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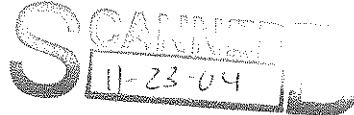
1                   IN THE COURT OF COMMON PLEAS

2                   OF CUYAHOGA COUNTY, OHIO

3                        - - - - -

4    CHARLES TENNEY, III, etc.,
     et al.,

5

           Plaintiffs,

6

           vs                    Case No. 448548

7

     URMILA PATEL, M.D., et al.,

8

           Defendants.

9

                        - - - - -

10       DEPOSITION OF JACQUELINE WHITTINGTON, RN

11            MONDAY, APRIL 22, 2002

12                      - - - - -

13       Deposition of JACQUELINE WHITTINGTON, RN, a

14   Witness herein, called by counsel on behalf of

15   the Plaintiff for examination under the statute,

16   taken before me, Vivian L. Gordon, a Registered

17   Diplomate Reporter and Notary Public in and for

18   the State of Ohio, pursuant to agreement of

19   counsel, at the offices of Southwest General

20   Health Center, Middleburg Heights, Ohio,

21   commencing at 11:30 o'clock a.m. on the day and

22   date above set forth.

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 1     APPEARANCES:

 2     On behalf of the Plaintiff
            Becker & Mishkind
 3          HOWARD D. MISHKIND, ESQ.
            Skylight Office Tower Suite 660
 4          Cleveland, Ohio   44113
            216-241-2600
 5

 6     On behalf of the Defendant Southwest General
       Health Center
 7          Bonezzi, Switzer, Murphy & Polito
            DONALD SWITZER, ESQ.
 8          1400 Leader Building
            Cleveland, Ohio   44114
 9          216-875-2767

10     On behalf of the Defendant Patel
            Weston, Hurd, Fallon, Paisley & Howley
11          BEVERLY HARRIS, ESQ.,
            2500 Terminal Tower
12          Cleveland, Ohio   44113
            216-687-3269
13                        - - - - -

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1          JACQUELINE WHITTINGTON, RN, a witness

2    herein, called for examination, as provided by

3    the Ohio Rules of Civil Procedure, being by me

4    first duly sworn, as hereinafter certified, was

5    deposed and said as follows:

6          EXAMINATION OF JACQUELINE WHITTINGTON, RN

7    BY MR. MISHKIND:

8          Q.    Tell me your name, please.

9          A.    Jacqueline Whittington.

10         Q.    Where do you live, please.

11         A.    Middleburg Heights, 15900 Ramona

12    Drive, Middleburg.

13         Q.    Zip code out there is?

14         A.    44130.

15         Q.    We had a chance to chat for a few

16    minutes before the deposition started, while

17    Mr. Switzer was out of the room, although it was

18    all unrelated to this case.  I will say that on

19    the record.

20              My name is Howard Mishkind and I

21    represent Dawn Davis and Charlie Tenney and

22    Charles Tenney, the father, in connection with

23    this case.  I'm going to ask you some questions

24    and I want to learn what you know, and I want to

25    learn perhaps what you don't know, okay?

1      A.     Yes.

2      Q.     Tell me whether you have ever had

3   your deposition taken before.

4      A.     No, never.

5      Q.     Let me give you a couple

6   precautionary instructions that hopefully will

7   help you and me get through this.

8             Answer verbally, okay?

9      A.     Yes.

10     Q.     If you don't, I'll remind you.

11     A.     Yes.

12     Q.     Wait until I'm done with my question

13  before you start answering it, for two reasons:

14  To make the flow nice and neat, and also to make

15  sure that you are understanding my question

16  before you start to answer it.  Okay?

17     A.     Yes.

18     Q.     A common reaction is to start

19  answering something when you know what the

20  answer is, because the question is going on and

21  on, like my statement is now, and you are

22  wondering when I'm going to finish.  Wait until

23  I am done before you start answering.

24     A.     Okay.

25     Q.     You are an RN?

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1        A.      Yes, an RN.

2        Q.      And are you a BSN?

3        A.      Diploma.

4        Q.      From where?

5        A.      Fairview.

6        Q.      What year?

7        A.      1974.

8        Q.      You are employed here at the

9   hospital?

