exidates.

Q What does that mean?

A That means that the tonsils were not swollen, and there was nothing on the tonsils, as far as pus, or virulence, or what we call exidates.

Q Exidates is a whole category of pus, and a sign of infection that's on a tonsil?

A Correct.

Q And then the neck, what did you find there?

A It was supple, full range of motion, easily mobile. Chest was clear bilaterally, without rales or wheezes. Heart was tachycardic, S-1 with S-2, which is the heart sound, without murmurs. Abdomen was soft, nondistended, positive bowel sounds, which were normal.

Q Let's go back to the chest. There were no rales and no wheezes when you listened to the chest?

A Correct.

Q And that's obviously done with a stethoscope, is that the idea?

A Correct.

Q Now when you tested the neck for its suppleness, and you found that it had full range of motion, is that a difficult test to do in a seven month old child?

A It's an unreliable test on a seven month old. It's questionable on the reliability of the test. But if there is a strong infection indicating a menangitis...

Q There would be some stiffness.

A A lot of people think there will be stiffness. It will make the baby very irritable.

Q So if I understand, if a seven month old has a stiff neck, that's a bad sign?

A Correct.

Q But if a seven month old has a supple neck, that's not really probative for your purposes, in trying to diagnose whether or not there's an infection? I mean you can have a supple neck, and still have a lot of infection, is that it?

BY MR. IRWIN: Objection. Maybe a lot of meningitis. Go ahead.

A I don't know how to answer that.

Q You said it was unreliable. Why is it unreliable that a seven month old has a supple neck?

A Because a seven month old can't tell you that it's hurting when you're moving their neck, as a two-year-old or three-year-old can tell you.

Q When you examined the child's heart, you found that it was tachycardic. What does that mean?

A It means it was a little fast for its age.

Q And then it says S-1.

A With S-2.

Q What does S-1 with S-2 mean?

A Those are normal heart sounds. The first heart

sound is considered as S-1 and the second heart sound is S-2.

Q And there were no murmurs?

A Without murmurs.

Q And you said that the positive bowel sounds were normal? Is that what that says?

A Correct.

Q And then below that, under DX, for diagnosis, is that right?

A Correct.

Q And then URI means what?

A Upper respiratory infection.

Q Now that's getting a little ahead of ourselves in terms of time on the chart, isn't it?

A Right, sure.

Q Is it fair for me to understand that everything you've read, starting with seven month old black female, down through abdomen was recorded during your first physical examination of the child?

A Yes.

Q Now you had at that time available to you a history, is that right?

A Yes.

Q What was the history that you had available to you at the time of your examination?

A I don't understand the question.

Q Had the patient already been seen at the triage station?

A Yes.

Q And Deposition Exhibit 3 sets forth a series of findings at the triage station, is that right?

A Correct.

Q You had that history available to you, as recorded by Nurse Scole?

BY MR. IRWIN: Objection. Why don't we say that information, because history is a precise medical term, and I think the doctor is confused when you have used that word. Why don't you just say information available?

Q You had Deposition Exhibit 3, information recorded by Nurse Scole, available to you at the time that you did your examination, is that correct?

A Yes.

Q Where it said, fever, throwing up, not eaten since yesterday, drank a little today, urinating normally, crying tears today, that information was available to you at the time of your examination, right?

A Correct.

Q I have a question. You had written on the third

line of your physical examination, increased appetite, and the information from the triage station indicates fever, throwing up, not eaten since yesterday. Can you account for the apparent contradiction between the chief complaint in the triage notes, and your notes in the physical exmaination of increased appetite?

A My note reflects what the mother told me.

Q It's pretty clear that the mother gave the information on the triage note, too, isn't it?

BY MR. IRWIN: Objection.

A I can't--I don't know that.

Q We know that the seven month old baby wasn't talking.

A Correct.

Q And we know that the mother brought the child in, right?

A Correct.

Q And we know that you took a history from the mother, right?

A Right.

Q And we know it's the custom to take the history from the parent who brings the child to the emergency room when the child is seven months old, correct?

A Correct.

Q As a result of your physical examination, did you

order any tests?

A Yes.

Q What tests did you order?

A Chest x-ray, and put a urine bag on the baby to get some urine, and I asked them to repeat the temperature.

Q Is that written right under physician's orders at the bottom of the page?

A Yes.

Q That's all in your handwriting, too, correct?

A Yes.

Q What's that very first entry under physician's orders?

A CXR, chest x-ray.

Q CXR. What was your purpose in ordering a chest x-ray?

A Just to look for any evidence of a pneumonia, or anything in the chest cavity that would look abnormal.

Q What was the reason for ordering a urine bag?

A The same. Not only to see any signs of infection, but to also measure the specific gravity, to give an indication of the baby's hydration status.

Q And at 9:10 p.m., temperature was recorded at one hundred and four (104) degrees?

A Correct.

Q How was that temperature taken, if you recall or know?

A Rectally.

Q Did you do it yourself?

A No, I asked the nurse to.

Q And that would have been Nurse Caroline Listen, right?

A Correct.

Q And that's also reflected on Deposition Exhibit 3, indicating 9:10, repeat temperature, and then it shows one hundred four (104) at the bottom. Do you see that?

A Yes.

Q So that's consistent with what you then wrote under the physician order section?

A Yes.

Q Was it at 9:10 p.m. that you first ordered the child on Tylenol?

A Yes.

Q And that was eighty (80) milligrams?

A Correct.

Q And then at 10:30 p.m., the child's temperature was taken again?

A Correct.

Q And it was recorded at one hundred (100) degrees Farenheit?

A Rectally.

Q And that R circled means that it was taken rectally, correct?

A Correct.

Q And two, that's bottles, I think?

A Correct.

Q D5W.

A Correct.

Q Taken well.

A Correct.

Q D5W is what?

A Five percent (5%) dextrose and water.

Q And?

A Water.

Q Water, okay. Can you tell me when the urinalysis results from the lab were available to you this evening, if at all that night?

A The exact time, no.

Q Can you give me a range of times, when you know that they were available to you?

A Between 9:00 and 10:30.

Q How do you know that the urinalysis studies were available to you between 9:00 and 10:30?

A Because I wrote the urinalysis result.

Q And that's in your handwriting?

A Correct.

Q Where does that appear?

A Under the laboratory section, urine.

Q Could you translate those results for me, please, Doctor?

A Sure, PH of 5.

Q What does that mean?

A Which is the PH of the urine, the acid content of the urine was at five.

Q What does that mean?

A That's a normal urine.

Q And is SP.GR. specific gravity?

A Specific gravity was one point zero one zero 1.010.

Q What does that indicate?

A Normal is one point zero one zero (1.010) to one point zero two zero (1.020). So it told me the baby was not dehydrated.

