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Specialty	<i>RN</i>
Party	Plaintiff <input checked="" type="checkbox"/> <i>S</i>
Date (format =99/99/9999)	<i>12/9/03</i>
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Stohm, Rene

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<p style="text-align: right;">Page 1</p> <p>1           IN THE COURT OF COMMON PLEAS 2           OF CUYAHOGA COUNTY, OHIO 3           ----- 4   JESSE HATFIELD, et al., 5       Plaintiffs, 6       vs.           Case No. CV-03-502766 7   PARMA COMMUNITY GENERAL 8   HOSPITAL, et al., 9       Defendants. 10       ----- 11       DEPOSITION OF LAURA SCHNEIDER, R.N. 12       TUESDAY, DECEMBER 9, 2003 13       ----- 14       Deposition of LAURA SCHNEIDER, R.N., 15   a Witness herein, called by the Plaintiffs for 16   examination under the statute, taken before me, 17   Cynthia A. Sullivan, a Registered Professional 18   Reporter and Notary Public in and for the State 19   of Ohio, pursuant to notice and stipulations of 20   counsel, at the offices of Parma Community 21   General Hospital, 7007 Powers Boulevard, Parma, 22   Ohio, on the day and date set forth above, at 23   1:49 p.m. 24       ----- 25</p>	<p style="text-align: right;">Page 3</p> <p>1       LAURA SCHNEIDER, 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 LAURA SCHNEIDER, R.N. 7   BY MS. TRESL: 8       Q.   Laura, we met a little earlier. May 9   I call you Laura? 10      A.   Sure. 11      Q.   Please, feel free to call me Jackie. 12   I represent Mr. and Mrs. Hatfield, Jesse and 13   Josephine. Since you charted in this record 14   that I'm going to refer to which is August of 15   2002, you have changed your last name? 16      A.   Correct. 17      Q.   Did you get married? 18      A.   Yes. 19      Q.   Your name before this was? 20      A.   Biacovschi. 21      Q.   It kind of threw me for a loop when 22   I saw it. I dug through the initials. You have 23   the initials on the last page. 24           Have you ever had your deposition 25   taken before?</p>
<p style="text-align: right;">Page 2</p> <p>1   APPEARANCES: 2   On behalf of the Plaintiffs: 3     Becker &amp; Mishkind Co., LPA, by 4     JACQUELINE TRESL, ESQ. 5     Skylight Office Tower 6     1660 West Second Street 7     Suite 660 8     Cleveland, Ohio 44113 9     (216) 241-2600 10   On behalf of the Defendant Parma Community 11   General Hospital: 12     Weston, Hurd, Fallon, Paisley &amp; Howley, by 13     DANIEL A. RICHARDS, ESQ. 14     2500 Terminal Tower 15     50 Public Square 16     Cleveland, Ohio 44113 17     (216) 687-3321 18   On behalf of the Defendant Dr. Bertin: 19     Reminger &amp; Reminger, by 20     ERIN SIEBENHAR HESS, ESQ. 21     1400 Midland Building 22     101 West Prospect Avenue 23     Cleveland, Ohio 44115 24     (216) 687-1311 25   ----- 16   ALSO PRESENT: 17     Monica English 18       ----- 19 20 21 22 23 24 25</p>	<p style="text-align: right;">Page 4</p> <p>1       A.   No. 2       Q.   Just a few ground rules which I'm 3   sure your attorney went over with you, but I'll 4   just review them again. If you can, answer yes 5   or no rather than nodding or shaking your head 6   so that Cynthia can make a written record of it; 7   okay? 8       A.   Okay. 9       Q.   If you can, let me finish asking my 10   question before you answer. 11      A.   Yes. 12      Q.   And I will try to give you the same 13   courtesy, to let you finish your answer before I 14   jump in with my next question. 15      A.   Yes. 16      Q.   If for any reason you don't 17   understand what I've asked, please ask me to 18   clarify my question. 19      A.   Okay. 20      Q.   If you answer a question, I will 21   assume that you understood it. 22      A.   Okay. 23      Q.   This should be fairly short, so 24   hopefully we'll be out within 45 minutes to an 25   hour.</p>