10       A.      Yes, at Southwest.

11       Q.      And how many years have you been

12   employed here?

13       A.      Twenty.

14       Q.      In what department?

15       A.      OB.

16       Q.      Do you have any special certification

17   in the area of obstetrical nursing?

18       A.      Yes, I'm code pink certified.

19       Q.      When did you become code pink

20   certified?

21       A.      They didn't have the program when I

22   started here, so I would have to say it was

23   within a couple years after I started.  It is in

24   connection with Metro General.

25       Q.      How long of a program course is it to

1    become --

2         A.     Code pink is an ongoing program.  You

3    go down to Metro, at least we did, went down for

4    two days, classes, practicals and now we have to

5    be certified.  Every year we have classes.  We

6    have to be certified.

7         Q.     Do you have to take an examination?

8         A.     A written one, yes, and a practical.

9         Q.     And each year you have to become

10   recertified?

11        A.     We alternate years.  One year it's a

12   code pink certification and the opposite year

13   it's an NRP, it's a national newborn

14   resuscitation program through the Heart

15   Association.

16        Q.     So each year you are taking some

17   certification, whether it's the NRP or the code

18   pink certification?

19        A.     Yes, every year.

20        Q.     And that's been going on since the

21   '70s?

22        A.     I don't know exactly when code pink

23   started.  It was when Metro started their

24   program.

25        Q.     Is it fair to say it's at least been

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1    ten or more years?

2        A.    At least 15, I would say.

3        Q.    I take it you have been successful

4    each year with your examinations?

5        A.    Yes.

6        Q.    Do you have any other certification

7    in obstetrics or newborn management --

8        A.    No.

9        Q.    -- other than what you have told me

10   about?

11       A.    No.

12       Q.    Do you have any family members that

13   are in the medical profession?

14       A.    No.

15       Q.    Do you know Dr. Patel?

16       A.    Yes.

17       Q.    Have you ever had occasion to work

18   with her outside of labor and delivery?

19       A.    As a professional --

20       Q.    Yes.

21       A.    -- arrangement?  I'm a patient of

22   hers.

23       Q.    Well, that's professional.

24       A.    Yes.

25       Q.    How long have you been a patient of

1    hers?

2        A.    I would say maybe ten years.

3        Q.    Have you ever worked in her office?

4        A.    No, I have not.

5        Q.    When is the last time that you talked

6    with Dr. Patel about Dawn Davis?

7        A.    It would have been the day of this

8    delivery.

9        Q.    You have not had any conversation

10   formally or informally?

11       A.    No.

12       Q.    Even though the no may still apply,

13   let me finish first.

14       A.    I'm sorry.

15       Q.    That's okay, not a problem.  And it's

16   so common to do what you are doing, but try to

17   resist that urge.

18            Formally or informally you have not

19   had any conversation with her that's touched on

20   any aspect of Dawn Davis' care since September

21   13th, 2000; is that true?

22       A.    That's true.

23       Q.    I'm not going to ask you to tell me

24   what you talked about with Mr. Switzer, and he

25   wouldn't let me ask you anyway, but I do

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1    understand that there was a meeting that was

2    held where a number of nurses were present;

3    true?

4         A.    True.

5         Q.    Have you had conversations with any

6    of the nurses that were involved in the labor

7    and delivery or the postpartum period that you

8    have had privately and outside of the presence

9    of an attorney from the hospital?

10        A.    No, not about the case, no.

11        Q.    Tell me what you can about Lisa

12   Piscola, why she left the hospital.

13        A.    I really didn't know her.  She was an

14   orientation, so we just worked in the delivery

15   room.  You know, I actually hadn't even

16   remembered anything about her until we saw this

17   chart.

18        Q.    You have reviewed the chart?

19        A.    Yes, I have.

20        Q.    What aspects of the chart did you

21   review?

22        A.    What I have looked at is the parts

23   that were pertinent to me.  I looked at the

24   mom's chart, but I am not a labor nurse.

25        Q.    When is the last time you worked as a

Page 10

1    labor nurse?

