

INQUEST INTO THE DEATH OF

L I S A S H O R E

THE CONTINUED EVIDENCE OF RUTH DOERKSEN

TAKEN JANUARY 28th, 2000

BEFORE DR. JAMES CAIRNS, DEPUTY CHIEF CORONER

CORONER'S COURT, TORONTO

A P P E A R A N C E S:

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Counsel for the Hospital for Sick Children, et al	PATRICK HAWKINS, ESQ. RENEE A. KOPP, MS.
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1 THE CORONER: Good morning, Counsel. Good
2 morning ladies and gentlemen of the jury.

3 MR. HAWKINS: If I could just briefly
4 interject at the moment. Yesterday you asked
5 Ms. Doerksen to look at home and see if she
6 had the piece of paper that she printed out a
7 few days later. She has provided that to me.

8 We have discussed it with yourself and
9 amongst the lawyers, and we've agreed that
10 Mr. Krkachovski will finish his Cross-
11 Examination, and then in the course of my
12 Examination, which comes next, I will ask Ms.
13 Doerksen about that issue, and then to the
14 extent other Counsel have questions on it,
15 that will follow.

16 THE CORONER: That's fine. Thank you, Mr.
17 Hawkins. Mr. Krkachovski?

18
19 RUTH DOERKSEN, previously sworn

20 CONTINUED CROSS-EXAMINATION BY MR. KRKACHOVSKI:

21 Q. Ms. Doerksen, if I could ask you to turn
22 to the flow sheet, which is page 11 in our brief? Do
23 you have it in front of you?

24 A. Yes.

1 Q. I'm not sure if you were asked already.

2 If you were, I apologize, but with respect to the
3 attendances at 4:05 and 4:20 a.m., you'll note under
4 the column where the nurses' initials appear, there are
5 no initials. I just want to make sure that it would
6 have been Nurse Soriano who made those attendances?

7 A. Yes.

8 Q. All right. Now, if you look across from
9 the 2:50 time slot, as we've indicated before, there's
10 a notation, "Took away morphine pump." And I just want
11 to understand what that means. What was actually done
12 with respect to the morphine pump?

13 A. The button that the child pushes was
14 taken away and put up onto the IV pole.

15 Q. But as I understand it, and correct me
16 if I'm wrong, the IV pole remained where it was?

17 A. Yes.

18 Q. And Lisa was still attached to the IV
19 portion of it?

20 A. Yes.

21 Q. Okay. Now, there are three columns
22 dealing with, I gather, the morphine. It would be,
23 looking at the top, column number 2, and then further
24 along a column where it's handwritten, "PCA morphine."

25 Am I right in that?

1 A. Yes.

2 Q. Okay. And I noticed even though the
3 morphine button was taken away at 2:50, notations
4 continue to be made with respect to the morphine. Can
5 you explain that to me?

6 A. It's just a part of what we do routinely
7 every hour, is check all of the equipment, all of the
8 IV infusion and the PCA infusion, whether they're being
9 used or not.

10 Q. Needless to say, if the button is taken
11 away, the morphine readings would never change from
12 what they were at 2:50?

13 A. That's correct.

14 Q. All right. And it strikes me as being
15 peculiar that you would note on here information that,
16 at least I view as being irrelevant, but you wouldn't
17 bother to note the use of a monitor or that an alarm on
18 the monitor had been turned off?

19 A. This was not -- is not irrelevant
20 information to us.

21 Q. Well, how is it relevant given that at
22 2:50 the button is taken away and the child is not
23 going to be getting any more morphine?

24 A. Well, anybody could come into the room
25 and give her back the button or push the button, so we

1 have to make sure that that is not being done.

2 Q. Would it not make sense to leave those
3 columns alone until somebody gives her back the button
4 and start the notations at that point?

