

1 State of Ohio, ) SS:

2 County of Cuyahoga. )

3 - - -

4 IN THE COURT OF COMMON PLEAS

5 - - -

6 MARTIN T. McCUE, )

7 Plaintiff, )

8 V. )

Case No. 326206

9 PARMA COMMUNITY GENERAL )  
10 HOSPITAL, et al., )

11 Defendants. )

11 - - -

12 THE DEPOSITION OF SUSAN STAFINSKI, R.N.

13 MONDAY, AUGUST 11, 1997

14 - - -

15 The deposition of SUSAN STAFINSKI, R.N., a  
16 witness, called for examination by the Plaintiff, under  
17 the Ohio Rules of Civil Procedure, taken before me,  
18 Cynthia A. Sullivan, Notary Public in and for the State  
19 of Ohio, pursuant to notice, at Parma-Community General  
20 Hospital, 7007 Powers Boulevard, Parma, Ohio,  
21 commencing at 10:20 a.m., the day and date above set  
22 forth.

23 - - -

24

25

1 APPEARANCES:

2

3 On behalf of the Plaintiff:

4 DAVID MALIK, ESQ.  
8228 Mayfield Road, Suite AV-B  
5 Chesterland, Ohio 44026  
(216) 729-8260  
6

7 On behalf of the Defendant Parma Community General  
Hospital:

8 JOHN W. JEFFERS, ESQ.  
9 Weston, Hurd, Fallon, Paisley & Howley  
2500 Terminal Tower  
10 50 Public Square  
Cleveland, Ohio 44113  
11 (216) 687-3214

12

13

14 ALSO PRESENT:

15 MONICA L. KEIL, R.N., J.D.  
Risk Manager  
16 Parma Community General Hospital  
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1	INDEX	PAGES
2		
3	EXAMINATION BY	
4	MR. MALIK	4
5	- - -	
6	PLAINTIFF'S EXHIBITS MARKED	
7	A	9
8	B	9
	C	9
9	D	9
	E	9
10	F	32
	G	32
11	H	32
	I	32
12	J	32
13	- - -	
14	OBJECTIONS BY	
15	MR. JEFFERS	15 (2)
		20
16		24
17	- - -	
18		
19		
20		
21		
22		
23		
24		
25		

1 SUSAN STAFINSKI, R.N.,  
2 a witness, called for examination by the Plaintiff,  
3 under the Rules, having been first duly sworn, as  
4 hereinafter certified, deposed and said as follows:

5 EXAMINATION

6 Q. Hello.

7 A. Hi, your name is David?

8 Q. David Malik, right.

9 Just for the record before we start, apparently  
10 there was some irregularity in the notice. This was  
11 originally set for one o'clock, changed to ten. By  
12 virtue of the fact that nobody else is here, I am going  
13 to reserve those parties' rights in this deposition on  
14 their behalf because I don't know if the mistake was  
15 mine or somebody else's.

16 I have some questions to ask you. If there is  
17 anything you don't understand, just let me know.

18 Have you had a deposition taken before?

19 A. No.

20 Q. Would you please state your full name for the  
21 record?

22 A. Susan J. Stafinski.

23 Q. And what is your occupation?

24 A. **An** R.N.

25 Q. And what is your home address?

- 1 A. 7064 West Law in Valley City.
- 2 Q. And your phone number?
- 3 A. 483-3955.
- 4 Q. And your social security number?
- 5 A. 276-56-9960.
- 6 Q. And what is your birthday?
- 7 A. 04-21-54.
- 8 Q. Can you tell me a little bit about your training  
9 and education?
- 10 A. In 1974 I graduated from LPN school at Lakewood.  
11 I had gone to Tri-C from 1978 to '85. I graduated from  
12 Tri-C -- that was from '78 to '85 I told you, right --  
13 and then I went to Akron University after that.
- 14 Q. And did you graduate?
- 15 A. I have two more courses and then I graduate.
- 16 Q. And what degree will you receive then?
- 17 A. Bachelor's.
- 18 Q. How long have you worked at Parma?
- 19 A. It will be seven years in January coming up.
- 20 Q. And where did you work before that?
- 21 A. I was at a nursing home with Alzheimer's  
22 patients.
- 23 Q. Which one?
- 24 A. In Bath, Ohio.
- 25 Q. Does it have a name?

- 1 A. Bath Manor.
- 2 Q. Are you familiar with pre-admission testing  
3 procedures at Parma?
- 4 A. In what way, sir?
- 5 Q. Well, in January of 1996 my client Mr. McCue  
6 signed a consent to operation and treatment form which  
7 I believe you witnessed, is that your signature?
- 8 A. Yes, it is.
- 9 Q. Can you tell me what your responsibilities were  
10 with respect to this form?
- 11 A. I hand them to surgical patients for them to read  
12 and, if they're in agreement, to sign.
- 13 Q. Would you explain anything to them?
- 14 A. That a surgery will not be done unless the form  
15 is signed, the form had to be signed.
- 16 Q. Are you permitted to explain anything more to  
17 them?
- 18 A. No, that is the doctor's responsibility to  
19 explain the procedure.
- 20 Q. Is that a policy here at Parma Community General  
21 Hospital?
- 22 A. Yes.
- 23 Q. Was that the policy in January of '96?
- 24 A. Yes.
- 25 MR. JEFFERS: It also is a law

1 in the state of Ohio.

2 BY MR. MALIK:

3 Q. Do you know who typed that form?

4 A. I don't. I don't know who typed it. One of the  
5 secretaries, but I don't know which one.

6 MR. JEFFERS: I want you to  
7 clarify that was a form and there is  
8 typing on it and you're talking about what  
9 a secretary typed.

10 BY MR. MALIK:

11 Q. Is that correct?

12 A. Correct.

13 Q. There is a date on there of January 26, 1996. Is  
14 that your handwriting?

15 A. Yes.

16 Q. Is that time of 12:05, is that your handwriting,  
17 is that when you signed the report?

18 A. That is my handwriting.

19 Q. Is that 12:05 like lunchtime?

20 A. Yes.

21 Q. The procedure would be that you give him the  
22 form, do you read it with him?

23 A. No, I hand it to him to read.

24 Q. When you gave him this form were there blanks  
25 already filled in?

- 1 A. Yes.
- 2 Q. Had Dr. Gittinger already signed it?
- 3 A. No.
- 4 Q. Do you know when Dr. Gittinger signed that form?
- 5 A. No, I don't.
- 6 Q. Now, I am going to hand you a document that -- I  
7 don't know what it's called -- I am going to ask you if  
8 you can identify that and tell me what that is.
- 9 A. I can't tell you what that is, sir.
- 10 Q. Have you ever seen that before?
- 11 A. No.
- 12 Q. In addition to the consent to operation and  
13 treatment form did you also have Mr. McCue sign a form  
14 entitled the surgical consent form?
- 15 A. Yes.
- 16 Q. Was that done at the same time?
- 17 A. Yes.
- 18 Q. And did you explain that form to him?
- 19 A. I told him that was so we could provide  
20 information about him to the insurance company, and  
21 down at the bottom a waiver releases the hospital from  
22 liability for loss of valuables like money, checkbooks,  
23 credit cards, things of that nature.
- 24 Q. I am handing you a form entitled outpatient  
25 procedure care record, is that your signature on there?

1 A. Yes.

2 MR. JEFFERS: I'll tell you  
3 what, for this much information so it  
4 doesn't get confusing, could we mark these  
5 and then refer to them by that?

6 MR. MALIK: I was going to  
7 mark them at each point, but we can mark  
8 them. Mark the consent form, the paper  
9 entitled consent to operation and  
10 treatment, A; the consent form, B; the  
11 page with no name, C; outpatient procedure  
12 care record form, D; and the admission  
13 records as E, please.