2         A.    I have never been a labor nurse.

3         Q.    That answers that question.

4         A.    Never.

5         Q.    Have you ever been involved in a

6    delivery assisting an obstetrician in managing a

7    shoulder dystocia?

8         A.    No.

9         Q.    I take it you were not involved in

10   any aspect of the management of the shoulder

11   dystocia that Charlie Tenney experienced?

12        A.    No.

13        Q.    Were you in the OR before Charlie was

14   delivered?

15        A.    It was a birthing room.

16        Q.    I'm sorry.  I stand corrected.  And I

17   knew that, but sometimes you just get OR in your

18   brain.

19        A.    I don't remember, but I would have

20   been there a few minutes before he was born.

21        Q.    And on what do you base that?

22        A.    The routine that we have when a baby

23   is born, when the mother reaches a point where

24   the delivery is imminent, the labor nurse calls

25   to the nursery and one of us goes to the

1    birthing room.  We prepare our equipment and

2    then we wait for the baby to be born, so if you

3    want a time frame, I don't have an exact number.

4         Q.    There was code pink called due to the

5    shoulder dystocia.

6              Would you have been responding to the

7    birthing room as a result of the code pink or

8    for other reasons?

9         A.    I would have already been in there.

10         Q.    And at that time, obviously,

11    Dr. Patel would have been there in the room with

12    mom; true?

13         A.    Yes, at the time of delivery, yes.

14         Q.    From looking at the record, is it

15    likely that Lisa Piscola was also in the room?

16         A.    According to the record, yes.

17         Q.    According to the record, who else

18    likely would have been in the room by way of

19    medical staff when you arrived?

20         A.    When I arrived in the room, according

21    to the record, it would have been Dr. Patel,

22    Lisa Piscola and Lois Cricks.

23         Q.    What is Lois Cricks' position?

24         A.    She is a labor RN.

25         Q.    Have you had occasion to talk with

1    Lois at all about her relationship with Lisa

2    Piscola that existed back in September of 2000?

3          A.       Only when we were with Mr. Switzer,

4    he talked to each one of us what our role was in

5    the room.

6          Q.       Have you talked privately or outside

7    of the presence of Mr. Switzer concerning what

8    Lois' title or position was as it relates to

9    Lisa?

10         A.       No.

11         Q.       When is the last time you talked to

12   Lisa?

13         A.       Last week when we went with

14   Mr. Switzer.  That was, I believe, Wednesday or

15   Thursday.

16              MR. SWITZER:   Thursday.

17         Q.       So you believe that Lisa would have

18   been in the room, Lois would have been in the

19   room, Dr. Patel would have been in the room as

20   medical care providers before you arrived; true?

21         A.       I don't know.  I don't remember.  I'm

22   just reading what's on here.

23         Q.       And on here is the summary of the

24   pregnancy, labor and delivery record?

25         A.       Yes.

1        Q.      But based upon that, do you conclude

2    that what I just said is accurate?

3        A.      That when I came into the room, it

4    would have been Dr. Patel, Lisa, and Lois.

5        Q.      Now, you were coming into the room as

6    a routine to just assist in managing the

7    transition of the baby from delivery to

8    preparing the baby for the newborn period; is

9    that why you were coming in?

10       A.      Yes.

11       Q.      You weren't coming in in response to

12   any type of a crisis or a code?

13       A.      No.

14       Q.      Do you have any recollection of

15   witnessing the delivery?

16       A.      No, I don't remember this delivery at

17   all.

18       Q.      Do you have any recollection, vague

19   or otherwise, of anything that was being said or

20   done in the birthing room when you arrived?

21       A.      No.

22       Q.      Ever have any conversation with

23   Dr. Patel about what she encountered at the time

24   that the shoulder dystocia was encountered?

25       A.      No.

1     Q.     Do you have any knowledge as to why

2   Charlie Tenney suffered a permanent brachial

3   plexus injury as a result of this shoulder

4   dystocia?

5           MS. HARRIS:  Objection.

6     A.     No.

7     Q.     You come into the room under normal

8   circumstances.  What would be your custom and

9   practice in terms of what you would do

10  preparatory to the delivery?

