

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.)

12 - - -

13 THE DEPOSITION OF SUSAN STAFINSKI, R.N.

14 MONDAY, AUGUST 11, 1997

15 - - -

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

24 - - -

25

1 APPEARANCES:

2

3 On behalf of the Plaintiff:

4 DAVID MALIK, ESQ.
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6

7 On behalf of the Defendant Parma Community General
Hospital:

8 JOHN W. JEFFERS, ESQ.
9 Weston, Hurd, Fallon, Paisley & Howley
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12

13

14 ALSO PRESENT:

15 MONICA L. KEIL, R.N., J.D.
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16 Parma Community General Hospital
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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.

10 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 complaints?

2 BY MR. MALIK:

3 Q. Well, how much of the chart is in there at that
4 time?

5 A. The teaching sheets, the teaching flow sheets. I
6 think we've got most of it already, but the teaching
7 flow sheets we utilize.

8 Q. What are teaching flow sheets?

9 A. We instruct the patients, we touch on what to
10 expect, where to come on the day of surgery and what to
11 expect, we teach with it.

12 Q. So you use it as an aid?

13 A. Yes.

14 Q. You go down the list of this and talk to the
15 patient about it?

16 A. Yes, some of the things, not all. That is the
17 responsibility of all nurses who interact or take care
18 of the patient during their hospital stay to fill that
19 in.

20 Q. Okay. Is this the teaching flow sheet that is in
21 this report, the one that was there for the 26th?

22 A. Yes.

23 Q. When he came in there was this one?

24 A. Yes.

25 Q. It says problems affecting learning ability, it

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

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

5 Thank you very much. Nice meeting
6 you.

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

11 _ - -

12 (DEPOSITION CONCLUDED.)

13 - - -

14

15

16

17

18 SUSAN STAFINSKI, R.N. DATE

19

20

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24

25

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.

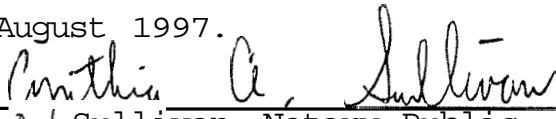
17 I do further certify that I am not a relative,
18 employee or attorney of either party, or otherwise
19 interested in the event of this action.

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

24

25



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

LAWYER'S NOTES

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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

E. Stager

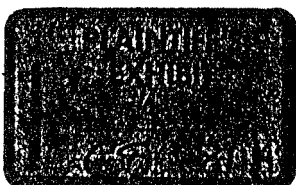
I have personally explained to the above-named patient or patient's representative the nature of the procedure to be performed, the reasonably known risks, and alternate methods of treatment.

DATE:

TIME:

PRACTITIONER:

R. Gittinger





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

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.

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.

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.

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 other 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.

CONSENT FORM

1-15-96

PHYSICIAN Dr. Lettinger
PATIENT Martin McCue
TYPE OF SURGERY ACL Reconstruction (PKAC)
SPECIAL PROSTHESES Surgical - Straker video
HOSPITAL/DATE Parma 2-1-96
A.M. ADMIT OPD Attending Physician
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 pre-cert necessary
from W.C. @ D
COPY FOR PHYSICIAN (B)

Parma
pt.

OUTPATIENT PROCEDURE CARE RECORD

MCCUE, MARTIN

V00100408616 Gittinger, Richard MD

M000220464 SDC 02/01/96 PATO

04/07/53/ 38 M

Procedure: Rt Knee Arthroscopic Acl

Pre Operative Instructions

Arrival Time: 0630Surgery Time: 0145Date/Time Called: 163013196Telephone Numbers: H 886-5083 W InstructionNurse: ShumanSpoke To: Patient ☒Other ☐

Explain

Leave Jewelry/Valuables at Home ✓No Makeup, Nail Polish ✓Wear Comfortable, Loose Clothes ✓Responsible Adult to Drive Patient Home ✓

Responsible Adult with Patient Day

and Evening of Surgery ✓No Contact Lenses ✓

Remind

NPO After Midnight for: 2/1/96 DismissedGen ☒ MAC ☐ Spinal ☐ Bier Block ☐ IV Local ☐ Local (Circle One)Light Diet for Local Anesthesia ✓

Inquire

Problems with Previous Anesthesia NoneRecent (2 Weeks) Illness NoneOther ✓Verbalized Understanding ✓

ADMISSION DATA

Date 2/1/96 Arrival Time 0645Accompanied By wifeDriver ✓Call For Ride ✓

CHART REVIEW

Permit ✓

Laboratory Data

CBC ✓P/PTT ✓Chem ✓U/A ✓Preg ✓Chest ✓EKG ✓Other ✓History and Physical ✓PAT BP 132/86Allergies NRA

PRE OP CHECKLIST

NPO Time 1900 1/31Dentures/Partials (In/OUT) ✓Makeup/Nail Polish Off ✓Jewelry Off ✓Wedding Band Off ✓Contacts/Glasses Off ✓Prosthesis/Metals/Hairpins Out ✓ID Band ADAllergy Band ✓Time Voided NoneBowel Prep ✓Shave Prep ✓Glucometer ✓SaO₂ 98%