Q And that would have been resulting from the urine that was sent to the lab at what time, if you know, from a review of the chart?

A Between 9:00 and 10:00.

Q If you look at the progress notes, the second to last entry, just before discharge home.

A UA 10:00.

Q That's 10:00 at night, UA sent. Does that mean

that's when the urine sample was sent to the lab?

A Correct.

Q So that we know that you couldn't have had the results back before 10:00, then, if that's when it was sent.

A Correct.

Q So the results came in sometime after 10:00 p.m., correct?

A Correct.

Q And we know that the baby had been on liquids for how long?

A As soon as I--after I saw the baby--gave him the first bottle.

Q That would have been when? Sometime after...

A About 9:00.

Q So the baby had been taking water for about an hour. So when the specific gravity comes back, sometime after 10:00, we know that the baby is hydrated, and the water level is okay, is that right?

A Correct.

Q Now under micro, under the laboratory studies, there is some handwriting. Is that in your handwriting?

A Yes.

Q Can you translate that for me, please?

A It says negative WBC's, which is white blood cells,

or RBC's, which is red blood cells.

Q When was that written?

A Every time I wrote the urinalysis result.

Q What would--strike that.

In what form did you get studies from the lab about this patient? Written form, oral communication? How did you know that the...

A The urine, you mean?

Q Yes, the urinalysis.

A We have a computer in the emergency room that writes out the results from the laboratory.

Q Is that piece of paper set forth in Deposition Exhibit 4 or not?

A No.

Q Tell me how that works.

A It's just a piece of paper that comes out. We write down the results, and usually throw away the piece of paper.

Q So that this little piece of paper out of the computer is memorialized in the record, in terms of this entry here, negative white blood cells, and negative red blood cells?

A Correct.

Q What were you looking for in measuring the baby's urinalysis, other than its level of hydration, if

anything else?

A As I said before, any signs of a urinary tract infection, indicating white blood cells, or red blood cells, or leukocytes.

Q Any other kind of infections disclosed by urinalysis?

A I don't understand the question.

Q You told me that urinary tract infections would be disclosed by the urinalysis, correct?

A Correct.

Q Would there be any other kinds of infections that you would have been able to diagnose by using a urinalysis?

A In looking on this particular baby?

Q Yes, on this patient.

A I'm not a complete authority...

Q I'm not asking you to be a complete authority. I'm just asking a question, had this child had--strike that. Let me see if I can ask the question properly.

You told me that a urinary tract infection would be disclosed by different postive results by the urinalysis, correct?

A Correct.

Q Simple question, any other kinds of infections--would any other kinds of infections have been disclosed

by positive results in the urinalysis?

BY MR. IRWIN: Do you mean like a meningitis, a bacteriemia, an endocarditis? Is that what you mean?

BY MR. GOLDENSE: Without giving him a hint as to the answer, John, that's exactly what I mean. But I would rather you didn't coach him by suggesting answers to him.

BY MR. IRWIN: I'm not, but to a physician, that's a very, very vague and unclear question.

BY MR. GOLDENSE: Then let him...

BY MR. IRWIN: He did. He told you that.

Q Dr. Rosenfield, if I ever ask you a question that's unclear because it's misleading, stop me and I'll rephrase it. Okay?

BY MR. IRWIN: And he did.

BY MR. GOLDENSE: You did.

BY MR. IRWIN: No, he stopped you the first time.

Q Do you understand my question?

A Yes.

Q Do you know an answer to it?

A If you're asking particularly for sepsis from

another source?

Q Yes.

A No.

Q No, it would not have been disclosed by the urinalysis?

A Correct.

Q What other studies were available to you to disclose a sepsis-type infection?

A What other studies would you get if you were looking for a sepsis?

Q What other studies were available to you, as a treating doctor, to perform on the child, that would have diagnosed a sepsis?

A There is multiple studies.

Q Tell me what they are.

BY MR. IRWIN: Can we stop for one moment and clarify sepsis, because there are multiple kinds, and multiple locations of sepsis.

Q Sepsis refers generally to what?

A Blood borne infection in a very sick baby.

Q That's exactly what I thought sepsis meant, too. Blood borne infections. What diagnostic procedures were available to you, as the treating doctor in the emergency room, to diagnose a sepsis, defined as a blood

borne infection, in this baby?

A This baby's sepsis was not being looked for.

Q I understand that.

BY MR. IRWIN: That's not the question. Listen to his question.

Q The question is, what diagnostic tests were available to you? I understand it wasn't being looked for.

A Right, okay.

Q What diagnostic procedures were available?

A A complete blood count, blood cultures, spinal tap.

Q What else?

A A SED rate. That's about it.

Q What is a-- maybe you can help me here. What is an antigen detection test?

A That's a more sophisticated test, that are done in the last few years, that are able to detect specific antigens, certain bacterial release, and they have certain specific tests for certain antigens of certain different bacterias that were released.

Q An antigen is generally what?

A Something of the body that's perceived as not belonging to the body.

Q They are associated--different antigens, if I understand you, are associated with different kinds of

infections, is that the idea?

A Yes.

Q Under what circumstances generally, now I'm not talking just about this patient now, have you ever ordered an antigen detection test?

A Yes.

Q Tell me the circumstances surrounding the occasion when you ordered it.

BY MR. IRWIN: Objection, go ahead.

Q You don't have to give me the patient's name or anything. Just under what circumstances did you order an antigen detection test?

A If I was looking for meningitis, and did a spinal tap.

Q So that the spinal tap would precede the order for the antigen detection test?

A No, the spinal fluid would be sent for an antigen detection test.

Q I see. And you would already be on the road to a what, a working diagnosis of meningitis in this case that you're talking about. You were already thinking about meningitis when you ordered the antigen detection test?

A Correct.

Q How long ago was this?

A Presently or before this case?

Q Today, how long ago was this?

A In the last six months.

Q So it was after this case?

A No, I have done it before this case, and after this case.

Q I guess all I'm trying to do is have you explain to me the kinds of symptoms and findings upon which you have ordered antigen detection tests in the past, and maybe we can compare them and contrast them with this case. Can you do that for me?

A Nowadays it's becoming standard, if you do a spinal tap, and tell them to send the spinal fluid for antigen detection. So if you're ruling out a meningitis...

Q That's what you do?

A Correct.

Q I understand that. I was asking about symptoms that the patient presents with. Complaints, and symptoms, and what you find on your examination that cause you to walk down that diagnostic road, and I wanted you to compare and contrast those other cases you've worked on with this one. Where do they compare and how do they contrast.