11    A.     When you come into the room, the

12  warmer, where you place the baby after it's

13  born, is in a corner.  So we go back there, make

14  sure the heat is on, check all our equipment,

15  all our resuscitation equipment for every

16  delivery, whether there is risk factors or not.

17  We make sure the oxygen is on, the suction is

18  on, check the anesthesia bag, make sure that's

19  working, gather all of our  -- like the

20  measuring tape, the eye ointment, all the

21  paperwork, concur with the labor nurse just to

22  see what the status is, how soon it will be, if

23  there is any risk factors.

24    Q.     I have already been told that the bed

25  in this birthing room is perpendicular to the

1    door; that the stand where the computer is would

2    either be to the right or to the left of the

3    head of the bed.

4         A.    Yes.

5         Q.    With mom laying her head furthest

6    from the door, her feet closest to the door,

7    would the computer be to mom's right or to mom's

8    left?

9         A.    It would depend on what room she was

10    in.   I don't remember the room.

11        Q.    316.

12        A.    Because sometimes the bed is here and

13    sometimes the bed is on this side of the door.

14        Q.    Do you know back in September whether

15    the computer would have been to mom's left or to

16    mom's right?

17        A.    I don't know.  I would have to go up

18    and look at that room and see what the setup of

19    the beds is.  The computer is at the head of

20    bed, but depending on if the bed is on this wall

21    or this wall is what side the computer is on.

22        Q.    Did you make any entries in the

23    computer?

24        A.    No, I have no access to that

25    computer.

1      Q.      The warmer that the baby would

2   ultimately be placed in after delivery, where in

3   relationship to the head of the bed would that

4   be?

5      A.      The bed would be here, the computer

6   would be here, and then the warmer would be

7   here.

8      Q.      So the warmer would be furthest from

9   the door behind the computer?

10     A.      Closest to the door.

11     Q.      Would you mind drawing?  I have not

12  asked anybody else to do it, but I want to try

13  to get an idea of the total layout.

14          MR. SWITZER:  She may not remember

15  this particular room.

16     A.      The rooms are set up, but I couldn't

17  tell you the direction.

18     Q.      But in terms of the relationship of

19  the computer and the warmer, they all pretty

20  much follow the same pattern, do they not?

21     A.      Yes.

22     Q.      So that while it may be to the right

23  or the left of the birthing bed, you can give me

24  a general layout of where the door is and where

25  the --

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1          A.     Yes.

2          Q.     I'm going to have you draw this for

3     me, but do it silently.  We will go off the

4     record, because if you start saying here and

5     there or this, the court reporter has to take

6     everything down.  So draw it silently off the

7     record and then we will go back on the record

8     and have you identify what you have drawn, okay?

9          A.     Okay.

10                (Pause.)

11                        - - - - -

12                (Thereupon, Plaintiff's Deposition

13                Exhibit 1 was marked for

14                purposes of identification.)

15                        - - - - -

16         Q.     At least to get a framework for what

17    we are talking about, Plaintiff's Exhibit 1 with

18    your name on it for this deposition is a sketch

19    that you have made of a birthing room.  Whether

20    it is identical to what birthing room 316 looked

21    like back in September of 2000, you are unclear

22    about, but this at least shows the relationship

23    of the birthing bed, the computer, the warmer,

24    and the armoire in relationship to the entry to

25    the room; true?

1      A.      True.

2      Q.      The armoire, is that just with

3   supplies and things of that nature?

4      A.      Yes.

5      Q.      And then the window looks out over

6   the parking lot?

7      A.      It looks out over the courtyard.

8      Q.      So you would have come into the room

9   in anticipation of the delivery of Charlie

10  Tenney; true?

11     A.      True.

12     Q.      And that would have been because Lisa

13  would have let you know that the delivery was

14  imminent?

15     A.      It may not have been Lisa

16  particularly, it may have been someone else who

17  called.

18     Q.      Where would you have been stationed

19  prior to getting notified that the delivery was

20  imminent?

21     A.      In the newborn nursery.

22     Q.      And as I understand it, the newborn

23  nursery was basically across the hall from room

24  316?