5 A. I guess they could do that, but it's our
6 practice to write it down every hour.

7 Q. All right. So on five occasions, Nurse
8 Soriano and yourself took the time to write down those
9 numbers, even though you knew they weren't going to
10 change from 2:50?

11 A. That's correct.

12 Q. Okay. You took Lisa's temperature at
13 5:00 a.m.; am I right?

14 A. Yes.

15 Q. And you've recorded it as 35 and put, it
16 is "PO" above that?

17 A. PO.

18 Q. All right. Which, as we've heard,
19 indicates that it was taken orally ---

20 A. Right.

21 Q. --- by her mouth?

22 A. Right.

23 Q. Now you indicated that when Lisa arrived
24 to the ward, she was awake.

25 A. She was asleep in the stretcher. She

1 moved
2 -- woke up, moved over to the bed and settled back to
3 sleep.

4 Q. When you took her temperature at 1:45,
5 was that oral?

6 A. Yes.

7 Q. All right. And is there any
8 significance to the fact that "PO" is not noted for
9 that temperature reading?

10 A. I think I did note it in my charting
11 history in the computer. It asks which way it's been
12 taken and I did put it there, "PO."

13 Q. I don't want to leave it hanging. If
14 you can direct me to the page, that's fine.

15 MR. HAWKINS: Page 34. Page 16 in what Ms.
16 Doerksen has.

17

18 BY MR. KRKACHOVSKI:

19 Q. I think this is what Mr. Hawkins
20 directed me to. Almost in the middle of the page,
21 there's a line that reads, "98-10-22, temperature 36.1,
22 PO." Is that the reading?

23 A. Yes.

24 Q. You haven't found your page yet.

25 MR. HAWKINS: Page 16.

1 THE WITNESS: 16. No, that's not what I
2 have.

3 MR. GOMBERG: 34.

4 THE WITNESS: Okay. All right, yes.

5

6 BY MR. KRKACHOVSKI:

7 Q. That's the reading?

8 A. Yes.

9 Q. All right. Now, with respect to the
10 added nursing note that you made, which is at page 10
11 of the documentation, you made mention of the fact that
12 the PIV and the PCA had been used in the same way that
13 you made such a notation in your progress note that
14 appears at page 8; am I right in that? Sorry, thank
15 you. Your pages would be 25 for the added nursing note
16 and 18 for your progress note.

17 A. Yes.

18 Q. The PIV and the PCA are mentioned on
19 both notes, am I right?

20 A. Yes.

21 Q. But the monitor's only mentioned in the
22 added nursing note?

23 A. Yes.

24 Q. Now, you mentioned -- referring to the
25 added nursing note at our page 10, your page 25, you

1 mention, "PIV in situ and infusing well," and you
2 already told me yesterday that "in situ" means "on and
3 functioning."

4 A. Right.

5 Q. Right. And further down you mention,
6 "Corometric monitor applied since arrival to unit and
7 in situ throughout the night." Again, "in situ" would
8 mean "on and functioning"?

9 A. Right.

10 Q. All right. Why did you think it
11 necessary on the second last line to change from in
12 situ, which means on and functioning, to specifically
13 writing the words "on and functioning"?

14 A. Many people had asked me that morning
15 about the monitor, whether it was on, whether it was
16 working. Several people had asked me, and I wanted to
17 make it clear that it was on.

18 Q. All right. So you wanted to make it
19 clear that in situ, in fact, means on and functioning?

20 A. Yes.

21 Q. All right. Any reason it wasn't changed
22 above where you first mention the Corometric monitor
23 being in situ?

24 A. No.

25 Q. All right. Now, who was it that asked

1 you about the monitor that morning?

2 A. Nurses, doctors, people in the code,
3 people that were around, milling around asking about
4 what was going on.

5 Q. All right. We know that you spoke to
6 Nurse Douglas about the monitor, because we have her
7 statement ---

8 A. Right.

9 Q. --- and her testimony, as well. Who
10 else did you speak to about the monitor?

11 A. There were many people at the code,
12 people in the resus team asked if it was on. People
13 afterwards came up to me and asked me if it was on
14 or ---

15 Q. All right. Well, we know the people
16 involved with the resuscitation. Can you name anyone
17 else that asked you about the monitor?