14 (Thereupon, Plaintiff's Exhibits A,  
15 B, C, D, and E to the deposition of  
16 Susan Stafinski, R.N., were marked for  
17 identification.)

18 MR. JEFFERS: And to make  
19 things easier, we can make copies of these  
20 so that everyone can take them back with  
21 them, and we can have them.

22 BY MR. MALIK:

23 Q. So we just marked this outpatient procedure care  
24 record as Exhibit D. Can you tell me what role you  
25 played with respect to that document?

1 A. This was filled out when the patient was in  
2 pre-admission together with me during the interview.

3 Q. On the 26th?

4 A. Yes, a portion of this was filled out by me.

5 Q. Which portion?

6 A. The upper here, the top line, this part here  
7 where it says explain, this part here where it says  
8 remind, and this part where it says inquire.

9 Q. And why is your signature at the bottom?

10 A. Because these are my initials SS, so I have to  
11 demonstrate that that's my signature, those are my  
12 initials.

13 Q. So as we sit here today it is your position that  
14 it is a doctor's responsibility to explain the consent  
15 form.

16 A. To explain the procedure.

17 Q. In this particular case, if you know, there is  
18 Dr. Gittinger, there is Dr. Midis, there is Dr. Pacita  
19 Garcia; which of those physicians are you saying has a  
20 responsibility to explain the consent form to the  
21 patient?

22 A. To explain the procedure, Dr. Gittinger.

23 Q. Who has to answer these?

24 A. The patient talks to the anesthesiologist, and I  
25 don't know what their conversation consists of.

- 1 Q. Is there a set procedure where the patient talks  
2 to the anesthesiologist?
- 3 A. Either before I see the patient or after I see  
4 the patient, and after the doctor sees -- the medical  
5 doctor sees the patient.
- 6 Q. Is that during the pre-admission tests?
- 7 A. Yes.
- 8 Q. So you see the patient on that day, the  
9 anesthesiologist is supposed to see the patient on that  
10 day?
- 11 A. Yes.
- 12 Q. Is Dr. Gittinger supposed to see the patient on  
13 that day?
- 14 A. No.
- 15 Q. But when a patient is here for pre-admission  
16 tests at Parma is it a fair statement to say whoever is  
17 going to participate in his care with respect to the  
18 physicians should see him?
- 19 A. In this case, Dr. Midis.
- 20 Q. The day of pre-admission tests, right?
- 21 A. No. Dr. Midis to my knowledge did not see that  
22 patient the day of PAT.
- 23 Q. That is my question, do you know who saw that  
24 patient?
- 25 A. I assume --

1 MR. JEFFERS: No, you don't  
2 assume, the question is do you know.

3 BY MR. MALIK:

4 Q. Do you know or don't you?

5 A. I don't know.

6 Q. Is it standard procedure here for Dr. Midis to  
7 see the patient on the day that he is here for  
8 pre-admission tests?

9 A. It is not standard procedure.

10 Q. Whose responsibility is it, if you know, for him  
11 to get him to see the patient?

12 MR. JEFFERS: Dr. Midis.

13 BY MR. MALIK:

14 Q. His own responsibility?

15 A. Dr. Midis.

16 MR. JEFFERS: Do you know  
17 that question?

18 Q. Whose responsibility?

19 A. Would you --

20 Q. Sure. **Is** it his responsibility to see the  
21 patient during the day he's here for pre-admission  
22 testing?

23 A. No.

24 Q. Is that a standard procedure for when he does see  
25 the patient?

1 A. I don't know.

2 Q. Did you talk to Dr. Midis about that case at all?

3 A. No.

4 Q. Did you talk to anybody other than your attorney  
5 about that case?

6 A. Dr. Lopez-Velez.

7 Q. And what was the gist of that conversation?

8 A. She asked me within the last six months -- she  
9 asked me a question about the history on the physical.

10 MR. JEFFERS: That is

11 Exhibit D.

12 MR. MALIK: No, that is a

13 different document, that is --

14 MR. JEFFERS: I am sorry, it  
15 is not D.

16 MR. MALIK: That is another

17 D. We'll use this.

18 BY MR. MALIK:

19 Q. What was your role in that document?

20 A. I interviewed the patient for PAT and asked him  
21 why he was here, chief complaints, asked him who his  
22 medical doctor. Asked him his marital status, his  
23 occupation, asked him -- we also have a patient bring  
24 his medications in so we can go over those with the  
25 patient and then I mark down what they take -- and then

1 I ask him if he has any allergies, and then I proceed  
2 on to ask him if he had any heart disease, lung  
3 disease, and that was it.

4 **a.** And that is on the form entitled outpatient  
5 history and physical?

6 A. Yes.

7 Q. Did he talk to you about anesthesia or volunteer  
8 any information about anesthesia to you?

9 A. No.

L0 Q. Let me see that for a second. On that form where  
11 it lists anesthesia it is circled general, can you tell  
12 me what that means?

13 A. That is the information I recopied from the  
14 booking slip which was Exhibit E, I think we made it  
15 Exhibit E. Do you have it as an E?

16 Q. And so you copied the information from the  
17 booking slip onto this?

18 A. Correct.

19 Q. Was there any discussion about what a general  
20 anesthetic is with the patient?

21 A. **No.**

22 MR. JEFFERS: By whom?

23 A. Right,

24 Q. Was there any discussion with the patient about  
25 anesthesia at all?

- 1 A. No.
- 2 Q. Do you know what a general anesthetic is?
- 3 A. Yes.
- 4 Q. What is a general anesthetic?
- 5 MR. JEFFERS: Objection, go
- 6 ahead. I'm objecting because she is not
- 7 an anesthesiologist.
- 8 A. It puts the patient to sleep during surgery.
- 9 Q. Is a general different from a spinal?
- 10 A. Yes.
- 11 Q. What is a spinal?
- 12 MR. JEFFERS: Can I have a
- 13 continuing objection. Then I won't
- 14 interrupt you, Dave, because you're
- 15 outside the realm of her general
- 16 knowledge.
- 17 A. A spinal anesthetizes a part of the body,
- 18 possibly from the waist down, and that is the
- 19 difference to my knowledge between a general and a
- 20 spinal.
- 21 Q. And if it was on the booking form that Mr. McCue
- 22 was to receive a spinal you would have circled that
- 23 also, correct?
- 24 A. If that was on the booking slip I would have
- 25 circled it.

- 1 Q. Do you know who prepared the booking slip?
- 2 A. No, I don't.
- 3 Q. If you assume for a moment that the patient had a  
4 question about different kinds of anesthesia --
- 5 A. Yes.
- 6 Q. -- and he asked you about them, what would be  
7 your response?
- 8 A. To talk to the anesthesiologist.
- 9 Q. Do you have a supervisor?
- 10 A. Yes.
- 11 Q. Who was your supervisor on January 26th?
- 12 A. Joanne Joyce.
- 13 Q. And you're an employee of Parma Community General  
14 Hospital?
- 15 A. Yes.
- 16 Q. And you were an employee of Parma Community  
17 General Hospital on January 26th?
- 18 A. Yes.
- 19 Q. Other than the booking form and the forms **we** are  
20 talking about today, do you have any notes that you  
21 recorded and prepared?
- 22 A. No.
- 23 Q. Is everything that you did or should everything  
24 that you did be in the chart?
- 25 A. Yes.

1 Q. Do you remember Mr. McCue?

2 A. No.

3 Q. So you don't have any independent recollection of  
4 that day?

5 A. No, I don't.

6 Q. Where did you receive your training and your  
7 instructions with respect to what you do with regards  
8 to those forms?