A It can be one of two ways. It can be a very lethargic baby, very poor eye contact, very sick

appearing baby. It can, on the other hand, be a very irritable baby. A baby that you can't console at all, the mother can't console. Anything you touch gets them upset, with a high fever that doesn't respond to anything, meaning Tylenol. Just an overall sick looking baby.

Q So what you physically see with your eyes and observe is an important part of your diagnostic analysis. Is that what you're...

A Yes.

Q Is that what I'm to understand?

A Yes.

Q Let's look at the record on this child. How did this baby appear, from what you recall from your own independent recall, and from what you see in the chart?

A This baby did not appear septic.

Q We got to the end of it. Let's try and break that down one by one.

A The baby had...

Q How was this baby able to be consoled by its mother?

A The baby was very quiet if Mom would hold the baby. If I would go near the baby and start the exam, it would cry like every other normal baby you examine.

Q Does the chart reflect the baby's consolability by

its mother in any pertinent place that I could see here?

A No.

Q Is that a recorded finding?

A No.

Q So is that your independent recollection?

A That's my independent recollection.

Q That this baby was consoled by its mother.

A Correct.

Q There is a note here--let me ask you specifically here about two bottles of D5W. We call it glucose normally, common?

A Right.

Q D5W was taken well by the baby.

A Correct.

Q What would the amount of glucose in each bottle be, in terms of ounces or something?

A I'm not sure of the specific amount. Approximately twenty (20) to thirty (30) cc's. Thirty (30) mililiters.

Q In each bottle?

A Correct.

Q When you say taken well, what does that mean?

A It means the baby was thirsty, and wanted to eat, and held them down without vomiting afterwards.

Q So it means thirsty, took them like one who has a thirst would consume with some regularity, speed, is that the idea? And didn't vomit it afterwards.

A Not necessarily speed, but taken, meaning, and she kept them down.

Q Do your notes report how long it took? We know that at 10:30 you reported that. Do you know how long it took the baby to actually drink two bottles of glucose?

A No.

Q Would that be important for you to know, that it took twenty (20) minutes, or an hour, or two hours?

A Yes, if it took a baby two hours to take one bottle. It would be a little different than a baby who is feeling good, hungry, and will take it over twenty (20) minutes to a half an hour.

Q So sometime after--I didn't quite finish. You were explaining to me this business of symptoms leading to a diagnosis of sepsis. So we talked about the baby's consolability, or inconsolability by its mother. That's an important clinical observation, I take it?

A Yes.

Q And you tell me that your independent recall is that this child was consoled by her mother?

A Yes.

Q What other clinical observations do you make in

analyzing whether or not the child might be septic?

A If they eat.

Q We have discussed that.

A Right.

Q The only thing you attempted to give this child was the glucose, the two bottles of glucose?

A Correct.

Q So we have the consolability, and whether or not they eat. What other clinical observations do you look for?

A If her temperature goes down with Tylenol.

Q Let's talk about the temperature. How reliable, or significant--let me ask--strike it, and let me try and ask it correctly.

Is it independently significant that the baby's presenting temperature was one hundred and five point four (105.4) degrees, or what degree of significance did you, as the doctor, attach to that presenting temperature?

A It's just the symptoms. The degree of temperature doesn't tell you sepsis, nonsepsis, infection, noninfection. It's just the symptoms.

Q How about the pulse rate?

A That, too.

Q That's a symptom?

A Yes, a crying baby. That can be a little faster than somebody who is not.

Q Did you, in noticing--you wrote down that the baby was crying in your notes of your physical examination.

A Right.

Q The fact that you wrote it down, or from your independent recall, can you tell me what kind of cry she had when you examined her?

A She had a normal cry.

Q Not a weak cry or a strong cry, a normal cry?

A A normal cry when I examined her.

Q Not a full-throated screaming cry, or a weak cry?

A Just a normal baby's cry.

Q What significance is it, or what significance would you attach to the note in the triage station? Now the word crying appears three times, to be fair, in the triage notes. Okay? First it says, crying, right above the respiration of thirty-six (36). They tried to take a respiration rate. And then it appears under other observations, crying, is that with or without tears.

A Without.

Q Without tears, right. And then it says below that, weak cry. Where it says weak cry, is that part of your clinical observation, leading towards a diagnosis of some sort of sepsis?

A No, because that was never my clinical observation.

Q Are there any other clinical observations that you made, or I suppose a better question, in fairness to you is, are there any other clinical observations that you didn't make, or negative observations about the absence of a problem, like you discussed that the report doesn't mention anything about the consolability of the mother, but your independent recall is that this baby was consolable.

A Right.

Q Any more of that kind of clinical evaluation that doesn't appear on the face of your examination, that was important in evaluating whether or not this child was septic?

A No, the consolability, the taking the fluids well, the not vomiting, the response to the Tylenol.

Q One of the--I guess it was Nurse Scole told me that a petechiae refers to--why don't you tell me. What is meant by the term petechiae?

A Paticia is when small capillaries get occluded, and essentially break, and a little blood seeps into the skin, and they get, it looks like a little bruise.

Q Are they diagnostically probative of any other underlying disorder?

A Yes.

Q Do you recall whether or not this baby had petechiae, or whether or not you found any or didn't find any?

A Yes, and it did not.

Q Is that recorded anywhere in the record?

A No.

Q It's your independent recollection that this child had no petechiae?

A Correct. It would have been written if it did have.

Q And the word B-R-U-I-T, is that pronounced bruit, is that right?

A Bruit.

Q What does that refer to?

A That's a sound that is made over a blood vessel when there is some type of obstruction at that blood vessel that causes an abnormal flow, and you'll hear that sound.

Q And again, can that sound be the symptom of an

underlying infection?

A It possibly can.

Q Did you examine Orlean Grant for signs of bruit?

A Yes. That's part of your general physical exam, if there is a bruise.

Q Is that recorded here someplace?

A Yes, because it was never heard.

Q Because?

A None were heard.

Q I couldn't hear you.

A That's not a common finding in a seven-month-old.

Q Is it common to examine the fontanel in a seven-month-old?

A Yes.

Q Where is it located?

A There are two fontanels, an anterior and posterior. You examine in a seven month, most you could examine is the anterior fontanel.

Q What would your purpose in examining an interior fontanel be, in this child with these complaints, or did you even examine her fontanel?

A Yes, but there, too, it was not documented.

Q It was not?

A It was not written down. And you're just feeling to see if it's bulging, versus soft, versus a bulging

fontanel, which would indicate a higher pressure inside the brain.

Q An intracranial problem maybe of some description?

A Yes, but just by crying, you can get a bulging fontanel. So there, too, it's not a very good indicator.

Q So if I understood it, with respect to the examination of the anterior fontanel, you did examine it, and it was normal, and you recall that from your independent recall?

A Correct.

Q And it's not recorded on the chart.

A Correct.