25     A.      Yes.

1    Q.    Does that sound right?

2    A.    It is across from the birthing rooms.

3    Q.    So you would have come in, gotten

4  equipment prepared, and would have then waited

5  for the delivery to take place?

6    A.    Yes.

7    Q.    You would not have participated in

8  the delivery of the baby?

9    A.    No.

10    Q.    Do you have any recollection of the

11  position of any of the nurses that were in the

12  room during the management of the shoulder

13  dystocia?

14    A.    No.

15    Q.    Do you have any knowledge or

16  recollection as to how many nurses were in the

17  room at the time that the shoulder dystocia was

18  being managed?

19    A.    No.

20    Q.    Do you recall Dr. Patel calling out

21  that the head was stuck?

22    A.    No.

23    Q.    That doesn't ring a bell at all?

24    A.    Not at all.

25    Q.    Are you able to help me at all in

1    terms of the number of family members that were

2    in the room at the time that the baby's head was

3    delivered?

4         A.    No.

5         Q.    Or how many family members were in

6    the room and their position from the time the

7    baby's head was delivered until the time the

8    baby was delivered?

9         A.    No.

10        Q.    Do your notes reflect any of that

11   information?

12        A.    My particular notes?

13        Q.    Yes.

14        A.    No.

15        Q.    And do you see as you are looking at

16    the notes any reflection as to how many family

17    members were present in the delivery, in the

18    birthing room immediately prior to the shoulder

19    dystocia being encountered, as well as up

20    through the time that the baby's body was

21    delivered?

22        A.    On the delivery summary it says

23    support person present in delivery room and it

24    says Charles.

25        Q.    And whose note is that; do you know?

1      A.      No, I don't know.  But it's on the

2   summary.

3      Q.      Got it.  So if the parents of Dawn

4   Davis were also in the room during the delivery,

5   would you have any explanation for why their

6   name would not be reflected on this summary of

7   pregnancy, labor and delivery?

8      A.      I'm not the labor nurse.  I don't

9   fill this out, so no, I don't have any

10  explanation.

11     Q.      Who is Dr. McKnight?

12     A.      Dr. McKnight is a pediatrician who is

13  from University Rainbow.  He is what we call

14  them here at Southwest our hospitalist.  They

15  work in the hospital.  There is a group of four

16  of them.

17     Q.      Dr. Patel's note reflects that

18  respiratory and house physicians came into the

19  birthing room.  Do you have any recollection of

20  Dr. McKnight coming into the birthing room?

21     A.      No, I don't remember.

22     Q.      The record reflects that Dr. McKnight

23  did come in.

24     A.      Yes.

25     Q.      Correct?

1    A.    Yes, the record says that.

2    Q.    Now, tell me what was Charlie's

3    condition when you received him?

4    A.    I don't remember the delivery.  But

5    according to the notes, at one minute of age he

6    had an apgar of seven.

7    Q.    Are you referring to the newborn

8    resuscitation record?

9    A.    Yes, I am.

10    Q.    This newborn resuscitation record

11    would have been created in the birthing room;

12    true?

13    A.    Yes, it is.

14    Q.    The comment section at the very

15    bottom, would that also have reflected events

16    that occurred in the birthing room?

17    A.    Yes, in the birthing room.

18    Q.    Do you know why Charlie's breathing

19    became labored with audible grunting shortly

20    after delivery?

21    A.    No, I don't know why.

22    Q.    Did anyone explain to you why that

23    was?

24    A.    No.

25    Q.    Do you know why Charlie developed

Page 23

1    bilateral pneumothoraces?

2         A.    No, I don't know why.

3         Q.    Has anyone explained that to you?

4         A.    No.

5         Q.    Do you know why Charlie had a

6    cephalohematoma at birth?

7         A.    From my experience, that's a common

8    thing for a baby to have swelling of the head,

9    but as to what anyone explained to me about him,

10   no.

11        Q.    Any place on this newborn

12   resuscitation record for you to record

13   abnormalities as it relates to the brachial

14   plexus or any type of trauma to the shoulder or

15   to the neck that you see when you are handed the

16   baby?