9 A. I received my training on the floor in the  
10 pre-admission testing department from the other staff.

11 Q. Is there a policy and procedure manual for the  
12 pre-admission testing department?

13 A. Yes.

14 Q. Does it spell out what your responsibilities are?

15 A. Yes.

16 MR. JEFFERS: Just to qualify  
17 that, it is not a cookbook as you know,  
18 because I turned it over to you. It isn't  
19 something like that.

20 MR. MALIK: Is everything  
21 with respect to those forms in the  
22 material you turned over?

23 MR. JEFFERS: If it is  
24 relevant to her, yes.

25 ///

1 BY MR. MALIK:

2 Q. Is there a written job description for your  
3 position?

4 MR. JEFFERS: For her  
5 position?

6 MR. MALIK: Right.

7 A. Yes.

8 Q. And officially, what is your position?

9 A. R.N.

10 Q. And where is that written job description?

11 A. In the policy book.

12 Q. Is it your responsibility to explain to the  
13 patient during the pre-admission testing time anything  
14 about pain control?

15 MR. JEFFERS: About what?

16 MR. MALIK: Pain control.

17 A. No.

18 Q. Is your position more administrative than it is  
19 medical, so to speak?

20 A. No.

21 Q. I'm curious, if a patient had a question about  
22 any of those forms are you able to explain to them what  
23 the forms mean?

24 A. I refer them to the proper sources depending on  
25 the question.

1 Q. So let me just nail down who the proper sources  
2 are. Would Dr. Gittinger be a proper source?

3 A. Depending on what the question was, yes.

4 Q. And Dr. Midis, is that who you said was the  
5 anesthesiologist?

6 A. He did not see the patient that day.

7 Q. But he could be a resource to explain what the  
8 forms mean?

9 A. Dr. Garcia is the resource person I would ask at  
10 that time and date.

11 Q. Would Dr. Garcia have been available on that day?

12 A. Yes.

13 Q. And if the patient had a question would it have  
14 been your responsibility to talk to the doctor, or  
15 would you have had the patient talk to the doctor?

16 A. I would have had the patient talk to the doctor.

17 Q. Have you in your experience here at Parma signed  
18 -- and I refer to Exhibit A -- a consent form where it  
19 indicates, actually it says, "I consent to the  
20 administration of anesthesia and to the use of such  
21 anesthetics as may be deemed advisable with exception  
22 of," and it is typed in, none.

23 MR. JEFFERS: Have you seen  
24 that before? Go ahead and answer, he's  
25 talking generally.

1 A. Yes, I have seen other consent forms, yes, here  
2 at Parma and similar to this.

3 MR. JEFFERS: You have seen  
4 what?

5 THE WITNESS: The same consent  
6 form.

7 MR. JEFFERS: He's asking you  
8 whether or not you have seen this without  
9 the word none.

10 A. I have not seen it without the word none.

11 Q. My question is, have you seen it with the word  
12 none before?

13 A. I don't remember.

14 Q. So it would be your testimony today that you  
15 don't remember whether or not you have seen a consent  
16 form prior to January 26th with the word none in there.

17 MR. JEFFERS: Objection.

18 A. I think all of them that I have seen in PAT had  
19 the word none. The form we have now does, too.

20 Q. But the ones you have seen do have the word none?

21 A. Yes.

22 Q. And forgive me if I asked you this because I  
23 don't really remember, do you know who types in those  
24 things, fills in the blanks?

25 A. The secretary.

- 1 Q. Do you know who that would be?
- 2 A. No.
- 3 Q. Where would she be located?
- 4 A. In pre-admission tests.
- 5 Q. Is there more than one secretary?
- 6 A. I imagine there is, yes.
- 7 Q. Are there a lot?
- 8 A. There *is* three of them that would probably have  
9 done that.
- 10 Q. What are their names?
- 11 A. Pat, and there is Debbie and Tracy.
- 12 Q. You don't know any of the last names?
- 13 A. I can't --
- 14 Q. That is okay. But they work in pre-admission  
15 tests?
- 16 A. Yes.
- 17 Q. And they work at Parma Hospital, and they worked  
18 there on January 26th of 1996?
- 19 A. They were at least employees at that time, yes.
- 20 Q. I am handing you Exhibit C. Again, you looked at  
21 that a short time ago and told me you didn't know what  
22 it was. After you look again?
- 23 MR. JEFFERS: You have to say  
24 something.
- 25 A. No.

1 Q. You still don't?

2 A. No.

3 Q. Have you seen that form used by the hospital  
4 before?

5 A. No.

6 Q. Is that a standard pre-admission test form?

7 A. No, it isn't anything that I utilize.

8 Q. Can you tell me what documents you do utilize  
9 when you're doing your part of the pre-admission  
10 testing?

11 A. The portions I showed you in there.

12 Q. The consent forms?

13 A. Yes.

14 Q. The exhibits we marked today?

15 A. Correct.

16 Q. With the exception of the one you don't know.

17 A. Correct.

18 Q. And that is Exhibit C.

19 MR. JEFFERS: Well, she  
20 doesn't write on Exhibit E either, she  
21 just gets it.

22 A. I utilize it but don't write on it.

23 Q. Is there anything else in the file that you are  
24 looking at when the patient is there?

25 MR. JEFFERS: You mean the



1 says anxiety.

2 A. Yes.

3 Q. That was there on the 26th?

4 A. Yes.

5 MR. MALIK: We're going to  
6 mark this as an exhibit. I don't know  
7 that I have a copy of this. Maybe just  
8 because it's a different color.

9 MR. JEFFERS: You have a copy.

10 MS. KEIL: You have a copy.

11 MR. JEFFERS: We'll just  
12 tentatively call it F, Exhibit F.

13 MR. MALIK: Consisting of  
14 two pages, back and front.

15 BY MR. MALIK:

16 Q. The documentation you would have would be  
17 whatever **is** in this file with the exception of what  
18 went on during the operation and thereafter.

19 MR. JEFFERS: . Objection.

20 MR. MALIK: I am talking  
21 about the 26th.

22 MR. JEFFERS: You have got all  
23 kinds of things going.

24 MR. MALIK: I am trying to  
25 get to the bottom of what was in here,

1                    what you saw.

2                    MR. JEFFERS:                    He's not just  
3                    talking about what you signed.

4    A.            This is in here, this top sheet. We have a  
5    doctor's order sheet.

6    Q.            Okay, can you show me where that is exactly?

7    A.            This one.

8                    MR. MALIK:                    All right, hold  
9                    on. It's dated 01-25-96. Make the face  
10                   sheet just for this deposition Exhibit G;  
11                   and this doctor's orders sheet dated  
12                   01-25-96, Exhibit H.

13                   MR. JEFFERS:                   Exhibit H?

14                   MR. MALIK:                   Exhibit H.

15 BY MR. MALIK:

16    Q.            Can you tell me what this order sheet says and  
17    which doctor it is from?

18    A.            This order sheet is in accordance to the orders  
19    that **we** have in our protocol book for the surgery in  
20    pre-admission testing, and one of my staff members, one  
21    of my coworkers rewrote the orders from the protocol  
22    book onto this sheet, this doctor's order sheet.