Q What was Dr. Baum's role in the care and treatment of this child, as you understood it on November 10th, 1986?

A He was the attending, in charge of the ER that day.

Q So you were talking earlier about how your role was to do examinations and discuss it with the attending.

A Correct.

Q Was Dr. Baum the man with whom you discussed this case?

A Yes.

Q Do you have an independent recall of your first conversation with Dr. Baum?

A Yes.

Q Where was that conversation had?

A In the hall outside the room.

Q Outside room 3-A, where the baby had been transfered?

A Correct.

Q Was this conversation had in the presence of the baby's mother?

A No.

Q Was it had in the presence of anyone else from the baby's family?

A No.

Q This was a physician to physician consultation, is that right, Doctor?

A Correct.

Q What was the nature of your conversation with him?

A I just told him essentially what's written down here.

Q What the results of your physical examination were?

A Correct.

Q What studies you had ordered?

A Yes.

Q Did you decide to order the chest x-ray, as opposed to Dr. Baum deciding it?

A I don't recall.

Q Did you decide to order the urinalysis, as opposed to Dr. Baum?

A I don't recall.

Q Did you discuss blood tests?

A Yes.

Q You and Dr. Baum did?

A Yes.

Q Who brought up the idea of a blood test?

A I don't recall who brought it up.

Q What was the nature of the conversation about blood tests?

A Would it help in the diagnostics of this baby.

Q Do you know who asked that question?

A No.

Q Do you remember who answered the question?

A Specifically, no.

Q As a result of the conversation with Dr. Baum, a decision was made that no blood tests would be taken, is that correct?

A Right.

Q Because otherwise they would be recorded?

A Right, we were going to see how the baby took fluids, if he was vomiting in our presence, what the temperature did, and if it did not get any better, then order more blood tests.

Q Order more blood tests?

A Order blood tests.

Q There were never any blood tests ordered for this child, were there?

A Correct.

Q What time was that conversation with Dr. Baum?

A All I could say is between 9:00 and 9:30.

Q And your engineering that--I don't mean to imply anything by that. You have to do some engineering to figure out that time, is that correct?

A Correct.

Q And you're engineering from what data on the emergency room record, Doctor?

A I saw the baby initially, as I said, between 8:30 and 9:00, and then talked to him shortly after.

Q What blood tests were considered in your conversation with Dr. Baum?

A CBC.

Q A complete blood count, is that what a CBC is?

A Correct.

Q How long does it take CBC test results to come back to the emergency ward from the lab?

A Anywhere from one to three hours.

Q We know what you were looking for with the urinalysis. What would a CBC--what would a physician

such as you, ordering a CBC for this child, had it been done, have routinely expected the results to show? What could have been diagnosed? What kinds of problems could have been diagnosed or ruled out by a CBC?

BY MR. IRWIN: Objection, go ahead.

A Essentially, nothing could have been ruled out or ruled in by getting the blood work. That's why it was not ordered.

Q What is the basis of that statement? Explain that to me.

A In an infection, the white count could be anywhere from low, to normal, to high. Just a viral infection can give you a high white count. So in babies, you have to take their clinical picture, as well as everything else, and if the blood count came back elevated, there wouldn't have been anything done differently on this baby.

Q What if it had come back--what if the white blood cell count had come back real low?

A What is real low? What do you mean by real low?

Q The opposite of high. I mean I don't know the numbers.

A Some babies can have that normally, and very few physicians worry about a white count, unless it's disasterously low. And usually your clinical picture

will show you that.

Q Did you discuss a sedimentation rate study with Dr. Baum?

A No.

Q It never entered the analysis that you had?

A No.

Q So correct me if I'm wrong now. The only blood study that you considered doing was a CBC.

A Correct.

Q And you ruled it out because it wasn't going to be diagnostically probative for you?

A Correct.

Q And the reason that a CBC wouldn't have helped you and Dr. Baum reach a diagnosis was because no matter what the results were, they weren't going to indicate anything to you. I mean is that what I understood you to say? If I'm wrong, correct me now.

BY MR. IRWIN: If you would like to phrase it differently, do so.

Q Yes, this is a discovery deposition. I'm not putting words in your mouth.

A I don't understand that.

Q I'll try it again. I'm trying to understand what you said, and if I've misunderstood you, you correct me.

A Okay.

Q The only blood test you considered doing was a CBC.

A Right.

Q You never thought about a sed rate or anythng else? Certainly we never got to lumbar puncture or any of those studies?

A Correct.

Q And you and Dr. Baum, in conversation, decided not to do a CBC, correct?

A Correct.

Q And the reason that you didn't do a CBC was because there weren't any results that would, high or low, that were going to help you diagnose what was wrong with this child?

A Or change our management of what we were going to do.

Q There you go, thank you. And your management of the child, if I understood you, to be fair, was based largely on your clinical evaluation of her condition, correct?

A Correct.

Q Remember, out loud.

A Correct.

Q I see you nod your head, and we know. And one of the basic problems is, when you have a seven-month-old, she can't talk, she can't tell you what hurts, and you

rely on the mother's history, correct?

A Correct.

Q I mean, pediatric cases are kind of tough to diagnose at seven months old, aren't they?

A Sure.

Q Do you remember the mother?

A Yes.

Q Can you give me a gross physical description of her?

A No.

Q What do you remember about her?

A I remember she was a, very physical-wise, was of average height, black woman. But as far as anything beyond that.

Q Do you remember the degree of cooperation she did or did not give you and the staff, anything about that about her?

A Yes, she wasn't very cooperative on the history.

Q She was not cooperative on the history?

A She wasn't willing to give information. I had to dig for the information.

Q Is that an independent recollection that you have?

A Yes.

Q Did the record activate that--I'm trying to figure

out how you know that. Did you know it from reading the record and then remembering this lady?

A No, I have remembered this case since the day after it happened.

Q What caused you to remember this case?

A They came into the emergency room the day after I saw the baby.

Q Were you still working?

A No, I was off that day, and I heard about it the day after that when I came back.

Q When they came back to the emergency room, who came back to the emergency room?

A I was only told the parents.

Q So you knew that at least this mother from whom you had taken the history, and someone else, described generally as parents, had come?

A Parents.

Q And as a result of their coming to the hospital, did you know what had happened to the baby?

A Yes.

Q So you knew the baby was dead the morning after you saw her, and you had that information within forty-eight (48) hours after the baby died, is that fair?

A Correct.

Q Before testifying today, what documents have you

reviewed? What physical pieces of paper have you seen before testifying today?

A Just this chart.

Q Did you ever see a report from Dr. Mackin over at the Cleveland Clinic?

A No.

Q Prepared on behalf of Mt. Sinai.

A No.