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<p>1 A. Okay.</p> <p>2 Q. For the record, would you state your</p> <p>3 name and address?</p> <p>4 A. Laura Schneider, 9801 Vienna Drive.</p> <p>5 That's Parma, Ohio, 44130.</p> <p>6 Q. You are a registered nurse; yes?</p> <p>7 A. Yes.</p> <p>8 Q. When did you graduate from nursing</p> <p>9 school?</p> <p>10 A. 2000.</p> <p>11 Q. What school did you go to?</p> <p>12 A. Cuyahoga Community College.</p> <p>13 Q. So you have your AD?</p> <p>14 A. Yes.</p> <p>15 Q. Do you have any additional</p> <p>16 certification or training other than your AD</p> <p>17 from Tri-C?</p> <p>18 A. I'm currently going to college for a</p> <p>19 BSN.</p> <p>20 Q. What college are you going to?</p> <p>21 A. Ursuline.</p> <p>22 Q. Are you doing that full time or part</p> <p>23 time?</p> <p>24 A. Both. Currently, I'm going part</p> <p>25 time, but starting in January I'll be attending</p>	<p>1 A. No, I do not.</p> <p>2 Q. For today's deposition did you</p> <p>3 review the medical records?</p> <p>4 A. Yes.</p> <p>5 Q. In reviewing them, did you remember</p> <p>6 anything at all?</p> <p>7 A. No.</p> <p>8 Q. So nothing new?</p> <p>9 A. No.</p> <p>10 Q. Everything that you tell me today</p> <p>11 then you will be relying on from what you read</p> <p>12 in the records?</p> <p>13 A. Correct.</p> <p>14 Q. What did you review for today's</p> <p>15 deposition?</p> <p>16 A. I reviewed the chart yesterday.</p> <p>17 Q. Did you review any policies or</p> <p>18 procedures at Parma General?</p> <p>19 A. As far as?</p> <p>20 Q. Anything in relation to preparing</p> <p>21 you for the deposition today.</p> <p>22 A. No.</p> <p>23 Q. You didn't read anything on</p> <p>24 venipuncture or phlebotomy policies?</p> <p>25 A. No.</p>
Page 6	Page 8
<p>1 full time.</p> <p>2 Q. At the time in question, which is</p> <p>3 August of 2002, were you working full time or</p> <p>4 part time?</p> <p>5 A. Full time.</p> <p>6 Q. You were working on what floor?</p> <p>7 A. Six medical.</p> <p>8 Q. How long had you been on six</p> <p>9 medical?</p> <p>10 A. Since October of 2000.</p> <p>11 Q. Are you still on six medical?</p> <p>12 A. No. I started the float pool this</p> <p>13 August.</p> <p>14 Q. Why did you start the float pool?</p> <p>15 A. Different hours so to accommodate</p> <p>16 more classes. I can go to school during the day</p> <p>17 versus work 3:00 to 11:00.</p> <p>18 Q. In August of 2002 you were working</p> <p>19 3:00 to 11:00?</p> <p>20 A. Correct.</p> <p>21 Q. Only, or were you doing other</p> <p>22 shifts?</p> <p>23 A. No, straight 3:00 to 11:00.</p> <p>24 Q. Do you remember Mr. Hatfield or</p> <p>25 Mrs. Hatfield at all independent of the record?</p>	<p>1 Q. Did you do any review of medical</p> <p>2 literature for today's deposition?</p> <p>3 A. No.</p> <p>4 Q. Besides your attorney, who have you</p> <p>5 talked to about today's deposition?</p> <p>6 A. I talked to Monica yesterday as</p> <p>7 well.</p> <p>8 Q. Did you talk to Joyce about your</p> <p>9 deposition being taken?</p> <p>10 A. No.</p> <p>11 Q. Did you talk to Dr. Bertin about</p> <p>12 your deposition being taken?</p> <p>13 A. No.</p> <p>14 Q. Did Dr. Bertin talk to you about</p> <p>15 your deposition being taken?</p> <p>16 A. No.</p> <p>17 Q. Dr. Chang, did you talk to Dr. Chang</p> <p>18 about your deposition being taken?</p> <p>19 A. No.</p> <p>20 Q. Did you talk to any of the other</p> <p>21 nurses involved in Mr. Hatfield's care about</p> <p>22 your deposition or about Mr. Hatfield's care?</p> <p>23 A. No.</p> <p>24 Q. In trying to remember, when you</p> <p>25 first heard that your deposition was going to be</p>