23    Q.            Could you read that for me?

24    A.            It says, please use anesthesia protocol, and that  
25    is another list of orders that we follow.

1 Q. Are those nursing orders?

2 A. Those are lab tests that need to be done prior to  
3 the surgery that they require.

4 MR. JEFFERS: Just to correct  
5 what you said, those orders are  
6 physician's orders.

7 BY MR. MALIK:

8 Q. Is the anesthesia protocol a separate protocol  
9 from the nurse's?

10 A. The anesthesia protocol is a separate protocol  
11 from surgeon's, from the surgeon's protocol of orders.

12 Q. And where is that contained, where is that held?

13 A. We have that in pre-admission tests, we utilize  
14 the anesthesia protocol regarding lab work, and we  
15 utilize whatever the surgeons require.

16 Q. Is there any specific protocol for Dr.  
17 Gittinger's patients?

18 A. He had specific orders for patients that are  
19 having different types of surgery.

20 Q. And those are kept on the nurse's floor?

21 A. Yes, with us, yes.

22 Q. Would you please continue.

23 A. Physical therapy for ambulation, partial  
24 weight-bearing 50% per PAT protocol, Dr. Gittinger,  
25 Joanne Sable, R.N.

1 Q. What else does it say in there?

2 A. It says refused -- did you want -- it says  
3 refused PT today. He refused to go to physical  
4 therapy.

5 Q. What is the next line saying?

6 A. No further tests required per anesthesia  
7 protocol.

8 First of all, Dr. Gittinger's protocol said for  
9 us to go ahead and refer to anesthesia protocol.

10 Q. But he did order physical therapy for the  
11 patient.

12 A. It did refer to anesthesia protocol, and it said  
13 no further tests required because that protocol goes  
14 according to age, sex, if it's male or female, and also  
15 it depends on what type of anesthetic they have.

16 Q. Does the protocol deal with issues of anesthesia?

17 A. Some lab work is required according to age, some  
18 lab is required in addition with a general anesthesia.  
19 There might be an additional chest X-ray ordered when a  
20 patient receives general anesthesia; however, he was  
21 only 38 years old and therefore, it wasn't required  
22 unless it was ordered extra by his doctor. And  
23 Dr. Garcia did interview the patient and examined the  
24 patient and requested to do a chest X-ray.

25 Q. On what day?

- 1 A. The same day he came in for the PAT.
- 2 Q. So he did see Dr. Garcia that day?
- 3 A. Yes, because she did give an order to get a chest  
4 X-ray and a hematocrit and hemoglobin.
- 5 Q. Are there any other notes there pertaining to Dr.  
6 Garcia?
- 7 A. No.
- 8 Q. Some of it's in blue, some of it's in red, do you  
9 know why?
- 10 A. When we take the orders off and get the orders,  
11 we write them in red.
- 12 Q. What else would have been in the file that day?
- 13 A. Are you talking what pertains to me or after?
- 14 Q. That pertains to you.
- 15 A. That pertains to me -- that is it.
- 16 Q. What else would have been there that pertains to  
17 anybody else?
- 18 A. After Dr. Garcia interviews the patient she  
19 writes orders, and this is her order sheet.
- 20 Q. So now we're on Exhibit I, what does Dr. Garcia's  
21 order sheet say?
- 22 A. It's got 1000 ml. of dextrose 5% lactated ringer.
- 23 Q. So, I can read the printed part. What about the  
24 part that's not printed?
- 25 A. It says to give Valium, 5 milligrams, oral,

1 pre-op if needed for anxiety on nervousness. It also  
2 says Axid, 150 milligrams, oral, pre-op, and it says  
3 Dr. Garcia.

4 Q. Is this Dr. Garcia's handwriting?

5 A. Yes, it is.

6 Q. Is there anything on there about general  
7 anesthesia or anesthesia of any kind on this exhibit?

8 A. No.

9 Q. Would there be anything else in the file?

10 A. This, we have already marked that (indicating),  
11 this was.

12 Q. The outpatient history and physical, pink sheet  
13 that you filled out, correct, with Dr. Lopez-Velez?

14 A. I filled out from here, and she filled out the  
15 remainder.

16 Q. You filled out the part from the top that says  
17 physical examination?

18 A. Yes.

19 Q. Are you aware of a policy or protocol or  
20 procedure on informed consent here at Parma Community  
21 General Hospital?

22 MR. JEFFERS: Say that again.

23 BY MR. MALIK:

24 Q. Is there a written policy of informed consent  
25 here at Parma Community General Hospital?

- 1 A. Yes.
- 2 Q. And where was that kept?
- 3 A. In the policy book.
- 4 Q. Have you read that?
- 5 A. I have not read it, no.
- 6 Q. And you had not read it on the 26th?
- 7 A. No.
- 8 Q. Is it your responsibility to have read it?
- 9 A. Yes.
- 10 Q. I think we're almost done. Other than the
- 11 documents you presented to me today would there have
- 12 been any other documents in the patient's file at the
- 13 time of the pre-admission testing.
- 14 MR. JEFFERS: She has given
- 15 you this chart completely.
- 16 A. I think what I showed you is basically all of
- 17 them.
- 18 Q. Can you take a minute and look through the chart?
- 19 A. Sure. Now that I recall, I recall a blue sheet
- 20 filled out by Dr. Garcia, if I can find it. There is
- 21 another sheet filled out by her, but I don't see it.
- 22 Q. Do you recall what is on that sheet?
- 23 A. No. As a rule she filled out a blue sheet in
- 24 addition to that other sheet with orders, but I don't
- 25 see it.

1 MR. JEFFERS: You're speaking  
2 generally that she filled them out because  
3 you don't remember that case.

4 BY MR. MALIK:

5 Q. Do you recall seeing the blue sheet on the 26th?

6 A. I don't recall -- here, here it is, and that is  
7 entitled anesthesia evaluation.

8 MR. JEFFERS: Okay.

9 MR. MALIK: We have that.

10 MR. JEFFERS: The Xerox copies  
11 are obviously white.

12 Q. SO with the addition of this blue sheet that you  
13 identified, these are the documents that were in the  
14 file at pre-admission testing?

15 A. Yes, that was in there.

16 Q. And as we sit here today to the best of your  
17 recollection there weren't any other documents?

18 A. No, not that I can recall.

19 MR. MALIK: . I want to thank  
20 you. I don't have anything else.

21 MR. JEFFERS: That's it. Can  
22 we have 30 days instead of 7 days just in  
23 the interests of getting it to the  
24 hospital and back?

25 MR. MALIK: Just for the

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record, the blue sheet is Parma Community  
General Hospital Anesthesia Evaluation.  
Even though we have it, we'll mark that as  
an exhibit. I think it's up to J.

Thank you very much. Nice meeting  
you.

(Thereupon, Plaintiff's Exhibits F,  
G, H, I and J to the deposition of  
Susan Stafinski, R.N., was marked for  
identification.)

- - -

(DEPOSITION CONCLUDED.)

- - -

---

**SUSAN STAFINSKI, R.N.**      **DATE**

## 1 CERTIFICATE

2 State of Ohio, ) SS:  
County of Cuyahoga. )  
3 I, Cynthia A. Sullivan, Notary Public within and  
4 for the State of Ohio, duly commissioned and qualified,  
5 do hereby certify that the within-named witness,  
6 SUSAN STAFINSKI, R.N., was by me first duly sworn to  
7 tell the truth, the whole truth and nothing but the  
8 truth in the cause aforesaid; that the testimony then  
9 given by her was reduced to stenotype in the presence  
10 of said witness, and afterwards transcribed by me  
11 through the process of computer-aided transcription,  
12 and that the foregoing is a true and correct transcript  
13 of the testimony so given **by** her as aforesaid.

14 I do further certify that this deposition was  
15 taken at the time and place in the foregoing caption  
16 specified.

17 I do further certify that I am not a relative,  
18 employee or attorney of either party, or otherwise  
19 interested in the event of this action.