18 A. I can't name people. I don't know who
19 asked me. Many people asked me about it. I don't know
20 who they were.

21 Q. And what was the reason for the inquiry?
22 Why did they ask you about the monitor?

23 A. Because the monitor was in the room and
24 they wanted to know if it was one or why -- what
25 happened. I wanted to know what happened, why I didn't

1 hear the monitor between 6:00 and 7:00.

2 Q. Do you recall your response?

3 A. I didn't know. I didn't know what
4 happened to it.

5 Q. There's no mention in the added nursing
6 note of the monitor alarming at any time; you would
7 agree with that?

8 A. That's correct.

9 Q. And there's no mention in the added
10 nursing note about Lisa being kept awake by the
11 monitor; am I right?

12 A. No.

13 Q. And there's mention in the added nursing
14 note about the apnea alarm being shut off?

15 A. That's correct.

16 Q. Now, why did you think it necessary to
17 create this added nursing note?

18 A. Usually in the hospital, if an instance
19 happens, if something of significance happens and
20 you've already made a note you need to add something to
21 it, and that's why I decided to add the nursing note.

22 Q. And this was your effort at explaining,
23 if I can use that word, as best as you can recall what
24 happened during the course of the night?

25 A. Yes. After a very stressful time.

1 Q. Understandably. So that someone after
2 the fact, for example, a Coroner, would have your
3 account of what transpired?

4 A. Correct.

5 Q. Did you not think it important to note
6 in here the fact that the apnea alarm had been turned
7 off?

8 A. I didn't think of it at the time.

9 Q. Or that you had made efforts to find a
10 pulse oximeter but you couldn't?

11 A. I didn't think of it at the time.

12 Q. And it would appear from the record that
13 the first time you mention the monitor alarming is in
14 the notes that were made the following day, October the
15 23rd, and as I understand your evidence yesterday,
16 correct me if I'm wrong, were provided to Mr. Hawkins
17 sometime in February; am I right in that?

18 A. That's correct.

19 Q. I just want to refer to one aspect of
20 your notes. Do you have those in front of you, the
21 ones that were prepared October the 23rd? If you turn
22 to the second page, and I'm referring to the typed
23 version of it, just to make it easier to read.

24 MR. KRKACHOVSKI: Does the jury have copies
25 of this, Mr. Coroner?

1 THE CORONER: Yes, they do.

2

3 BY MR. KRKACHOVSKI:

4 Q. It's the very last paragraph on the
5 second page, which reads, "October 24th. Spoke with
6 Anagaile today," and "Anagaile" would be Nurse Soriano?

7 A. That's correct.

8 Q. All right. "Stated she paged
9 Anaesthesia." I gather that means two times?

10 A. Yes.

11 Q. "First time did not respond. Did not"
12 underline the word 'not,' "ask about 02 SAT's." What
13 does that mean?

14 A. I think I asked Anagaile if he had asked
15 about 02 SAT's.

16 Q. "He" being Dr. Schily?

17 A. Yes.

18 Q. All right. And help us with 02 SAT's.
19 When you asked her if she asked Dr. Schily about 02
20 SAT's, what does that mean?

21 A. I'm trying to recall when I wrote this
22 what I would have meant. I think what I was asking
23 her, if Dr. Schily had asked Anagaile about Lisa's 02
24 SAT's.

25 Q. What is "02 SAT"?

1 A. Oh, I'm sorry. Oxygen saturation.

2 Q. And when you write here, "Did not ask
3 about 02 SAT's," and I realize I'm testing your memory,
4 are you indicating that Dr. Schily didn't ask or Nurse
5 Soriano didn't ask?