PHYSICAL EXAMINATION

BP 140 T 97.5 P 84 R 20 Hr 5'9" Wt 173Mental Status: Alert ☒ Oriented ☒ Confused ☐Heart Regular: Yes ☒ No ☐Lungs Clear: Yes ☒ No ☐Homan Balloon ✓Time On Pulse MM Hg Time Off Pulse

Nurses Notes

IV Start

Time

Medication

0700 Report given to T. Daulton RN/MSTime 0720Site (D) RadSolution DSIRCatheter 20GRate 100 Init 16Time 0700Time 0740Time 0740Time 0740Time 0740Medication Quid 150mg poMedication Zincal 750mg poMedication Zincal 750mg poMedication Zincal 750mg poMedication Zincal 750mg poTime to OR: Amb ☐ W/C ☐ Cart ☐ Signature Initials and Signatures

Laser Documentation

Time

Entered Room Per

Tolerated Well

Yes No

Procedure Completed

Tolerated Well

Yes No

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

Patient 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

Birthdate: 04/07/57

Age: 38

SSN: 279-60-2574

5692 LYNNHAVEN

PARMA HTS

44130

OH

Home Phone: 216 886-5083

Work Phone: 216 741-0833

Patient Comments:

Pre-Op Diagnosis: RT ACL TEAR

1) Pre-Cert: _____

Pre-Cert Nbr: _____

LOS: _____

2) Pre-Cert: _____

Pre-Cert Nbr: _____

LOS: _____

Allergies:

P.A.T.: Y Van Service: N Phys. Orders: N Room: _____

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

Symptoms/Results of Diagnostic Studies: _____

Consultation Done: Yes / No

Surgery Planned: Yes / No

If yes to either, Specify: _____

Do you foresee any homegoing problems: Yes / No

Please explain: _____

P.A.T. INFORMATION:

Appointment Date: _____

Time: _____

Tour: Yes / No

Smoke: Yes / No

Fast: Yes / No

Date Called: _____

P.A.T. Info: DR REQUEST EXTENDED RECOVERY

Special Test: _____

PATIENT TEACHING FLOW SHEET

MCCUE, MARTIN
 V00100408616 Gittinger, Richard MD
 M000220464 SDC 02/01/96 PRT0
 04/67/57 38

DIAGNOSIS: *pt ACL 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 ☐ Diet
☐ Signs and Symptoms ☐ Activity
☐ Medications ☐ Rehabilitation
☐ Diagnostic Tests ☐ Psychosocial Adjustment
☐ Special Care Procedures ☐ Community Resources
☐ Preventive Health ☐ Other
 Practices (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.	<input checked="" type="checkbox"/> Demonstration	<i>2/2</i>	<i>Verbalizes understanding</i>
2. Verbalize an understanding of policies and procedures, including the possibility of being transferred.	<input checked="" type="checkbox"/> 1:1 Discussion		
3. Restate the purpose of activity restrictions.	<input type="checkbox"/> Booklet		
4. Restate the purpose of diet restrictions.			
5. Verbalize unit policies regarding visiting times, condition reports, belongings.			

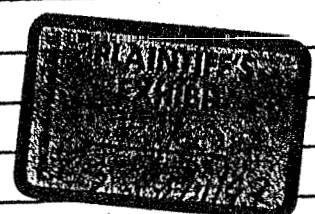
INITIALS	NAME	INITIALS	NAME
		<i>[Signature]</i>	
		<i>[Signature]</i>	

PARMA COMMUNITY GENERAL HOSPITAL
 PATIENT TEACHING FLOW SHEET - PAGE 2

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

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 Patient or family member will verbalize understanding of need for safety measures.	disc: dems	2/2	Verbalizes understanding is
HIGH RISK PROTOCOL 1. State reason to ask for assistance to get out of bed. 2. State reason for si& rails up at all times. 3. State reason for posey/vest restraint. 4. State reason for bell cord king pinned to g w. 5. Demonstrate use of bell cord to call nurse. 6. State reason for nurse to stay with patient when in bathroom or on commode. 7. Verbalize understanding of use of restraints due to: ___ Restless/disoriented ___ Unsafe to self/staff ___ Protection to lines/tube ___ Other, specify:	<input type="checkbox"/> DISCUSSION <input type="checkbox"/> DISCUSSION <input type="checkbox"/> DISCUSSION <input type="checkbox"/> DISCUSSION <input type="checkbox"/> DEMONSTRATE <input type="checkbox"/> DISCUSSION		

INITIALS	NAME	INITIALS	NAME



PARMA COMMUNITY GENERAL HOSPITAL
PATIENT TEACHING FLOW SHEET - PAGE 4

MCCUE, MARTIN
V00100408616 Gittinger, Richard MD
M000220464 SDC 02/01/96 PRTO
04/07/97 38 M

OBJECTIVE/GOAL The patient/learner will be able to:	APPROACH (Discussion demonstration, teaching aids)	DATE	PATIENT/FAMILY RESPONSE TO TEACHING
			6/26/86 Hutchings on understanding

Pre and Post-Op Patient Teaching

- State date, time, place for admission. ☐ Discussion
- State importance of no smoking. ☒ *Discussion*
- Describe routine pre-operative events. ☒ Outpatient surgery Pamphlet
- Describe an enema. ☐ Surgery - Patient Pamphlet
- List 5 personal items removed before O.R. ☐ Brady Flipchart "Before and After Your Operation"
- State visitation policies.
- Summarize what to expect in recovery room.
- State key points pertaining to the surgery.
- Redemonstrate deep breathing coughing/splinting, and leg exercises. ☐ Demonstration
- Verbalize feelings about impending surgery.

