

# TEPLITSKY, COLSON

BARRISTERS

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11 December 1998

Dr. William J. Lucas  
Regional Coroner  
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Ministry of the Solicitor General  
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THIS COPY IS FORWARDED TO KEEP  
YOU INFORMED OF THIS MATTER  
PER: *Maria Cella for F. Gomberg*  
~~TEPLITSKY, COLSON~~

Dear Dr. Lucas:

**Lisa Shore**  
**D.O.B. November 20, 1987**

Further to my letter of November 11, 1998 I met with Sharon Shore on December 9, 1998 in the evening.

There are a number of questions which have emerged from a thorough review and analysis of the Hospital for Sick Children chart dealing with the October 21 - 22, 1998 admission.

It seems to me that these questions are the types of questions that would be asked and answered at a Coroner's Inquest. I would be most grateful if these questions would be reviewed with the appropriate people at the Hospital for

Sick Children. I would request that answers be obtained so that I CAN FORWARD THESE TO THE FAMILY MEMBERS.

1. Would you please let me know what a Corometric monitor is? The Corometric monitor is referred to in the Progress Note dated October 22, 1998 (which was actually written after Lisa's death).

I enclose a copy of this Progress Note for your review. The Note was apparently written at 9:00A.M. (or at least that is what it says).

It is noteworthy that in the handwritten note made by the nurse (Ruth Doerksen) she indicates that the Corometric monitor was applied "since arrival to unit". Lisa arrived at the unit at 0150 (1:50A.M.). Nurse Doerksen wrote a detailed note at 1:50A.M. I enclose a copy of this note for your review. This note mentions a number of "things" (such as PIV and PCA) but does not say anything about a Corometric monitor.

There are no notes between 1:50A.M. and 8:05A.M.

If you look at the Flow Chart (a copy of which is enclosed) you will note that Lisa's pulse is recorded to be 72 at 1:45A.M. and then is recorded to be 120 at 3:20A.M. The inference that one can draw from this is that the Corometric monitor was not applied until 3:20A.M. or 4:00A.M. IF AT ALL.

2. Would you please speak with Nurse Doerksen to find out what she has to say about this?
3. Would you please find out whether the Corometric monitor was connected to the Central Nurses Station?
4. Would you please find out whether the Corometric monitor had a "memory" so that the monitor ex post facto can be plugged into a computer, to give a later read-out of what was going on?

5. Sharon Shore is certain that a Corometric monitor (or any monitor for that matter) was NOT applied when Lisa arrived at the Ward. Sharon was awake. There was no monitor applied to Lisa at that point. Obviously Sharon cannot know what happened after she fell asleep. Sharon never, EVER that night saw a monitor applied to Lisa after Lisa got to the Ward. The nurse checked Lisa's vital signs and left. Sharon fell asleep at 2:00 or 2:15A.M. and woke up just before the doctors entered the room to discover Lisa dead.

Would you please find out whether or not the application of a Corometric monitor must be ordered by a physician? If so why is there no indication anywhere in the records that such a monitor was ordered? If not, why is there no notation anywhere in the records that a monitor was applied (other than the notation made at 9:00A.M. - after Lisa died)?

6. Lisa's pulse:      at 1:45A.M. was 72  
                          at 3:20A.M. was 120  
                          at 4:00A.M. was 130

For some reason there is no reading at 4:05A.M.  
  at 4:15A.M. it was 134

Why didn't anyone take Lisa's blood pressure to investigate the climb in her pulse (over a 90 minute period) of some 48 beats per minute, in a sleeping child?

If Lisa's blood pressure was taken, why wasn't it recorded anywhere?

7. Was a monitor ever applied to Lisa?

If it was applied, was it removed at some time before Lisa died? When?

If it was applied and not removed, why didn't it sound an alarm when her heart stopped beating?