<p style="text-align: right;">Page 9</p> <p>1 taken about Mr. Hatfield, did you do anything to 2 try to remember anything about him, talk to 3 anyone, or look at anything to give you a memory 4 of him? 5 A. No. 6 Q. When you heard his name, did the 7 name even sound familiar? 8 A. The name sounded familiar. I don't 9 know if we have -- we've had another patient by 10 that name on the sixth floor before or if we've 11 had another patient or this patient before. 12 I used to fill in as a charge nurse 13 on the sixth floor as well, so I needed to be 14 familiar with all the patients on the floor, so 15 I think that's why the name sounds familiar. I 16 had to know who was in what room and so forth 17 for filling in for that position. 18 Q. Even if you didn't care for him; is 19 that correct? 20 A. Correct. 21 Q. So you knew sort of all the 22 patients' names? 23 A. Correct. 24 Q. Tell me what kind of patients that 25 you get on 6 -- is it P?</p>	<p style="text-align: right;">Page 11</p> <p>1 A. Oh, that's the admitted date. I'm 2 sorry. 8-1-02. 3 Q. That's fine. I just want to know 4 when your care began. I think it began even on 5 the 6th, if I'm not mistaken. 6 MR. RICHARDS: Back further. 7 Q. So we should be looking at probably 8 41 or 42 at the minimum, just to save you time. 9 It's not a memory contest. 10 A. On the 5th at 1630, I see my 11 initials there. 12 Q. What's the number on the top of that 13 page? 14 A. 40. 15 Q. You cared for him, and then you said 16 you reviewed in terms of his extremities. Let's 17 stay on that, and then we'll get to the 18 particulars. You started reviewing on the 5th 19 when you were reviewing the records with your 20 attorney; is that correct? 21 A. Yes. 22 Q. How much more did you review to 23 focus on your care of his extremities? 24 A. I went through my charting only. So 25 wherever my charting stopped, that's where we</p>
<p style="text-align: right;">Page 10</p> <p>1 A. 6-M, six medical. 2 Q. What kind of patients do you take 3 care of on 6-M? 4 A. 19 years of age and older, mostly 5 medical problems, and occasionally surgical if 6 the seventh floor is full. 7 Q. In looking at the medical record, 8 can you tell me from a nursing perspective why 9 Mr. Hatfield was on your floor? 10 A. I didn't look at the admitting 11 diagnosis. I focused on his extremities 12 yesterday while reviewing the chart. 13 Q. When you focused on his extremities, 14 were there any specific dates that you focused 15 on? 16 A. The dates that I cared for him that 17 I charted. 18 Q. Those would be what days? 19 A. I see I charted on the 1st, 8-1-02. 20 Q. What page is that? While you're 21 doing that, tell me what page. 22 A. 56. 23 Q. I think page 56 is way later than 24 the 1st of August. I think that puts us to 25 about the 8th or the 7th.</p>	<p style="text-align: right;">Page 12</p> <p>1 stopped. 2 Q. When you say you read your charting 3 for extremities, tell me what you mean by that. 4 A. I focused on what I charted on, and 5 based on what I read, it sounded like that was 6 my main focus throughout charting. 7 Q. Explain that to me from reading the 8 charting why you made that determination. 9 A. Okay. The 5th at 1630 it says, I 10 charted, physician notified, OR patient bleeding 11 through pressure dressing through left AV 12 fistula, and new orders received CPOF. 13 8-5-02 at 2138 I charted, physician 14 visiting, pressure dressing applied with the 15 help of house officer, Dr. Maung. 16 Q. That's page 42 of 129; is that 17 correct? 18 A. Correct. 19 Q. Okay. 20 A. Pressure dressing applied to left AV 21 fistula. House officer also here to assess 22 pressure dressing. 23 Q. Okay. 24 A. 8-6-02 at 1620 I charted the pain 25 assessment. Complained of right arm pain, rated</p>