20 IN WITNESS WHEREOF, I have hereunto set my hand  
21 and affixed my seal of office at Cleveland, Ohio, on  
22 this 21st day of August 1997.

23 Cynthia A. Sullivan  
Cynthia A. Sullivan, Notary Public  
24 in and for the State of Ohio.  
My Commission expires October 6, 2001.  
25



PARMA COMMUNITY GENERAL HOSPITAL  
CONSENT TO OPERATION AND TREATMENT

30  
MCCUE, MARTIN  
V00100408616 Gittinger, Richard MD  
M00,0220464 SDC 02/01/96 PATO  
04/07/57 38

(Insert patient's name/address or stamp above)

1. I hereby authorize Doctor Gittinger and whomever he may designate as assistants, or such other physicians as he may designate, to perform upon the above-named patient the following operation and treatment:

Arthroscopic Anterior Cruciate Ligament Reconstruction Right Knee

and if, in the course of the authorized procedures, unforeseen conditions arise, I authorize such other procedures as are advisable in the exercise of professional judgment.

2. The nature, purposes, and probable consequences of the proposed operation and treatment and of the alternatives to same (including the option of no treatment) have been fully explained and I understand them. I acknowledge that no guaranty or assurance has been made as to the results that may be obtained.
3. I consent to the administration of anesthesia and to the use of such anesthetics as may be deemed advisable with the exception of none.
4. I consent to the disposal by proper authorities of Parma Community General Hospital of any tissues or parts which may be removed as a consequence of the above operation and treatment.

Date

1/26/96

Time

1205

A.M.  
P.M.

Signed

X Martin T. McCue

(Patient or person authorized to consent for patient)

(Relationship)

Witness

[Signature]

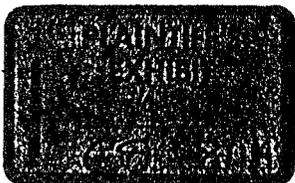
I have personally explained to the above-named patient or patient's representative the nature of the procedure to be performed, the reasonably known risks, and alternate methods of treatment.

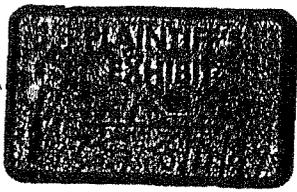
DATE:

TIME:

PRACTITIONER:

[Signature]





50

B

\*

PARMA COMMUNITY GENERAL HOSPITAL  
7007 Powers Blvd., Parma, Ohio 44129

MCCUE, MARTIN  
V00100408616 Gittinger, Richard MD  
M000220464 SDC 02/01/96 PATO  
04/07/57 38 M

**CONSENT FORM**

**AUTHORIZATION TO RELEASE INFORMATION:** I hereby authorize Parma Community General Hospital and any physician providing medical services to release medical information concerning the care I/or a member of my family receive to the appropriate insurance carrier/or their designated review agent. This medical information will be specific to this particular hospitalization for physical and/or emotional illness, including drug or alcohol treatment. Such information shall be only for the appropriate use by the insurance carrier or designated review agent. Any further disclosure is prohibited by law.

**ASSIGNMENT OF INSURANCE BENEFITS:** In consideration of services received or to be received for this admission, I assign to Parma Community General Hospital and any physician providing medical services all benefits available for the provision of their respective services. I further warrant that such benefits are or will be justly owing to me, that no part of same has been assigned or encumbered by me, and that said hospital and any physician providing medical services shall be entitled to the full amount of such available benefits. This assignment shall be irrevocable.

Guarantee of account I hereby guarantee payment of any and all charges not covered by this assignment and waive any and all notices and demands in the event of non-payment thereunder.

**STATEMENT TO PERMIT PAYMENT OF HOSPITAL AND MEDICAL INSURANCE BENEFITS TO PARMA COMMUNITY GENERAL HOSPITAL:** I certify that the information given by me in applying for payment under Title XVIII of the Social Security Act is correct. I authorize any holder of medical or other information about me to release to the Social Security Administration or its intermediaries or carriers any information needed for this or a related Medicare claim. I request that payment of authorized benefits be made in my behalf.

I assign payment for the unpaid charges of the physician(s) for whom the hospital is authorized to bill in connection with its services. I understand I am responsible for any health insurance deductibles and 20 percent of the remaining reasonable charges.

For outpatient services, I request that this authorization apply to the period \_\_\_\_\_ to \_\_\_\_\_.

**HOSPITAL PRICE DISCLOSURE:**  
I understand that pursuant to Section 3727.12 of the Ohio Revised Code I am entitled upon request, to a list of the usual and customary charges for room and board, and the usual and customary charges for a selected number of x-ray, lab, Emergency Room, operating room, delivery room, physical therapy, occupational therapy and respirator therapy services.

**PERSONAL PROPERTY WAIVER** Although every reasonable effort will be made to exercise due care, Parma Community General Hospital cannot assume the responsibility for the loss or accidental breakage of personal property kept by patients in their rooms or brought in by visitors. In addition to money, credit cards, jewelry, personal property includes, but is not limited to clothing, watches, radios, television sets, electric razors, and other items possessed by the patient.

Therefore, I hereby waive any liability on the part of Parma Community General Hospital, its trustees, officers, agents, employees or volunteers, for any loss of personal property suffered by me, whether by theft, destruction, negligence, or any other cause. I further save Parma Community General Hospital harmless from any liability for theft or destruction of my personal property by any third-party. Upon request, arrangements can be made for the safekeeping of money, credit cards, jewelry, watches, and otha valuables, in the Hospital's safe. However, it is recommended that such items be left at home or placed in the custody of your family or a trusted friend.

This waiver and agreement has been fully explained to me and I certify that any personal property kept by me is done so at my own risk and contrary to the advise of the Hospital

**TO MEDICARE PATIENTS:**

**ACKNOWLEDGMENT OF RECEIPT:** My signature only acknowledges my receipt of this "important message from Medicare" and does not waive any of my rights to request a review or make me liable for any payment.

Date 1/26/96 Signed X Martin P. McCue  
(Signature of Patient or His Representative)  
Date 1/26/96 Signed Witness as E. Rajanick

CONSENT FORM

1-15-96

PHYSICIAN

Dr. Lettinger

PATIENT

Martin McCue

TYPE OF SURGERY

*Arthroscopy*

ACL Reconstruction (PKC)

SPECIAL PROSTHESIS

Sandusky - Straker vides

HOSPITAL/DATE

Parma 2-1-96

A.M. ADMIT

OPD Detroit Parokey

ANESTHESIA

General

P.A.T.

Standing

X-RAYS

OFFICE \_\_\_\_\_ HOSPITAL \_\_\_\_\_

FERRITIN LEVEL

N.A.

AUTOLOGOUS BLOOD

N.A.

MEDICAL PHYSICIAN

N.A.