8. If a monitor was used, then has that monitor been segregated and/or looked at in order to determine whether it was functioning (or if it had a memory has that memory in some way been preserved?) Obviously that is the concern that you had vis a vis the PCA morphine pump. It seems to me that the same concern would be appropriate in terms of the Corometric monitor!
9. The Post Mortem Added Nurses Note at 9:00A.M. indicates that a doctor was made aware of the change in Lisa's respiratory rate. There is no notation that a doctor was told of the very dramatic change in her heart rate. Would you please find out why that was not dealt with at all (or at least was not recorded in the Nurse's Note)?
10. What protocols are there for the Application of a Corometric monitor in the first place?
11. Were these protocols followed in Lisa's case?
12. What if any protocols are there for contacting a doctor when heart rates increase (in other words how much does the heart rate have to increase before a nurse is supposed to call a doctor)?
13. What is the protocol for setting the limits on the alarm? In other words how does one determine whether the alarm is set to go off at 120 heart beats per minute or 130 heart beats per minute.
14. The Flow Sheet in the Emergency Department indicates that Lisa received 10.2 milligrams of Morphine which was absorbed from the PCA pump. This was in addition to the two boluses of Morphine that she received of 2 milligrams each (a total of 4 milligrams). As such Lisa received 14.2 milligrams of Morphine in 90 minutes. However,

the Death Summary written by Dr. James Wright states that “ ... she was transferred to the ward, having received a total of 11.5mg over an approximately three hour period.” Why the discrepancy?

15. Why was the doctor’s response to a diminished rate of respiration to remove the PCA when she hadn’t received any hits in several hours and was asleep?” Why weren’t other issues considered to explain a diminished rate of respiration?”
16. Why didn’t the doctor ask about Lisa’s other vital signs before ordering the removal of the PCA? If the physician had known about Lisa’s increased heart rate, might he have intervened and ordered other tests or considered other diagnoses?
17. The physician’s summary says that Lisa was awakened at 5:00A.M. and was normal.

Who woke her up at 5:00A.M.?

Why is there no note in the nurses’ notes about this awakening at 5:00A.M.?

18. The Nurse’s Flow Sheet says that the PCA pump was taken away at 2:50A.M. Yet the 9:00A.M. notes state that Pain Service was called at 4:05A.M., and they advised to take the PCA button away, “which was done”. WHY THE DISCREPANCY?
19. Isn’t it true that the body tries to compensate for inadequate oxygen by increasing the heart rate? Wouldn’t a competent nurse have a note on the respiration, especially when it was rising again, as to how laboured or shallow the breathing was? If the reading was taken off the monitor, did the nurse ever actually hands-on check Lisa’s respiration?

20. Do the blood gas levels indicate a time frame for how long Lisa's vital signs were absent?
21. I note that the handwriting is different on the nurse's chart for the 5:00A.M. and 6:00A.M. checks. Nurse's notes say "nurse covering for writer at break called Pain Service at 4:05". If the nurse was on break at 4:05, why wasn't she back doing the charting at 6:00A.M. and 7:00A.M.?
22. The Nurse's notes say "nurse covering for writer at break called Pain Service at 4:05 as respiration was down to 8 - 10 per minute". At 4:05 Flow Sheet shows that the respiration was 14. It was down to 10 at the 2:50A.M. charting; is that when Pain Service was called?
23. If respiration was down to 8 - 10, why does it only say 10 on the chart? Shouldn't the lowest (ie. the most cause for concern) be noted?
24. Would you please let me know whether or not the information that I have to the effect that there was a similar death at the Hospital for Sick Children approximately 10 days before Lisa died is correct? If this is correct then what is being done to investigate this similar death? Will there be a Coroner's Inquest into that death?

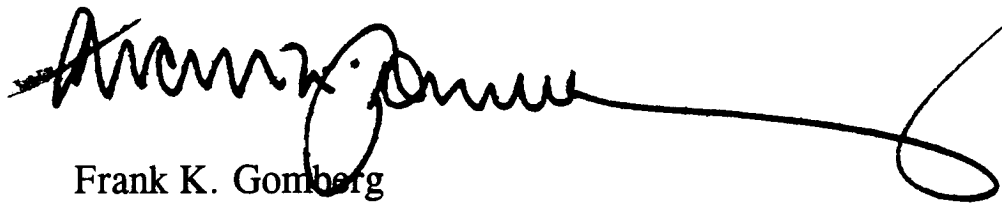
In light of the tragedy of Lisa's death (compounded by the tragedy of Lisa's maternal grandfather's death) you will of course understand that the family is **EXTREMELY UPSET AND ANXIOUS FOR ANSWERS.**

Would you please let me know when we can expect the Toxicology results and when it would be realistic to expect answers to the many questions posed in this letter.

Will there be a Coroner's Inquest into Lisa's death?

Yours very truly

**TEPLITSKY, COLSON**

A handwritten signature in black ink, appearing to read "Frank K. Gomborg". The signature is written in a cursive style with a long, sweeping horizontal line extending to the right, ending in a small loop.

Frank K. Gomborg

FKG/s

Encl.