<p style="text-align: right;">Page 13</p> <p>1 it a nine, and he was medicated with Darvocet at 2 that time, and elevated arm and applied ice per 3 doctor's order. The same date, the 6th, at 1620 4 I notified Dr. Chang, aware of postdialysis lab 5 results and CT right arm results. 6 Q. Can I just stop you there for a 7 moment? What you read to me just before about 8 medicating with the Darvocet, did you do that or 9 did Josephine do that? 10 A. I'm sorry. Those are her initials. 11 Q. So you came in after that then and 12 wrote the aware of postdialysis lab results and 13 CAT right arm results; is that correct? 14 A. Yes. My charting stops there, and 15 then I go back to chart. I was looking at the 16 initials on the previous page. 17 Q. Can we agree now that there is some 18 shifting? We had been talking about the left 19 arm, and now we're talking about the right arm; 20 is that correct? 21 A. That's correct. 22 Q. Go on. 23 A. The 6th at 1640 I charted that I 24 notified Dr. Bertin. Aware of right arm edema, 25 red, very painful. Aware of CT scan right arm</p>	<p style="text-align: right;">Page 15</p> <p>1 Q. So from that is it fair to say that 2 his pain was less than more, ten being a higher 3 pain rating and zero being none? 4 A. Correct. It was less. 5 Q. First he was an eight and now he's a 6 four? 7 A. Correct. 8 Q. You can stop when you get to the 8th 9 or the 9th. 10 A. I'm on the 8th. 11 Q. If I could just draw your attention, 12 go back to page 56, and perhaps you told me that 13 and we may have already talked about that and I 14 just didn't write it down. Is that still you 15 there at 1848? Did we talk about 1848? 16 A. No. 17 Q. Is there anything there that jumps 18 out at you in terms of what you had done to care 19 for him? It looks like previous to that you 20 have just a whole column. Is this sort of a 21 basic nursing assessment that you do when you 22 see the patient? 23 A. There are interventions that either 24 I or the LPN will check off as they are done 25 during the shift.</p>
<p style="text-align: right;">Page 14</p> <p>1 results. Order received to continue to elevate 2 arm and apply ice packs. Stated will see 3 patient in the a.m. 4 The 6th at 2003 I charted that 5 Dr. Chang visited. At 2049, pain assessment 6 right antecube, rated an eight. He was 7 medicated with Darvocet. 8 Q. Before you go on, I know you've 9 answered this, but I'm going to ask you again. 10 Do you have any recollection of, first of all, 11 the CAT scan results, receiving them? 12 A. No. 13 Q. Do you recall that he even had been 14 at CAT scan? 15 A. No, I don't. I don't remember, 16 unfortunately, anything about this patient or 17 taking care of him. 18 Q. You don't remember talking to 19 Dr. Bertin when you called to tell him about the 20 CAT scan results? 21 A. No. 22 Q. Go on then, please. 23 A. The 6th at 2200 I assess pain again. 24 This time the rating was a four. Again, took a 25 right antecube.</p>	<p style="text-align: right;">Page 16</p> <p>1 Q. Do you enter this into the computer, 2 or is this handwritten and then it's transposed 3 for you? 4 A. It depends. Certain interventions 5 are specifically ordered by the physicians. 6 Others, they're in the nursing care plan. 7 They're already -- as you log on, they're 8 already in there. It's just a matter of 9 checkmarking them to document them. 10 Q. So when we look at the second column 11 on page 55 and the first column on page 56, this 12 is a computer. You go to a computer and you 13 cross these off or you say yes or whatever. Is 14 that how that works? 15 A. Correct. 16 Q. Are these interventions that are 17 already in there that you're talking about, is 18 that correct, the first column on page 56, let's 19 say? 20 A. Where it says pulse oximetry and 21 then it says 8-1, to maintain O2 of 92, that 22 part would be added on by the secretary. Then 23 where it says elevate, and then 8-6, elevate 24 right arm on two pillows, that would also be put 25 in by the secretary.</p>