INSURANCE PRE-CERTIFICATION

As per cast necessary from W.C. (D) A

COPY FOR PHYSICIAN

(B)

*Parma pt.*

OUTPATIENT PROCEDURE CARE RECORD

Procedure: Rt Knee Arthroscopic Acl

Arrival Time: 0630  
Surgery Time: 0145  
Date/Time Called: 163013196

Pre Operative Instructions  
Telephone Numbers: H 886-5083 W Pre-Instruction  
Nurse: Shuan  
Spoke To: Patient  Other

Explain  
Leave Jewelry/Valuables at Home SW  
No Makeup, Nail Polish SW  
Wear Comfortable, Loose Clothes SW  
Responsible Adult to Drive Patient Home SW  
Responsible Adult with Patient Day and Evening of Surgery SW  
No Contact Lenses W

Remind  
NPO After Midnight for: 2/1/96 discussed  
Gen MAC Spinal Bier Block IV Local Local (Circle One)  
Light Diet for Local Anesthesia  
Inquire  
Problems with Previous Anesthesia None  
Recent (2 Weeks) Illness None  
Other  
Verbalized Understanding W

ADMISSION DATA

Date 2/1/96 Arrival Time 0645  
Accompanied By wife  
Driver W  
Call For Ride

CHART REVIEW

Permit W  
Laboratory Data  
CBC W Prog \_\_\_\_\_  
P/PTT \_\_\_\_\_ Chest W  
Chem \_\_\_\_\_ EKG \_\_\_\_\_  
U/A \_\_\_\_\_ Other \_\_\_\_\_

History and Physical W  
PAT BP 132/86  
Allergies NRA

PRE OP CHECKLIST

NPO Time 1900 1/31 ID Band MS  
Dentures/Partials (In/OUT) \_\_\_\_\_ Allergy Band W  
Makeup/Nail Polish Off \_\_\_\_\_ Time Voided None  
Jewelry Off \_\_\_\_\_ Bowel Prep \_\_\_\_\_  
Wedding Band Off \_\_\_\_\_ Shave Prep W  
Contacts/Glasses Off W Glucometer \_\_\_\_\_  
Prosthesis/Metals/Hairpins Out \_\_\_\_\_ SaO<sub>2</sub> 98/10

PHYSICAL EXAMINATION

BP 140/82 T 97.5 P 84 R 20 Hr 5'9" Wt 173  
Mental Status: Alert  Oriented  Confused \_\_\_\_\_  
Heart Regular: Yes  No \_\_\_\_\_  
Lungs Clear: Yes  No \_\_\_\_\_

Honan Balloon  
Time On \_\_\_\_\_ Pulse \_\_\_\_\_ MMHg \_\_\_\_\_  
Time Off \_\_\_\_\_ Pulse \_\_\_\_\_

Nurses Notes

IV Start

Time

Medication

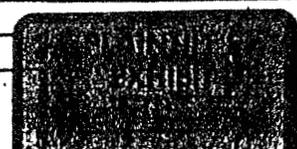
Nurses Notes	IV Start	Time	Medication
<u>0700 Report given to T. Daulton RN/MS</u>			
	Time <u>0720</u>	<u>0700</u>	<u>Quid 150mg po</u>
	Site <u>(D) hand</u>	<u>0740</u>	<u>Zincal 750mg po</u>
	Solution <u>DSIR</u>		
	Catheter <u>206</u>		
	Rate <u>100</u>	Init <u>76</u>	

Time to OR: Amb W/C Cart Signature

Initials and Signatures

Laser Documentation

Time	Entered Room Per	Tolerated Well	Yes	No	Initials and Signatures
	Procedure Completed	Tolerated Well	Yes	No	<u>MS</u> <u>MS</u>
	Returned to OPD	Report To:			
	Returned to Room Per	Tolerated Well	Yes	No	
	Returned to OPD	Report To:			
	Medications Given In Laser Room				
					Notes



PARMA COMMUNITY GENERAL HOSPITAL  
ADMISSIONS REPORT

07/31/97  
10:23

atient Name: MCCUE MARTIN

Patient Type: OUTPATIENT

Surgeon: GITTINGER, MD RICHARD

Hospital No.: V00100408616

Patient No.: M000220464

Procedure: ARTHROSCOPIC ACL RECONSTRUCTION RT KNEE

Anesthesia: GENERAL

Surgery Date: 02/01/98 Time: 07:45

Admit Date: 02/01/98

Sex: M

5692 LYNNHAVEN

PARMA HTS

OH

Birthdate: 04/07/57

Age: 38

SSN: 279-60-2574

44130

Home Phone: 216 886-5083

Work Phone: 216 741-0833

atient Comments:

re-Op Diagnosis: RT ACL TEAR

1) Pre-Cert: \_\_\_

Pre-Cert Nbr: \_\_\_\_\_

LOS: \_\_\_\_\_

2) Pre-Cert: \_\_\_

Pre-Cert Nbr: \_\_\_\_\_

LOS: \_\_\_\_\_

llergies:

P.A.T.: Y

Van Service: N

Phys. Orders: N

Room: \_\_\_\_\_

.R.C. INFORMATION: (Complete if prs-cert not obtained)

ymptoms/Results of Diagnostic Studies:

Consultation Done: Yes / No

ur Planned: Yes / No

if yes to either, Specify:

o you foresee any homegoing problems: Yes / No

Please explain:

.A.T. INFORMATION:

Appointment Date: \_\_\_\_\_

Time: \_\_\_\_\_

Tour: Yes / No

Smoke: Yes / No

Fast: Yes / No

Date Called:

.A.T. Info: DR REQUEST EXTENDED RECOVERY

pecial Test:

MCCUE, MARTIN  
 U00100408616 Gittinger, Richard MD  
 M000220464 SDC 02/01/96 PRTO  
 04/67/57 38

DIAGNOSIS: *pt Ach tear*

PROBLEMS AFFECTING LEARNING ABILITY:

PATIENT'S PERCEPTION OF ILLNESS:

*anxiety*

OTHER PARTICIPANTS IN INSTRUCTION:

- Spouse
- Significant Other (specify) \_\_\_\_\_

PATIENT LEARNING NEEDS OR DESIRES

- Disease Process
- Signs and Symptoms
- Medications
- Diagnostic Tests
- Special Care Procedures
- Preventive Health Practices
- Diet
- Activity
- Rehabilitation
- Psychosocial Adjustment
- Community Resources
- Other (specify) \_\_\_\_\_

OBJECTIVE/GOAL The patient/learner will be able to:	APPROACH (Discussion, demonstration, teaching aids)	DATE	PATIENT/FAMILY RESPONSE TO TEACHING
--	--	------	-------------------------------------

ORIENTATION TO NURSING UNIT

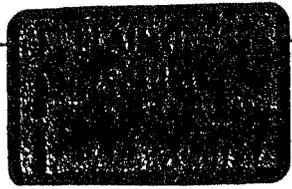
1. Return a demonstration in the use of the bell cord and bed controls.
2. Verbalize an understanding of policies and procedures, including the possibility of being transferred.
3. Restate the purpose of activity restrictions.
4. Restate the purpose of diet restrictions.
5. Verbalize unit policies regarding visiting times, condition reports, belongings.

- Demonstration
- 1:1 Discussion
- Booklet

*e/c*

*Verbalizes understanding*

INITIALS	NAME	INITIALS	NAME
		<i>[Signature]</i>	
		<i>[Signature]</i>	

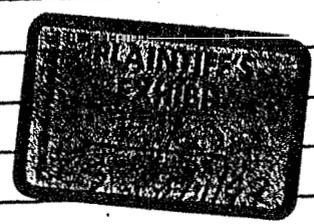




PARMA COMMUNITY GENERAL HOSPITAL  
 PATIENT TEACHING FLOW SHEET - PAGE 2

OBJECTIVE/GOAL The patient/learner will be able to:	APPROACH (Discussion demonstration, teaching aids)	DATE	PATIENT/FAMILY RESPONSE TO TEACHING
Verbalize understanding of necessary medical equipment. ___ Oxygen <input checked="" type="checkbox"/> CPM ___ Monitor      ___ Drainage Tubes ___ PCA            ___ ET ___ ___ Pulse oximeter      ___ Ventilators ___ Invasive hemodynamic lines      ___ Sequential compression stockings ___ Special bed	<i>disc; dems</i>	<i>4/7</i>	<i>Verbalizes understanding</i>
Patient or family member will verbalize understanding of need for safety measures.			
<b>HIGH RISK PROTOCOL</b>			
1. State reason to ask for assistance to get out of bed.	<input type="checkbox"/> DISCUSSION		
2. State reason for side rails up at all times.	<input type="checkbox"/> DISCUSSION		
3. State reason for posey/vest restraint.	<input type="checkbox"/> DISCUSSION		
4. State reason for bell cord being pinned to g.w.	<input type="checkbox"/> DISCUSSION		
5. Demonstrate use of bell cord to call nurse.	<input type="checkbox"/> DEMONSTRATE		
6. State reason for nurse to stay with patient when in bathroom or on commode.	<input type="checkbox"/> DISCUSSION		
7. Verbalize understanding of use of restraints due to:			
___ Restless/disoriented			
___ Unsafe to self/staff			
___ Protection to lines/tube			
___ Other, specify:			