Q With whom have you discussed this case, before testifying today? Other than your attorney, of course. You're supposed to talk to your attorney before a depo.

A That's all.

Q Did you talk to Dr. Baum about this case after it happened?

A Yes, that day I came back, which was two days after I saw the baby, we talked that afternoon.

Q What was the nature of your conversation with Dr. Baum?

A That we were both very upset and trying to see what went on with this baby.

Q What did you and Dr. Baum conclude during that conversation, about what went on with the baby?

A At that day?

Q Yes, at that time. The conversation that you had

with Dr. Baum, when you came back to work after not working Tuesday the 11th, coming back to work, Tuesday the 12th.

A That something was either very wrong physically with the baby, or that something else had happened to the baby since we saw it.

Q Did you see the autopsy studies?

A No.

Q Did either you or Dr. Baum--strike that.

Did you and Dr. Baum discuss a pediatric consultation for this patient?

A I don't recollect.

Q Was a pediatric consultation available at the hospital that night?

A Could we have called for a pediatric...

Q Yes.

A Yes.

Q I mean, there was a pediatrician in service somewhere in the facility that could have been called in consultation?

A A pediatric resident, yes.

Q And you don't recall whether or not that was discussed?

A No, I don't.

Q Who had admission privileges in the emergency ward

that night?

A What do you mean admission privileges?

Q Who could have admitted this child to the hospital?

A Pediatrics.

Q Could you have ordered this child admitted to the facility?

A No.

Q Could Dr. Baum have ordered this child admitted to the facility?

A No.

Q I'm trying to get a--you understand, I'm just trying to get a sense of protocol?

A If you think a baby needs admission...

Q How do you do it?

A ...you have to call a pediatric resident to see the baby.

Q And the pediatric resident comes down and sees the baby, and the pediatric resident has admitting authority?

A Correct.

Q Neither you nor Baum did have the authority to admit that child that night?

A Correct, ER physicians don't admit patients.

Q When are CBC's ordered for a feverish, febrile infant, seven months old?

BY MR. IRWIN: Objection.

Q In your experience here at Mt. Sinai Hospital.

BY MR. IRWIN: I'm going to object to the form of the question, since it calls for a standard of care answer, but go ahead and respond.

A I don't understand the question very well.

Q When are CBC studies ordered, in your experience here at Mt. Sinai, for febrile infant children?

A They are ordered as one factor in an indication of the child, if the child is sick, to evaluate the white count, how high the actual white count or how low the white count is. If there is a site of infection.

Q If there is a....

A If you have a site of infection.

Q A site, S-I-T-E?

A Correct.

Q Of infection.

A And the same reasoning. To see if the white count will contribute any to your diagnosis, as far as how bad an infection you have.

Q In both--strike that.

How about sed rates, sedimentation rates? Have you seen any sedimentation rates ordered with feverish young children here at Mt. Sinai since you've been here?

BY MR. IRWIN: The same objection. Go ahead.

A Sed rates in febrile children at Sinai?

Q Yes.

A Very rare, if ever.

Q You don't recall one case of that off the top of your head?

A No, never.

Q How much time did you physically spend, from a review of your chart and your recollection? How much time did you physically spend with this child?

A I evaluated an initial exam, which was ten (10) to twenty (20) minutes. I saw the baby twice after that, and just for a minute or two, to see how the baby was doing, taking the fluids, and then on discharge, talking to the mother on where we were going with the baby.

Q So in Deposition Exhibit 2, there is a series of instructions written at the top of the page, numbered 1, 2, and 3. That's in your handwriting, right, Doctor?

A Yes.

Q Did you personally go over those instructions with Joanne Grant, the baby's mother?

A Yes.

Q Where was that conversation held?

A In room 3-A.

Q Right in the room with the baby?

A Yes.

Q Then go ahead and read it. You told her to do those things: to encourage the fluids, take children's Tylenol, and to make an appointment the next morning in the pediatric clinic?

A Right, as well as other things.

Q What else did you tell her?

A If the baby started vomiting again, if the baby did not look good, if the temperature went up, to just get back here. The baby was looking very well, was taking fluids well. If she has any problems, just come back. Pretty standard care that we say to every baby that you're sending home.

Q Is it your testimony that you told Joanne Grant that if the baby vomited again, that she should come back to the emergency room?

A Yes.

Q Is it your testimony that you told Joanne Grant that if the baby's temperature went up again, she was to come back again immediately to the emergency room?

A If he was not responding to the Tylenol, yes.

Q If what?

A If she had no response with the Tylenol.

Q And under any circumstances, she was to make an

appointment the next morning, November 11th, 1986, in the pediatric clinic, correct?

A Correct.

Q Did that mean she was supposed to call the pediatric clinic and make the first available appointment that they had, or she was supposed to bring the child to the pediatric clinic, and you were going to have an appointment ready for the child?

A No, our follow-up in the pediatric clinic is, if they call the next morning, they will see them that day, if it's a follow-up from an emergency room visit. She was to call and be seen that day.

Q What changes in the baby's condition did you rely in allowing the baby to go home that night?

A The baby--the primary reason for coming to the emergency room was vomiting. However long the baby was there. The baby took fluids very well and had no indication of vomiting. The temperature came down very appropriately with Tylenol, and the baby looked like a very--a healthy seven-month-old baby.

Q When you discharged this baby, the last temperature that was recorded was about almost what? Exactly one hundred (100) degrees Farenheit, is that right?

A Yes, one hundred (100) degree Farenheit, rectally.

Q What would normal range of temperatures for a seven

month old baby be rectally?

A In the ninety-nine (99) to a hundred (100) degree range rectally.

Q So as far as you were concerned, this baby's temperature was within normal range when you discharged her home. Is that fair or not?

A Normal to slightly high. It had come down immensely.

Q And the fact that the vomiting had stopped was the central change in her symptoms that allowed you to reach the decision of a discharge home with instructions?

BY MR. IRWIN: Objection.

Q Is that what you said?

A As well as the overall appearance of the baby.

Q Let's talk about that. What other overall changes in the baby's behavior did you observe during the time she was in the emergency room?

A I didn't observe any changes. She was the same when I first saw her, and when I discharged her.

Q You had told me that you were with the baby for the physical examination. And how long do you think that took?

A Ten (10) to twenty (20) minutes.

Q And that was hands-on, examining the child, so you could feel the temperature of her skin and everything,

right?

A Correct.

Q And then you had occasion to come back to room 3, where the baby was located?

A Correct.

Q Two more occasions, okay?

A At least two that I can recall.

Q And then again, you saw the baby when you gave the discharge instructions to the mother at the time the baby was discharged?

A Correct.

Q So that would be a total of four occasions, at least?

A Correct.

Q Were you ever in the room when Dr. Baum examined this child?