<p style="text-align: right;">Page 17</p> <p>1 Q. Okay.</p> <p>2 A. All the rest are interventions that</p> <p>3 are already there on the care plan.</p> <p>4 Q. On page 65 on 8-8 at 1731, just to</p> <p>5 sort of complete the circle because that's where</p> <p>6 I'm going to stop asking you those dates.</p> <p>7 A. 65?</p> <p>8 Q. Right. Again, is that the general</p> <p>9 assessment that you're making as you come on?</p> <p>10 It looks like he voided. Tell me what you see</p> <p>11 there when you're reading your care there for</p> <p>12 him.</p> <p>13 A. At 1731?</p> <p>14 Q. Right, and at 1757.</p> <p>15 A. He had voided 200, and I documented</p> <p>16 his output.</p> <p>17 Q. Was there any other care that you</p> <p>18 gave him that you can tell from that other than</p> <p>19 just talking to him or being with him?</p> <p>20 A. I assessed his falls risk. Did you</p> <p>21 want me to go through the list?</p> <p>22 Q. That's fine. I asked Joyce earlier</p> <p>23 when she was here, and maybe you can confirm or</p> <p>24 disconfirm this, but I noticed between the 6th</p> <p>25 and 8th the doctor ordered a change in his pain</p>	<p style="text-align: right;">Page 19</p> <p>1 care of. We have had to switch pain</p> <p>2 medications. That may not be the case for</p> <p>3 everybody.</p> <p>4 Q. Standing back in your nursing</p> <p>5 practice, when you give Vicodin, and I'm not</p> <p>6 trying to put words in your mouth, are you</p> <p>7 generally thinking that Vicodin is a little bit</p> <p>8 stronger than Darvocet?</p> <p>9 A. Yes.</p> <p>10 MR. RICHARDS: Objection. That's</p> <p>11 fine.</p> <p>12 Q. Do you remember from looking at the</p> <p>13 records what happened to Mr. Hatfield? I guess</p> <p>14 I shouldn't say remember, but from looking at</p> <p>15 the records, can you explain to me what happened</p> <p>16 to him on the 8th relative to his extremity</p> <p>17 since that was the focus of your review?</p> <p>18 A. There's a pre-op holding checklist,</p> <p>19 so he went to the OR, and it says the procedure</p> <p>20 was a right brachial artery decompression</p> <p>21 fasciotomy.</p> <p>22 Q. From a nursing diagnosis, what does</p> <p>23 that mean to you? Preparing a patient for that</p> <p>24 surgery, what does that mean?</p> <p>25 A. Preparing him for the surgery.</p>
<p style="text-align: right;">Page 18</p> <p>1 medication from Darvocet to Vicodin, and</p> <p>2 Josephine gave the Darvocet on the 6th and the</p> <p>3 Vicodin on the 7th. What is the significance of</p> <p>4 changing from Darvocet to Vicodin as the nurse</p> <p>5 on the floor giving a pain medication?</p> <p>6 A. The first medication, he might not</p> <p>7 have gotten pain control from it.</p> <p>8 Q. So Vicodin is a stronger medication</p> <p>9 then?</p> <p>10 A. It might have worked for this</p> <p>11 patient.</p> <p>12 Q. Is Vicodin a stronger medication</p> <p>13 than Darvocet, or are they about the same?</p> <p>14 MR. RICHARDS: Objection.</p> <p>15 MS. HESS: Objection.</p> <p>16 A. From a nursing drug handbook?</p> <p>17 MS. TRESL: Excuse me.</p> <p>18 MS. HESS: Objection.</p> <p>19 Q. You can answer.</p> <p>20 MR. RICHARDS: You can answer.</p> <p>21 A. Is Vicodin stronger than Darvocet?</p> <p>22 Q. Yes.</p> <p>23 A. I would say so, yes, but I have had</p> <p>24 patients who have not had pain control. So that</p> <p>25 doesn't occur with every patient that I'm taking</p>	<p style="text-align: right;">Page 20</p> <p>1 Q. What does the surgery indicate to</p> <p>2 you as a nurse? What are you thinking is going</p> <p>3 to be done to Mr. Hatfield when you're preparing</p> <p>4 him for that procedure?