INITIALS	NAME	INITIALS	NAME



OBJECTIVE/GOAL The patient/learner will be able to:	APPROACH (Discussion demonstration, teaching aids)	DATE	PATIENT/FAMILY RESPONSE TO TEACHIWC
--	---	------	-------------------------------------

Pre and Post-Op Patient Teaching

- |  |  |
|--|--|
| 1. State date, time, place for admission.                              | <input type="checkbox"/> Discussion  |
| 2. State importance of no smoking.                                     | <input checked="" type="checkbox"/> <i>Discussion</i>                      |
| 3. Describe routine pre-operative events.                              | <input checked="" type="checkbox"/> Outpatient surgery Pamphlet            |
| 4. Describe an enema.  | <input type="checkbox"/> Surgery - Patient Pamphlet                        |
| 5. List 5 personal items removed before O.R.                           | <input type="checkbox"/> Brady Flipchart "Before and After Your Operation" |
| 6. State visitation policies.  |  |
| 7. Summarize what to expect in recovery room.                          |  |
| 8. State key points pertaining to the surgery.                         |  |
| 9. Redemonstrate deep breathing coughing/splinting, and leg exercises. | <input type="checkbox"/> Demonstration                                     |
| 10. Verbalize feelings about impending surgery.                        |  |

6/26/86  
*Stachalys an understanding*

X-85

BEHAVIORAL OBJECTIVES

2/4/96

- |  |  |
|--|--|
| 1. Define the disease process in own words.  | <input checked="" type="checkbox"/> Discussion                         |
| 2. Identify signs & symptoms of disease process which warrant notification of physician. | <input type="checkbox"/> Demonstration                                 |
| 3. Discharge medications   | <input type="checkbox"/> Handout                                       |
| a. State reason for taking <u>Vicodin</u><br><u>Toradol</u><br><u>Bactrim DS</u>         | <input checked="" type="checkbox"/> Discharge instruction sheet        |
| b. Recognize significant side effects.   | <input checked="" type="checkbox"/> Other: <u>Scripts</u><br><u>X3</u> |
| 4. State level of activity.  |  |
| 5. Identify any dietary restrictions.<br><u>NA</u>                                       |  |
| 6. Explain how to care for wound   |  |
| 7. Verbalize date of office visit with physician.  |  |
| 8. Other: <u>Brace</u>   |  |



INITIALS	NAME
	<i>Richard Gittinger</i>
	<i>R. Gittinger</i>

XA-75

PARMA COMMUNITY GENERAL HOSPITAL  
7007 POWERS BLVD. PARMA, OH. 44129  
REGISTRATION FORM

ACCOUNT NUMBER



ACCOUNT NUMBER V00100408616  
ROOM/BED 717/2  
PATIENT CATEGORY IN  
ADMIT DATE/TIME 02/01/96 1320

UNIT NUMBER M000220464  
FINANCIAL CLASS WC  
SOC SEC NUXBXR 278-60-2574  
LOCATION/SERVICE SUR

PATIENT NAME MCCUE, MARTIN  
STREET 8692 LYNNHAVEN RD  
CITY/ZIP PARMA HTS, OH 44130  
PHONE 886-5081

PATIENT PHY  
BIRTHDATE 04/07/57  
AGE 38  
SEX M  
RACE CA  
RELIGION CASTPR  
MS DIVORCED

**CODED**

COUNTY CUYAHOGA

**PATIENT EMPLOYER**

NAME RTM MAINTENENCE UNLIMITED  
STREET 3802 YORKSHIRE  
CITY/ZIP PARMA, OH 44134  
PHONE (216) 888-2011

**PERSON TO NOTIFY**

MCCUE, ROBERT  
3714 GERMAINE AVE  
CLEVELAND, OH 44109  
(216) 749-6427 RELAT BR

**GUARANTOR**

NAME MCCUE, MARTIN  
STREET 8692 LYNNHAVEN RD.  
CITY/ZIP PARMA HTS, OH 44130  
PHONE (216) 886-508 278-60-2574

**NEXT OF KIN**

MCCUE, ROBERT  
3714 GERMAINE AVE  
CLEVELAND, OH 44109  
(216) 749-6427 RELAT BR

**SEPARATION EMPLOYER**

NAME RTM MAINTENENCE UNLIMITED  
STREET 3802 YORKSHIRE  
CITY/ZIP PARMA, OH 44134  
PHONE (216) 888-2011

ACCIDENT DATE/TIME  
ARRIVAL MODE ✓  
PHY1 Gittinger, Richard MD  
PHY2 Gittinger, Richard MD

INSURANCE	POLICY NUMBER	COVERAGE NO.	SUBSCRIBER
BUREAU WORKERS' COMP	278602574		MCCUE, MARTIN

**ACCIDENT**

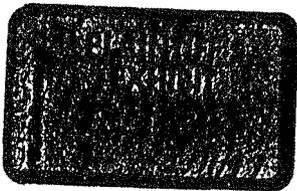
COMMENT PAT OUT PT  
VISIT REASON ARTHROSCOPIC ACL RECONSTRUCTION R. KNEE

USER ad.clrk

03



PARMA COMMUNITY GENERAL HOSPITAL  
PHYSICIAN'S ORDERS



1. Physician:

2. Name of Procedure/Orders:

P.A.T. - O.P.D.

MCCUE, MARTIN

3. Allergies

HI

V00100408616 Gittinger, Richard MD

M000220464 SDC 02/01/96 PATO

04/07/57 38 M

WI

REPUTABLE GENERIC EQUIVALENTS MAY BE DISPENSED FOR ORDERS FOR BRAND NAME DRUGS.

DATE	TIME	USE BALLPOINT PEN ONLY	Disposition	
			P	O
		DIAGNOSIS:		
1/25/96	0745	CBC <input type="checkbox"/> PT <input type="checkbox"/> PTT <input type="checkbox"/> SEROLOGY <input type="checkbox"/> URINALYSIS <input type="checkbox"/> FBS <input type="checkbox"/>		
		MARK 17 <input type="checkbox"/> ELECTROLYTES <input type="checkbox"/> SERUM PREGNANCY TEST <input type="checkbox"/>		
		TYPE & SCREEN <input type="checkbox"/>		
		TYPE AND CROSS <input type="checkbox"/> FOR . UNITS: WHOLE BLOOD <input type="checkbox"/> PACKED CELLS <input type="checkbox"/>		
		CHEST X-RAY <input type="checkbox"/> BA ENEMA <input type="checkbox"/> IVP <input type="checkbox"/>		
		SCAN (SPECIFY) <input type="checkbox"/>		
		OTHER: <i>Please use anesthesia protocol</i>		
		EKG <input type="checkbox"/> INTERPRETER:		
		PREP: (SPECIFY) <input type="checkbox"/>		
		ENEMA: (SPECIFY) <input type="checkbox"/>		
		NPO AFTER		
		OTHER: <i>PT for amb - partial intubation (50%) per PAT protocol Gittinger / Garbark K. H. - 1/25/96 Garbark</i>		
1/25/96	0745	<i>no further testing required per anesthesia protocol / Garbark K. H. - 1/25/96 11005 Garbark</i>		
1/26/96		<i>Plse do CXR, N+HV V. Garbark / Garbark K. H. - 1/26/96 Garbark 1100</i>		
		PHYSICIAN SIGNATURE:		