NA-85

SEE INSTRUCTIONS

2/4/96

BEHAVIORAL OBJECTIVES

- Define the disease process in own words. ☒ Discussion
- Identify signs & symptoms of disease process which warrant notification of physician. ☐ Demonstration
- Discharge medications
 - State reason for taking *Vicodin* ☐ Handout
 - Recognize significant side effects. *Toradol* ☒ Discharge instruction sheet
 - Recognize significant side effects. *Bactrim DS* ☒ Other: *Scripts*
- State level of activity. *X3*
- Identify any dietary restrictions. *NA*
- Explain how to care for wound
- Verbalize date of office visit with physician.
- Other: *Brace*



INITIALS	NAME
	<i>Richard Gittinger</i>

NA-75

R. Gittinger

6320/92337111

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

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



PARMA COMMUNITY GENERAL HOSPITAL

PHYSICIAN'S ORDERS

1. Physician:

2. Name of Procedure/Orders:

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

MCCUE, MARTIN

3. Allergies

V00100408616 Gittinger, Richard MD

M000220464 SDC 02/01/96 PATO

04/07/57 38 M

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

DATE	TIME	USE BALLPOINT PEN ONLY	Disposition P O
		DIAGNOSIS:	
1/5/96	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 drb - partial intubation (50%) per PAT protocol Gittinger / Garbark</i>	
1/5/96	0745	<i>no further testing required per anesthesia protocol / Garbark</i>	
1/20/96		<i>Pls do CXR, N+H+V V. Garbark / Garbark Label - Garbark 1/20/96 5:00 PM</i>	

PHYSICIAN SIGNATURE:

CHANGE IN DIAGNOSIS:

~~I. Physician.~~

2. Name of Procedure/Orders:

STANDING ANESTHESIA PRE-OP ORDERS

3. Allergies

HT.

WT.

MCCUE, MARTIN

Y00100408E1E

MO00220464 9

04/07/57 38

Gittinger, Richard

DC 02/01/96 PATO

FD

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

DATE	TIME	USE BALLPOINT PEN ONLY

..Disposit
P

DIAGNOSIS:

IV Orders:

Adults:

1. 1000 ml Dextrose 5% Lactated Ringer at 100 ml/hour *Shilpa TC*

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.

Glucose on admission on all patients with history of diabetes or blood sugar greater than 120.

Valium 5mg oral 1hr preop PRN for anxiety
And 150mg Val 1hr preop for anxiety
1 Ethical - Garcia

Jul 10
0720
21-96

PHYSICIAN SIGNATURE: _____
PHYSICIAN SIGNATURE: _____

CHANCE IN DIAGNOSIS

(P-POSTED) (O-ORDERED)

DP-168 7/95

440/9425711W 1/17/95

PHYSICIAN'S ORDERS

ANESTHESIA EVALUATION

MCCUE, MARTIN
V00100408616 Gittinger, Richard MD
M000220464 SDC 02/01/96 PRT0
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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 1988 & 1990
2) (R) knee injury 9/25/95 3) history of asthma
4) allergic to penicillin 5) history of diabetes
6) allergic to latex (gloves)

Surgical History and Type of Anesthetic Complications: NONE

1) Appendectomy 1980 - 32A
2) nasal polyps (L) 2nd degree - treated
3) asthma, Rx (R) 9/95
4)

HABITS: Quit 1989
Tobacco 10 yrs (1 day)
Alcohol
Other: (i.e. Drugs)

Family History of Anesthetic Problems: Yes No

Explain: H. K. P. M. D.
2 dead to anesthetic

ALLERGIES:

NKA

or:

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) Hydralazine ✓
2) Lidocaine
3) Aspirin 81mg
4) Chlorzoxazone
5) Codeine
6) Valium 10mg

Lab: Hgb: 16.3 Hct: 46.6 Plt: Lytes: Na+ Cl-
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

YES NO

- Fully Discussed Risks, Plan and Alternatives

Pt (Or Guardian) Agrees, Accepts, Understands Risks

- All Questions Answered

DATE: 1/26/96

TIME: 1230

SIGNATURE: Richard Gittinger

Staff Anesthesiologist

NA 122

10/5 COGNITIVELY INTACT

COGNITIVELY IMPAIRED

Pat or Guar an

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

INTRAOP 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

Renewal 2/20/96 5m + 4 max 100%

1/4 cc 5mg/ml p.w.

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

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