A No.

Q Do you know whether or not Dr. Baum examined this child?

A Did I physically see him examine the child, no. I physically saw him go in the room.

Q So you knew he was in the room with the child at one point?

A Correct.

Q Just the one time?

A That I can recall.

Q Do you remember when that was?

A Right after I saw her initially. Within the first five or ten (10) minutes after I first saw the baby.

Q Do you have any independent recall of how busy you were with a patient load--"you," emergency room staff--generally, that night?

A No, I don't.

Q When you and Dr. Baum had the conversation two days later, when you returned, do you remember discussing whether or not the emergency ward had been extremely busy or light or anything in particular that night, that Monday night?

A No, it wasn't extremely busy. I know that.

Q You know that it wasn't extremely busy?

A Right.

Q What was your work schedule around the time of this treatment? How many hours were on you, et cetera?

A We worked twelve (12) hour shifts and changes; it was usually two to three to four days on, and then two or three days off, and then another two or three or four days on, different shifts.

Q So that would be twelve (12) hours in the emergency room?

A Correct.

Q When would you be the other twelve (12) hours?

A At home.

Q Living just up the street, you could get back and forth pretty quickly?

A Right.

Q So that Monday, November 10th, 1986 would have been the end of a second or third day in a row that you had been one, is that correct?

A Correct.

Q When you worked with this child, where else would you have been in the emergency ward?

A Seeing other patients.

Q Is there anyplace else you could have been in the ward?

A There is an x-ray department where we look at x-rays.

Q Did you personally read this child's chest x-rays?

A Yes.

Q Deposition Exhibit 5 purports to be a Department of Radiology report with Drs. Brennan and Gold having their names appear in typewritten form below this chest x-ray.

A Yes.

Q And I'm confused about something here. You ordered chest x-rays, and where were they taken? In the emergency room or in the x-ray department?

A In the emergency room. The x-ray department of the emergency room.

Q As opposed to the x-ray department of the hospital, which is located elsewhere?

A Correct.

Q So this baby was x-rayed right in the ward of the emergency room? Right in the emergency room ward?

A Yes.

Q And you went over and read those x-rays yourself?

A Yes.

Q And your reading of the x-ray is memorialized on Deposition Exhibit 1, is that correct?

A Yes. Wait, no.

Q I'm sorry, where?

A Memorialized, it would be Exhibit 5. I didn't write my interpretation on the sheet.

Q This is another physician's interpretation, right?

A Right, Brennan and Gold.

Q Deposition Exhibit 5 is another doctor's interpretation of the x-rays?

A Correct.

Q A radiologist read sometime later, correct?

A Correct.

Q After the baby had been discharged.

A Correct.

Q But you read the x-rays yourself, before the baby was discharged?

A Correct.

Q Where did you write down that they were normal?

A I didn't. I failed to write that down.

Q I'm sorry. It's not memorialized any--your interpretation of the x-rays isn't written down anywhere in this chart. It's what you have an independent recollection of?

A Right.

Q Is there a doctor's lounge in the emergency ward?

A No.

Q Is there a doctor's lounge located near the emergency ward?

A There is a lounge in another building, outside of the emergency ward.

Q Is there a television located in the emergency ward for the doctors to watch?

A No, there is a television for videotapes in the conference room.

Q Is there any place that you can watch television in the emergency room, when you're on duty?

A No.

Q You know. When you're not with a patient.

A No.

Q Did you watch any television the night of November 10th, 1986, when you were on call in the emergency room?

A No.

Q Is that because you never do?

A Correct.

Q This visit from the child's parents, as it was related to you, was made the day after this emergency room visit. Do you know who talked to them from Mt. Sinai?

A No.

Q You spoke with Dr. Baum, right, about that visit? Dr. Baum was the one who told you that the parents had come back here the next day.

A Correct.

Q Did Dr. Baum disclose to you that he had spoken with the parents?

A Yes.

Q So you know that much?

A Yes.

Q You don't know who else they might have spoken with?

A No.

Q But you know they spoke with Dr. Baum?

A Correct.

Q They did not speak with you?

A Correct.

Q Can you translate for me one hundred and five point four (105.4) degrees Farenheit onto a Celsius scale?

A No. Not off the top of my head.

Q You have information available to you in the emergency ward that would make that translation right away, is that correct?

A Yes.

Q Have you done any research into this field since you knew about this death two days later, or two days after the emergency room visit? Have you gone to the library, as it were, and done any research into this field?

A What field?

Q Occult bacteremia.

A Yes.

Q Occasioned by this case?

A Yes.

Q What did you learn because of your research, after November 10th, 1986, that you didn't realize before?

BY MR. IRWIN: Objection, go ahead.

A I learned that after all is said and done with babies, their clinical indicator may not be as great as all the textbooks and writings have found it to be.

Q I'm sorry. Say that again. I didn't understand it.

A I mean when a baby looks extremely well, that is not a great indicator as all the papers have written it to be.

Q It seems to me like you're talking about a problem that community practitioners, clinicians have, that may be what, unappreciated by the academic community? Is that what--I'm trying to understand what you said. I'm trying to place some context that I can understand.

BY MR. IRWIN: Show a continuing objection to this line of questioning. Go ahead.

Q Is there dissonance between your experience as a clinician, and what you read when you researched this issue?

A Yes.

Q Is that what you said?

A Researching this issue, this baby, in the best of institutions, would have gotten the same care she got here. An awful lot of weight is put on what the baby looks like, how the baby feeds, and on this baby, ultimately proving that that wasn't the greatest indicator to look at.

Q Have you discovered other indicators that should have been looked for, that might have disclosed what was

wrong with this baby?

A No, I think this baby gave none of the classic indicators for the disease it had.

Q Then I take it you do have an opinion, based on a reasonable degree of medical certainty, as to whether or not the care provided to this child conformed with the standards existing at the time she was treated here.

A Yes, I have my opinion. It was standard of care.

BY MR. IRWIN: Objection.

Q Tell me what your opinion is.

A That the baby got the full standard of care.

BY MR. GOLDENSE: Subject to seeing, and I don't remember which deposition I asked for. Maybe it was Dale Taylor's deposition, I asked for the census information on the patients seen that night.

BY MR. IRWIN: Yes, we have noted that.

BY MR. GOLDENSE: I have nothing further, Dr. Rosenfield, at this time. And there will be no waiver of signature. You're not going to waive on his signature?

BY MR. IRWIN: No.

BY MR. GOLDENSE: There will be no waiver of--let the record reflect, there

will be no waiver of signature for the witness.