CHANGE IN DIAGNOSIS:

PARMA COMMUNITY GENERAL HOSPITAL  
 PHYSICIAN'S ORDERS

1. Physician: \_\_\_\_\_

2. Name of Procedure/Orders:  
**STANDING ANESTHESIA PRE-OP ORDERS**

3. Allergies: \_\_\_\_\_

HT. \_\_\_\_\_

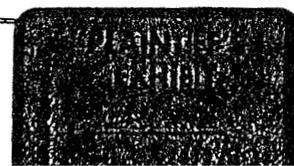
WT. \_\_\_\_\_

MCCUE, MARTIN  
 V00100408616 Gittinger, Richard MD  
 M000220464 SDC 02/01/96 PATB  
 04/07/57 38

REPUTABLE GENERIC EQUIVALENTS MAY BE DISPENSED FOR ORDERS FOR BRAND NAME DRUGS

DATE	TIME	USE BALLPOINT PEN ONLY	..Disposit P
		DIAGNOSIS:	
		IV Orders:	
1/26/96	12:50	Adults: 1. 1000 ml Dextrose 5% Lactated Ringer at 100 ml/hour <i>initial to</i> Exceptions: • Any significant renal disease, CHF (Congestive Heart Failure), or COPD (Chronic Obstructive Pulmonary Disease), use keep open rate. • All patients with a history of diabetes or a blood sugar greater than 120, use 1000 ml Lactated Ringer at 100 ml/hour. Children 12 and younger: 1. 500 ml Dextrose 5% Lactated Ringer at keep open rate. 2. Use a soluset and backcheck on all pediatric IVs. Glucometer on admission on all patients with history of diabetes or blood sugar greater than 120. Valium 5mg oral 1hr prior PRN for anxiety <i>premedication</i> Ated 150mg oral 1hr prior to surgery <i>premedication</i> J. Michael - Parica 0720 3-1-96	
		CHANCE IN DIAGNOSIS:	
		PHYSICIAN SIGNATURE:	

(P - POSTED) (O - ORDERED)

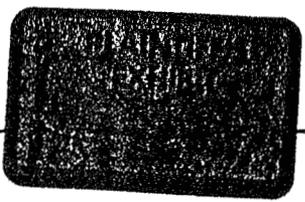


2/1/96

PARM. COMMUNITY GENERAL HOSPITAL

ANESTHESIA EVALUATION

MCCUE, MARTIN  
V00100408616 Gittinger, Richard MD  
M000220464 SDC 02/01/96 PRT0  
04/07/57 38



Type of Procedure Scheduled Arthroscopic ACL Reconstruction (R)

Height 5'9" Weight 173 lbs.  
BP 132/86 Pulse 60  
Temp: 99.5

Medical History: 1) hypertension - hospitalized 1989 & 1990  
2) (R) knee injury 9/25/95 3) MI of right knee  
4) allergic to penicillin 5) allergic to latex  
6) allergic to other med. (penicillin)

HABITS: Quit 1989  
Tobacco before (1 day)  
Alcohol \_\_\_\_\_  
Other: (i.e. Drugs) \_\_\_\_\_

Surgical History and Type of Anesthetic Complications: NONE  
1) Right Ovarian Cystectomy 1980 - Sp A  
2) Transurethral Prostatectomy (L) 1994 - local  
3) Cervical Fr (R) leg 9/95  
4) \_\_\_\_\_

Family History of Anesthetic Problems: Yes No  
Explain: H - KP (NO)  
L death to desflurane

ALLERGIES:

NKA  
1) \_\_\_\_\_ 2) \_\_\_\_\_  
3) \_\_\_\_\_ 4) \_\_\_\_\_

Teeth: Normal ✓ Dentures \_\_\_\_\_ Caps \_\_\_\_\_ Partial \_\_\_\_\_  
Loose Teeth \_\_\_\_\_ Explain \_\_\_\_\_

EKG: Normal \_\_\_\_\_ Abnormal \_\_\_\_\_

Chest X-Ray: No Active Dx/Abnormal (explain)

MEDS:  
1) Theodor ✓  
2) Lodine  
3) Uspacod nitrate  
4) Chlorin nitrate  
5) Aspirin  
6) Vicodin PRN

Lab: Hgb: 16.3 Hct: 46.6 Plt: \_\_\_\_\_ Lytes: Na+ \_\_\_\_\_ el- \_\_\_\_\_  
PTT: \_\_\_\_\_ K+ \_\_\_\_\_  
Abnormal Lab: 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_ 4) \_\_\_\_\_

ASA PHYSICAL STATUS: I II III IV V / Emergency

PLAN: (circle) 1. GA/ET 2. GA/Mask 3) Spinal 4) Epidural  
5. Bier/Axillary Block 6) MAC

1 PD after MH day before

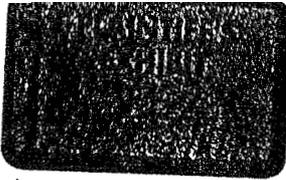
- Fully Discussed Risks, Plan and Alternatives  YES  NO  
Pt (Or Guardian) Agrees, Accepts, Understands Risks  YES  NO  
- All Questions Answered  YES  NO

DATE: 1/26/96  
TIME: 12:50

SIGNATURE: Richard Gittinger  
Staff Anesthesiologist

NA 122 10/1 COGNITIVELY INTACT  
COGNITIVELY IMPAIRED

Martin P. McCue  
Patient or Guardian



PERIOPERATIVE ANESTHESIA NOTE

Type of Anesthesia: General Mask/Endotracheal  
Spinal \_\_\_\_\_ Epidural \_\_\_\_\_ Bier/Axillary Block \_\_\_\_\_ MAC \_\_\_\_\_

Vital Signs in PARU:

Fluids: EBL 150 cc Urine Output 1200 cc  
Blood Replacement \_\_\_\_\_ cc Crystalloids 700 cc

BP \_\_\_\_\_  
R \_\_\_\_\_  
Temp. \_\_\_\_\_  
Pulse \_\_\_\_\_  
Sphygmometer \_\_\_\_\_

INTRAOOP PROBLEMS: None Explain: \_\_\_\_\_

Initial Condition in PARU: (circle)

- 1) Stable with no apparent post op Anesthesia problems:  
or 2) Explain: \_\_\_\_\_

Post-Op Anesthesia Plan/Orders: (circle)

- 1) Routine Monitoring in PARU: Yes No given 1150  
2) Other: 1155 post  
Renewal 2/2/96 Sun 11 max  
1/4 cc morphine prn

Date: 2/1/96  
Time: 12:05

[Signature]  
Staff Anesthesiologist

POST-OP ANESTHESIA NOTE:

Problems Associated with Anesthesia: None/Other (Explain): \_\_\_\_\_

Condition of Patient: \_\_\_\_\_

- Recommendations: 1) None 2) No driving today (if outpatient) \_\_\_\_\_  
3) \_\_\_\_\_  
4) \_\_\_\_\_  
5) \_\_\_\_\_

Date: \_\_\_\_\_  
Time: \_\_\_\_\_

\_\_\_\_\_  
Staff Anesthesiologist