17        A.    On this particular paper?

18        Q.    Yes.

19        A.    No, there is not.

20        Q.    What did you do as part of the

21   newborn resuscitation?  You were the one that

22   recorded the apgars?

23        A.    I am the recorder.  The doctor

24   assigned the number.

25        Q.    Got it.  And at one minute of life,

1     the baby's apgar was seven?

2          A.     Correct.

3          Q.     At five, it was eight, and at ten, it

4     was eight?

5          A.     Correct.

6          Q.     The apgars do not reflect anything as

7     it relates to a shoulder or a brachial plexus

8     type of injury as a factor in evaluating the

9     apgars; true?

10          A.     No.

11          Q.     What else was part of your

12     responsibility, ma'am, during this newborn

13     period over the first ten minutes in the

14     birthing room?  What else would you be doing?

15          A.     As I said before, in this case, I

16     don't remember, but as our usual routine, we

17     receive the baby in a warm blanket, take it over

18     to the warmer.  The doctor is there.  He looks

19     at the baby, we dry the baby off.  If he has

20     anything he wants us to do as far as any

21     interventions, we follow his order.

22          Q.     Dr. McKnight's deposition was taken

23     and he testified that he transferred the baby to

24     -- is it the special care nursery?

25          A.     That's what we call it.

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1       Q.      SCN?

2       A.      It's just a room off the nursery with

3   resuscitation equipment and isolettes.

4       Q.      Any recollection of him doing that?

5       A.      No.

6       Q.      Has anyone ever explained to you  --

7   Dr. McKnight, Dr. Shaw, or anyone -- why Charlie

8   had to be resuscitated, why he had to be

9   intubated shortly after birth in light of

10  relatively good apgar scores during the first

11  ten minutes of life?

12      A.      I'm not sure I understand the

13  question.

14      Q.      Do you know what transpired after the

15  first ten minutes of life to cause his

16  respiratory condition and his overall

17  hemodynamic status to deteriorate?

18      A.      As I said before, I don't remember,

19  but in reading the notes, it says when the baby

20  came to the nursery, he became dusky.

21      Q.      Is it your responsibility in

22  assessing the newborn to look for signs or

23  symptoms that would suggest an impending

24  respiratory failure or respiratory distress?

25      A.      I'm not sure I understand that.

1      Q.      When you assess the baby and do the

2   apgars, you are looking for any abnormalities;

3   true?

4      A.      When I'm working with a physician,

5   the physician gives the apgars.

6      Q.      Would the apgars have been given by

7   Dr. McKnight or Dr. Patel?

8      A.      Dr. McKnight.

9      Q.      Once Charlie was transferred to the

10  special care nursery, the room next to the

11  nursery, for further attention, were you

12  involved in any aspect of that?

13     A.      As I said before, I don't remember.

14     Q.      According to the record, were you?

15     A.      According to the record, the baby was

16  brought to the nursery and Darlene Vacca was

17  taking care of the baby.

18     Q.      According to the record, when was

19  your last involvement during the newborn period?

20     A.      Do you mean during the --

21     Q.      The immediate newborn period.

22     A.      In the birthing room, and then I took

23  the baby from the nursery to her.  She started

24  taking care of the baby and then down the road I

25  came in to help her.

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1          Q.      Tell me, looking at your notes, what

2    was the baby's condition when you came in to

3    help her?

4          A.      According to the record, the next

5    time that I had hands on contact with the baby

6    was at 1325 I hung an IV.

7          Q.      What was the baby's condition at that

8    time?

9          A.      According to the notes, he had a UAC

10    catheter, which is a uterine artery catheter.

11    He was intubated, receiving oxygen, and he had

12    two chest tubes in.

13          Q.      I take it that he was being treated

14    for the bilateral pneumothoraces?

15          A.      According to the record, yes.

16          Q.      And again, no one has explained to

17    you why this baby experienced bilateral

18    pneumothoraces?

19          A.      No.

20          Q.      Have you ever encountered bilateral

21    pneumothoraces in a newborn baby?