</p> <p>5 A. He'll have an incision in the right</p> <p>6 antecube.</p> <p>7 Q. What is the point of making the</p> <p>8 incision in the right antecube?</p> <p>9 MR. RICHARDS: I'm going to object,</p> <p>10 but you can go ahead and answer.</p> <p>11 MS. HESS: Objection.</p> <p>12 A. To relieve pressure or remove a</p> <p>13 clot. I'm not sure.</p> <p>14 Q. But if a family member were to ask</p> <p>15 you that, would that be how you would explain</p> <p>16 it, relieve pressure, remove a clot?</p> <p>17 A. When patients go to surgery, I</p> <p>18 prefer that a surgeon trained in surgery explain</p> <p>19 to them exactly what they're going to have done.</p> <p>20 Q. Absolutely.</p> <p>21 A. And then later if they have any</p> <p>22 other additional questions and they ask me, then</p> <p>23 I would answer them; and if I didn't know, I'd</p> <p>24 look them up. Since I'm not a surgeon, I don't</p> <p>25 think it is fair for me to tell them what they</p>

<p style="text-align: right;">Page 21</p> <p>1 are going to have done. 2 Q. From a nursing point of view, that's 3 your understanding of what a fasciotomy is? 4 A. Yes. 5 Q. The question of whether or not 6 nurses can draw blood on the floor, do you know 7 if nurses do draw blood on the floor? 8 A. At Parma Hospital, not to my 9 knowledge. They're capable of and may, but 10 because we have phlebotomists, they're the ones 11 that draw the blood. If for some reason they 12 are not able to, then we would call the house 13 officer to attempt. 14 Q. So if a phlebotomist came out and 15 said, Laura, I can't get in and would you try, 16 then you would say? 17 A. I would probably say no because they 18 do this every day. They are more experienced 19 than I am, and to avoid a further blood draw for 20 a patient or another stick, I would call the 21 house officer or maybe the IV therapist. 22 Q. You anticipated where I'm going 23 next. So on 3:00 to 11:00, do you start your 24 own IVs, or is IV therapy there 24 hours a day? 25 A. IV therapy is here until 3:00 a.m.</p>	<p style="text-align: right;">Page 23</p> <p>1 patient on 6-M? 2 A. No. 3 Q. Have you ever seen another nurse 4 draw blood on a patient on 6-M? 5 A. A nurse, no. 6 Q. In terms of receiving patients back 7 from hemodialysis, my understanding is they are 8 on the ninth floor for dialysis? 9 A. Yes. 10 Q. There is some note, and you can take 11 my word for it although you're welcome to look, 12 in hemodialysis they are using 16-gauge needles, 13 but it looks like they are hooking them up to a 14 line that is already existing? 15 A. Right. 16 Q. Are you familiar at all with the use 17 of 16-gauge needles in that context? 18 A. In dialysis, no. 19 Q. Are you familiar with dialysis at 20 all? 21 A. Yes. I'm familiar with dialysis. 22 I'm not familiar with their protocol, their 23 technique, that sort of thing. 24 Q. Is it possible or has it happened 25 that you sent a patient down for dialysis, and</p>
<p style="text-align: right;">Page 22</p> <p>1 Q. From 3:00 until what time are they 2 not here? 3 A. 6:00. 4 Q. Is there a general gauge IV needle 5 that IV therapy uses on medical patients? 6 A. It depends on the patient. 7 Q. Are 16-gauge needles very common in 8 patients that you have cared for on 6-M? 9 A. No. 10 Q. 18-gauge? 11 A. Rarely. Most of the patients we 12 care for are elderly, so we tend to use a 13 smaller gauge needle. Are you talking about for 14 IV starts? 15 Q. Correct. 16 A. Yes. 17 Q. So a 16-gauge would not be something 18 that you would be used to seeing on 6-M? 19 A. Not usually, no. 20 Q. You probably don't know the answer 21 to this, but on the chance that you do, do you 22 know what size needles phlebotomy generally uses 23 to stick patients? 