(END OF DEPOSITION)

I have read the foregoing from page 1 through page 70 and note the following corrections:

PAGE	LINE	CORRECTION

CERTIFICATE

The State of Ohio) ss
County of Cuyahoga)

I, MARC EPPLER, a Notary Public within and for the State of Ohio, duly commissioned and qualified, do hereby certify that the abovenamed JEFF ROSENFIELD , was first duly sworn to testify the truth; that the testimony then given by him was tape recorded and reduced to writing; that the foregoing is a true and correct transcript of the testimony given by the witness as aforesaid, that said deposition was taken, and that it was completed without adjournment; that I am not a relative or counsel of either party or otherwise interested in the event of this action.

IN WITNESS WHEREOF, I have hereunto set my hand and seal of office in Cleveland, Ohio this 14th day of SEPTEMBER, A.D., 1988.

MARC EPPLER
Notary Public
State of Ohio
My commission expires:
10-4-88

THE MT. SINAI MEDICAL CENTER

1058

PLAINTIFF'S EXHIBIT
DEPO - 1
ALL-STATE LEGAL SUPPLY CO.

ARRIVAL DATE TIME	DATE AND TIME SEEN BY M.D.	DISPOSITION TIME AND DATE	MED. REC. NO.	MED. REC. REQUESTED
11/10/86 0930PM		Nov 10 10 59 PM '86	[illegible]	

PATIENT NAME (LAST, FIRST, MI)	STREET	CITY
GRANT ORLEAH ANN MARGARET	1234 EAST 84	CLEVELAND

ZIP CODE	TELEPHONE	AGE	BIRTHDATE	SOCIAL SECURITY NO.	MARITAL STATUS	MAIDEN OR A...
44103	216-721-6703	007M	04/08/1986	000-63-5610	SINGLE	

SEX	RACE	RELIGION	PERSON ACCOMPANYING PATIENT	PRIVATE PHYSICIAN
F	BLACK	OTHER	MOTHER	MSMC

NEAREST RELATIVE'S NAME	STREET	CITY	STATE
GRANT JOANNE	1234 EAST 84	CLEVELAND	OH

ZIP CODE	TELEPHONE	RELATION TO PATIENT	CASE AND ACCIDENT INFORMATION: MODE OF TRANSPORT	POLICE NOTIFIED	CAR NUMBER
44103	216-721-6703	MOTHER	PRIVATE CAR		0000

POLICE NUMBER	ACCIDENT WHERE	DATE	TIME	WORK RELATED	SECRETARY'S INITIALS	
0000		01/01/00	0000PM	NO	DAS	465.9

F/C	A	B/C	C	D	EMP.	MED	R	S/P	V	W	Y	Z

PHYSICIAN FINDINGS — SENT ✓

7 MTH OLD BF MOTH STATES AWOKE LAST PM CRYING WHICH HAS CONTINUED THROUGHOUT THE DAY. ↓APPETITE THOUGH EMESIS P MEALS. FELT WARM TODAY (UNQUANT TEMP) (+) OCC COUGH. DENIES DIARRHEA, FREQUENCY. LAST URINE 10 AM ABD. (-) PULLING @ EARS.

PE - T 105⁴ P 150 R 40 CRYING

HEENT - EYES - PERRL FROM
EARS - PINK TM'S (+) LIGHT, MOBILITY
MOUTH - MOIST PINK MUCOSA S TONSILLAR SWELLING (-) EXUDATES
NECK - SUPPLE FROM
CHEST - CLEAR BILATERALLY S RALES, WHEEZES

EKG INTERPRETATION
HEART - TACHYCARDIC, S1 E S2 S MURMURS
ABD - SOFT, NONDISTENDED (+) BS - NOR

X-RAY INTERPRETATION

DX (PLEASE PRINT) URI

LABORATORY

BLOOD HB	HCT
WBC	RBC PLTL
DIFFERENTIAL P / BL / L / M / E / B	
ACETONE	AMYLASE
NA	K
CO2	CI
BL SUGAR	BUN
PT	PTT
ABG'S PH	HCO3
PO2	PCO2
O2 SAT	BASE EXCESS
URINE APPEAR PH 5.0	SP. GR. 1.010
ALB —	SUG 1/10
ACETONE —	AMYLASE
MICRO — WBC, RBC	
C AND S	C AND S
CPK	BILI
SEROLOGY	
TUBES NO.	URINE BLAD.
CHEST	

CLINIC REFERRAL — MED. | SURG. | ORTHO | OB/GYN | EYE | DENTAL | HYPER | OTHER

CONDITION AT DISPOSITION — GOOD | FAIR | POOR

DISPOSITION — ADMIT | RETURN | A.M.A. | LWBS | TRAN | REFER PHY | REFER OPD | EXP D.O.A. | EXP E.D. | PHS

LEVEL OF CARE — TRIAGE ONLY | SUTURE REMOVAL | WOUND CHECK | BRIEF EXAM | LIMITED EXAM | INTERM EXAM | EXTENDED CRITICAL | PRIVATE PHYSICIAN | D.O.A. EXAM | OTHER

EXAMINING M.D.'S SIGNATURE: [signature]

PRIVATE M.D. OR CONSULTANT SIGNATURE:

PHYSICIAN'S ORDERS	TIME	✓	RN'S SIGNATURE
CXR			
URINE BAG, RETAKE TEMP RECTAL			
9⁰/ TEMP 104 - TYLENOL 80mg			
10⁴/ TEMP 100°F (R) - 2 BOTTLES D5W TAKEN WELL			

F-01601 Rev 7/84

THE MT. SINAI MED AL CENTER
ONE MT. SINAI DRIVE
CLEVELAND, OHIO 44106

PLAINTIFF'S EXHIBIT
DEPO. -2
ALL-STATE LEGAL SUPPLY CO.

IMPRINT AREA

63 10 6314 500

EMERGENCY DEPARTMENT
DISCHARGE AND REFERRAL INSTRUCTIONS

DATE 11/10/86

Treatment given in the Emergency Dept. is offered as emergency first care only. Follow-up by a physician maybe important for your safety. You are urged *to follow* **carefully** the instructions given on this sheet.

1) TO ENCOURAGE FLUIDS AS MUCH AS POSSIBLE
2) CHLORASEPTIC 1/2 TEASPOON EVERY 4 HRS
3) TO MAKE APPT. TOMORROW MORNING IN PEDS CLINIC ~~431-3629~~

RN/MD

Instruction Sheet given and explained

MAKE YOUR OWN APPOINTMENT
BY CALLING NUMBER CIRCLED

☐ URGENT FOLLOW UP

Mt. Sinai Med. Ctr. Outpatient

Mon. through Fri. 8:30 a.m.-4:30 p.m.

Other facilities which provide health care.