22          A.      Yes.

23          Q.      Have any of those situations where

24    you have encountered bilateral pneumothoraces

25    been secondary to trauma at the time of birth?

1    A.    I can't recall.  I have had several

2    babies.  I know one in particular that was a

3    preterm baby and the other one I can't recall

4    why.  It is a common occurrence, a pneumothorax.

5        Q.    And do you know whether there is any

6    association between trauma at birth and

7    pneumothoraces?

8        A.    No.

9        Q.    No, there isn't, or no, you don't

10   know?

11       A.    No, I don't know.

12       Q.    Fair enough.  Did you help with the

13   transfer team, getting the baby ready to go to

14   RB&C?

15       A.    Our role once the transfer team

16   arrives, we step back and they take over the

17   care and they assume care of the baby and we are

18   done.

19       Q.    Did you have any contact with anyone

20   over at UH at RB&C once the baby was transferred

21   to get a sense of what the baby's condition was?

22       A.    No.  For patient confidentiality,

23   they don't talk to us at all.

24       Q.    Did you have any interaction, after

25   the baby was transferred, with mom, with Dawn?

JACQUELINE WHITTINGTON, R.N.                    APRIL 22, 2002
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1          A.      I don't recall talking to her.

2          Q.      Would that be your normal practice

3    that you would see the mom after her baby has

4    been transferred?

5          A.      Yes, we usually go out and talk to

6    them.  The transfer team also takes the baby out

7    to the room.

8          Q.      There is a description of the baby

9    being in critical condition at the time of

10   transfer.  Is that consistent with what your

11   understanding is, as well?

12         A.      Any baby that has to be transferred

13   is considered to be critical.  As far as this

14   baby, the record says that, yes.

15         Q.      After the transfer team arrived and

16   you stepped aside, other than perhaps some

17   casual conversation with mom, just trying to

18   comfort mom and assist in the process of

19   maintaining calmness, if you will, did you have

20   any other involvement in any care of mom or any

21   other aspect of the baby's care?

22         A.      As I said before, I don't remember

23   talking to the mother, but no, I never took care

24   of her as a nurse/patient relationship, no.

25              MR. MISHKIND:  That's it.  Nothing

1    further.

2              MS. HARRIS:   No questions.

3                   - - - - -

4         (Deposition concluded at 12:15 p.m.)

5              (Signature not waived.)

6                   - - - - -

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1                        AFFIDAVIT

2        I have read the foregoing transcript from

3    page 1 through 30 and note the following

4    corrections:

5    PAGE LINE              REQUESTED CHANGE

6

7

8

9

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16

17

                    JACQUELINE WHITTINGTON, RN
18

19

20        Subscribed and sworn to before me this

21    day of              , 2002.

22

23    Notary Public

24

25    My commission expires              .

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1                          CERTIFICATE

2

3       State of Ohio,

4                                  SS:
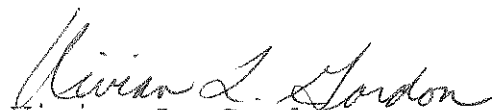
5       County of Cuyahoga.

6

7

8          I, Vivian L. Gordon, a Notary Public within
        and for the State of Ohio, duly commissioned and
9       qualified, do hereby certify that the within
        named JACQUELINE WHITTINGTON, RN was by me first
10      duly sworn to testify to the truth, the whole
        truth and nothing but the truth in the cause
11      aforesaid; that the testimony as above set forth
        was by me reduced to stenotypy, afterwards
12      transcribed, and that the foregoing is a true
        and correct transcription of the testimony.
13
           I do further certify that this deposition
14      was taken at the time and place specified and
        was completed without adjournment; that I am not
15      a relative or attorney for either party or
        otherwise interested in the event of this
16      action.  I am not, nor is the court reporting
        firm with which I am affiliated, under a
17      contract as defined in Civil Rule 28 (D).

18         IN WITNESS WHEREOF, I have hereunto set my
        hand and affixed my seal of office at Cleveland,
19      Ohio, on this 29th day of April, 2002.

20

21

22
        _____
        Vivian L. Gordon, Notary Public
23      Within and for the State of Ohio

24      My commission expires June 8, 2004.

25

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