24 A. No, I do not. 25 Q. Have you ever drawn blood on a</p>	<p style="text-align: right;">Page 24</p> <p>1 they came back with an IV that they did not have 2 when they went down there? 3 A. No. 4 Q. Okay. 5 A. When a patient goes down for 6 dialysis, they either have a dialysis catheter 7 or a fistula. 8 Q. In Mr. Hatfield's case from 9 reviewing the records he had a fistula; is that 10 correct? 11 A. Correct. 12 Q. Is there any indication from 13 reviewing that, and it would look to me, and 14 please confirm that this is true, that the 15 fistula was leaking? 16 A. I believe I did chart that, that it 17 was bleeding. On the 5th at 1630 I charted, 18 physician notified, aware -- Dr. Chang aware of 19 patient bleeding through a pressure dressing 20 from left AV fistula. New orders received CPOF. 21 Q. From a nursing point of view, what 22 does bleeding from a left AV fistula indicate to 23 you? 24 A. The puncture site has not sealed 25 off. They typically come back to us with a</p>

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1 dressing from dialysis.  
2 Q. The puncture is from the dialysis?  
3 A. Correct.  
4 Q. When you get them back, and if it's  
5 leaking, the puncture that they made in dialysis  
6 is what you're referring to is leaking?  
7 A. Correct.  
8 Q. Does that usually stop leaking on  
9 its own with a pressure dressing?  
10 A. Yes.  
11 Q. About how long does that generally  
12 take?  
13 A. I couldn't tell you specifically  
14 minutes, but it doesn't bleed continuously.  
15 Once we put a pressure dressing on, we don't  
16 remove it, at least not during a shift, to see  
17 if the bleeding has stopped.  
18 Q. Generally, by the end of the shift  
19 if you have put a pressure dressing on it has  
20 stopped bleeding?  
21 A. Correct.  
22 Q. In terms of what was going on with  
23 Mr. Hatfield's right arm, do you have any  
24 indication from reviewing the records of what  
25 was going on from a nursing point of view?

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1 A. No, I do not.  
2 Q. Does it look to you from reviewing  
3 the records that the right arm was edematous?  
4 A. From my charting?  
5 Q. Yes.  
6 A. On the 6th at 1640 I charted,  
7 physician notified, Dr. Bertin, aware of right  
8 arm edema, very painful, ordered CT scan right  
9 arm results.  
10 Q. As a nurse caring for a patient,  
11 when you see edema in an extremity, new edema  
12 presumably since this was the first record of  
13 it, what things are you thinking of from a  
14 nursing point of view?  
15 MS. HESS: Objection.  
16 Q. You can answer.  
17 MR. RICHARDS: I'll object also, but  
18 you can answer.  
19 A. Infection, cellulitis, phlebitis.  
20 Q. Is that something that commonly  
21 happens in your care of patients, that you see  
22 edema in an extremity, new edema in an  
23 extremity?  
24 A. I don't understand the question.  
25 Q. Is it fairly common that a patient's

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1 arm becomes edematous to where you have to  
2 notify the physician because of it?  
3 A. I wouldn't say common, no.  
4 Q. It's not something that's usual in  
5 your everyday practice?  
6 A. Correct.  
7 Q. Is it significant to you when you  
8 see edema in an extremity?  
9 A. It's something to follow up on,  
10 sure, if it's -- especially if it's not -- if  
11 the extremity has not been edematous in the  
12 past.  
13 Q. When you reviewed your records, is  
14 that what you believed, that it had not been  
15 edematous in the past?  
16 A. Based on what I have charted, I  
17 don't know that I charted that previous to this  
18 note.  