Cleveland Metro. Hospital	398-6000
Hough Norwood-55th	881-2000
St. Vincent Charity Hosp.	861-6200
Free Clinic	721-4010
Hough Norwood-Hough	231-7700
Glenville Health Assoc..	761-4800
Huron Rd. Hospital..	761-3300
John Glen Smith..	249-4100
McCafferty	651-5005
Kenneth Clement	391-3200
University Hospital	844-1000
VA	791-3800
Other	

Private Physician:

Name: _____

Phone #: _____

'THE ABOVE HOMEGOING INSTRUCTIONS HAVE BEEN EXPLAINED TO ME AND I UNDERSTAND THEM.

PATIENT'S SIGNATURE X _____ NURSE'S SIGNATURE _____

YOU MAY RETURN TO THE EMERGENCY DEPT

PLAINTIFF'S EXHIBIT
DEPO-3
ALL-STATE LEGAL SUPPLY CO.

38

THE MT. SINAI MEDICAL CENTER

ONE MT. SINAI DRIVE
CLEVELAND, OHIO 44106

EMERGENCY DEPT.
TRIAGE NOTES

Nov 10 8 00 PM '86

GRANT CALEAN ANN MARGA
F 04/08/1986 ER 11/10/86
EMERGENCY
IMPRINT AREA
6 35 56 10 6314 500

PATIENT NAME: Grant, Orlean A | D.O.B. 4/8/86 | MED. REC. NO. | ARRIVAL DATE & TIME

AGE: 7 mos | SEX ☐ M ☒ F | MODE OF TRANSPORTATION: Car | VIA ☐ Amb ☐ W/C ☐ Stretcher (carried) | PERSON ACCOMPANYING PT.: Mother | PMD OR CLINIC: MSMC

CHIEF COMPLAINT: fever, throwing up - not eaten since yesterday

TREATMENT PRIOR TO ARRIVAL: Ø
☐ Backboard ☐ IV ____ Amt ____ Rate ____ ☐ Mast
☐ C-Collar ☐ 02 L1/min/Mode ☐ Monitor

SUBJECTIVE

PERTINENT HISTORY RELATED TO PRESENT ILLNESS: drank a little today urinating normally / crying tears today, tried feeds regular food - no liquid

SOURCE OF INFORMATION: ☐ Self ☒ Parent ☐ Other:

PAST MEDICAL HISTORY: Ø

MEDICATIONS: Ø

ALLERGIES: ☒ NKA | LMP: ☐ Normal ☐ Yes ☐ No | EDC: Gr Para Ab | LAST TETANUS TOXOID: ☐ Unknown ☐ < 5 yrs. ☐ NA ☐ > 5 yrs. ☐ > 10 yrs.

OBJECTIVE

TEMP: 105.4 ☐ PO ☒ R ☐ AX | PULSE: 160 ☐ Reg. ☐ Irreg. | RESP: 36 (crying) | RESP. QUALITY ☐ Normal ☐ Abnormal | BP ☐ Supine ☐ Sitting ☐ Standing | CURRENT WT. 7.28 KG | BIRTH WT. KG

MENTAL STATUS	SPEECH	SKIN COLOR	SKIN MOISTURE	SKIN TEMP.	OTHER OBSERVATIONS
☒ Conscious	☐ Coherent	☒ Normal	☒ Dry	☐ Warm	Crying c tears
☐ Unconscious	☐ Incoherent	☐ Cyanotic	☐ Moist	☒ Hot	void in Triage
☐ Oriented X 3	☐ Silent	☐ Pale	☐ Diaphoretic	☐ Cool	weak cry
☐ Ans. Appro.	☐ Slurred	☐ Ashen		☐ Cold	
☐ Slow to Resp.		☐ Flushed			
____ Anxiety Level		☐ Jaundiced			

ASSESSMENT | STATUS | TRAUMA N | CLINIC P | CONDITION AT TRIAGE II

PLANN

TRIAGE INTERVENTION: 830P | MED. GIVEN/TIME: Tylenol 80 | OTHER: 1/4 mg (CTS)

TO RM. 3A | TIME TO RM. 835 P | TRIAGE NURSE SIG: [signature]

TIME	PROGRESSNOTES;
	Alert & md, liquids given (3oz 5% Glucose)
9	Repeat temp 104
	[illegible]
9	Tylenol 80 mg
	[illegible]
	[illegible]
11	Discharge [signature]

THE MT. SINAI MEDICAL CENTER

Department of **Laboratories**

PATIENT SUMMARY REPORT

Date: 11/15/86
Time: 09:11
Room:
Dr.: **ER** BAUM M.
Patient Name: GRANT ORLEAN ANN MARGARE
Number: 635610
Age & Sex: C F DISCHARGED 11/10/8

ADMITTING DIAGNOSIS: IRON DEFIC ANEMIA NOS

**********HEMATOLOGY********** DR. W. STERIN

HEMATOLOGY ROUTINE

BLOOD	HCT
NORMALS	36.-48.
UNITS	%
OCT 17 1230	36.

**********URINALYSIS********** DR. W. STERIN

RTN URINALYS

VOIDED	COLOR	APPEAR	SP GRAV	LEUKOCYT	NITRITES	PH
NORMALS						
UNITS						
NOV 10 2219	YELLOW	CLEAR	1.010	NEG	NEG	5.0

VOIDED	PROTEIN	GLUCOSE	KETONE	UROBILI	BILRUBIN	BLOOD
NORMALS						
UNITS	MG/DL	G/DL		NG/DL		ERY/UL
NOV 10 2219	NEG	1/10	NEG	NORM	NEG	NEG

**********BACTERIOLOGY********** DR. G. VARESKA

URINE CULT SPECIMEN DATE: 11/10/86 (225C)

**FINAL REPORT COMPLETED 11/12/86
SPECIMEN/SITE URINE , VOIDED

URINE CULT
NO GROWTH IN 24 HOURS

PERMANENT REPORT-MEDICAL RECORD COPY-CO NCT DISCARD

PLAINTIFF'S EXHIBIT 4 08E3299

THE MT. SINAI MEDICAL CENTER

ONE MT. SINAI DRIVE
CLEVELAND, OHIO 44106-4198

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RADIATION THERAPY
ULTRASONOGRAPHY

DEPARTMENT OF RADIOLOGY REPORT

PATIENT NAME: GRANT, ORLEAN
MEDICAL RECORD NUMBER: 63 56 10
X-RAY NUMBER: 63 56 10
PATIENT SOURCE: EMERGENCY ROOM

PATE & TYPE OF EXAM: 11-10-86 CHEST
ATTENPING PHYSICIAN:

CHEST 11-10-86

Frontal and lateral chest radiographs fail to reveal evidence of intrathoracic disease,

R. ERENNAN, **M.D.**
J. GOLD, M.D.

RB

RB:MRC36
11-11-86