19 Q. So from a nursing perspective, a new  
20 onset of edema in an extremity is something that  
21 you feel should be brought to a physician's  
22 attention; correct?  
23 A. Correct.  
24 Q. As we sit here today, do you have  
25 any understanding of Mr. Hatfield's injury, what

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1 happened and the evolution of it?  
2 A. No.  
3 Q. Do you know what happened to  
4 Mr. Hatfield after he went to surgery?  
5 A. No.  
6 Q. Did you follow up with him at all in  
7 your notes that you reviewed in terms of did you  
8 care for him down the line, the 12th, the 14th,  
9 the 16th, or did you just focus on these  
10 particular days?  
11 A. I focused on the dates that I saw  
12 charting on.  
13 Q. If I asked you today the status of  
14 Mr. Hatfield's arm, you would not know?  
15 A. No, I don't.  
16 Q. I want to review my notes just to  
17 make sure I didn't leave anything out, but  
18 before I do, is there anything that you remember  
19 that we have not talked about --  
20 A. No.  
21 Q. -- that stands out in your mind at  
22 all?  
23 A. No.  
24 Q. So later down the road if we ask you  
25 questions again, you won't have any more



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1 information than you have today; correct?  
2 A. Correct.  
3 Q. Just a couple minutes. Do you know  
4 who CAF is? She looks like she was the day  
5 nurse before you, and I actually have her name  
6 if you need me to look it up. Does that ring a  
7 bell? It's just easier for me to get it.  
8 MR. RICHARDS: Cheryl Franczak.  
9 A. She's the night shift.  
10 Q. Do you know if she has ever drawn  
11 blood on a patient before to your knowledge?  
12 A. I do not know.  
13 Q. Does she have any special training  
14 that would allow her to draw blood beyond what  
15 typically the 6-M nurses have?  
16 A. I don't believe so.  
17 MS. TRESL: I believe that's it.  
18 We'll see if Erin has any questions.  
19 MS. HESS: I don't have any  
20 questions.  
21 MR. RICHARDS: We'll read that one,  
22 too. You're all set.  
23 (Deposition concluded at 2:25 p.m.)  
24 (Signature not waived.)  
25 -----

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1 AFFIDAVIT  
2 I have read the foregoing transcript from  
3 page 1 through 29 and note the following  
4 corrections:  
5 PAGE LINE REQUESTED CHANGE  
6  
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15  
16  
17  
18 LAURA SCHNEIDER, R.N.  
19  
20 Subscribed and sworn to before me this  
21 \_\_\_\_\_ day of \_\_\_\_\_, 2003.  
22  
23  
24 Notary Public  
25 My commission expires \_\_\_\_\_.

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1 CERTIFICATE  
2  
3 State of Ohio, )  
4 ) SS:  
5 County of Cuyahoga. )  
6  
7  
8  
9 I, Cynthia A. Sullivan, a Notary Public  
within and for the State of Ohio, duly  
10 commissioned and qualified, do hereby certify  
that the within named LAURA SCHNEIDER, R.N. was  
11 by me first duly sworn to testify to the truth,  
the whole truth and nothing but the truth in the  
12 cause aforesaid; that the testimony as above set  
forth was by me reduced to stenotypy, afterwards  
13 transcribed, and that the foregoing is a true  
and correct transcription of the testimony.  
14  
15 I do further certify that this deposition  
was taken at the time and place specified and  
was completed without adjournment; that I am not  
16 a relative or attorney for either party or  
otherwise interested in the event of this  
17 action. I am not, nor is the court reporting  
firm with which I am affiliated, under a  
18 contract as defined in Civil Rule 28(D).  
19 IN WITNESS WHEREOF, I have hereunto set my  
hand and affixed my seal of office at Cleveland,  
20 Ohio, on this 15th day of December 2003.  
21  
22 *Cynthia A. Sullivan*  
23 Cynthia A. Sullivan, Notary Public  
24 Within and for the State of Ohio  
25 My commission expires October 6, 2006.

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