6 A. I think it was I had asked Anagaile if
7 Dr. Schily had asked her.

8 Q. And so when you write "did not ask," who
9 are you referring to?

10 A. I'm referring to Dr. Schily.

11 Q. All right. Why did you attach specific
12 significance to that?

13 A. Because I think when I was thinking
14 back, I was trying to remember or to think about the
15 night and to see if he had asked Anagaile to -- about
16 02 SAT's, it would have triggered her mind to go and
17 find one and to check Lisa's SAT's.

18 Q. Oh, so what I take from that is the
19 inquiry is about whether a pulse oximeter had been
20 used?

21 A. Whether he'd asked about a pulse
22 oximeter, whether Anagaile's mind may have been
23 triggered to go and find one at that moment.

24 Q. I see. And I gather from that, the fact
25 that, based on what Anagaile told you, because Dr.

1 Schily did not ask about a pulse oximeter, she didn't
2 make any effort to try to find one?

3 A. Right.

4 Q. And the last sentence reads, "She did
5 not," again the word "not" is underlined, "turn off the
6 monitor." I gather "monitor" refers to the Corometric
7 monitor?

8 A. That is correct.

9 Q. Okay. And did you specifically ask her
10 this question?

11 A. I did.

12 Q. All right. And was her response simply
13 no or did she elaborate at all?

14 A. No, she said "No."

15 Q. So far as you know, did Nurse Soriano
16 make any effort during the course of the night to find
17 a pulse oximeter?

18 A. As far as I know, no.

19 Q. Now, your evidence yesterday, or even
20 the day before, was that you entered Lisa's room when
21 she was ultimately discovered with the residents who
22 were making their rounds; am I right?

23 A. That's correct.

24 Q. And there were three residents in total?

25 A. There were two. There were two

1 residents and myself.

2 Q. I apologize. I thought there were
3 three. That's fine. And as you're entering the room,
4 can you help me in terms of who is where; you and the
5 other two -- and the two residents?

6 A. Dr. Catre was first, then Dr. Yee and
7 the myself. I was behind.

8 Q. One after the other?

9 A. Yes.

10 Q. All right. And as you walked into the
11 room, as had been your practice, did you glance at the
12 monitor?

13 A. Not at that moment, no.

14 Q. Why is that, given your practice was to
15 do that very thing before?

16 A. We were talking outside the room and I
17 wasn't paying attention. I was paying attention to the
18 doctors.

19 Q. So when you say to Nurse Douglas
20 afterward, "The monitor was off" ---

21 A. Yes?

22 Q. --- did you not have a look at the
23 monitor in order to make that statement?

24 A. I looked at the monitor during the code.
25 That's the next time I looked at that monitor.

1 Q. I gather you don't dispute Dr. Catre's
2 evidence that when he took off the leads the monitor
3 didn't alarm?

4 A. No, I don't.

5 Q. Which would suggest that the monitor was
6 off?

7 A. Correct.

8 Q. I take it you didn't turn off the
9 monitor?

10 A. I did not.

11 Q. And am I correct that to this date, we
12 don't know who did?

13 A. Yes, that's correct.

14 Q. Now, other than Anagaile, did you ask
15 that question of anyone else, "Did you turn off the
16 monitor?"

17 A. I did. I asked Dr. Yee and I asked Dr.
18 Catre.

19 Q. What did they say?

20 A. They both said no.

21 Q. Anyone else?

22 A. No.

23 Q. This may be far-fetched, but was Maureen
24 ever asked the question?

25 A. No, I didn't ask Maureen.

1 Q. I take it you can't think of any reason
2 why Maureen would go to Lisa's room and turn off the
3 monitor?

4 A. I'm not aware that Maureen even knew
5 what was going on.

6 Q. When you say that, regarding Lisa's
7 care?

8 A. Right.

9 Q. And sitting here today, I gather you
10 can't think of any reason why someone would turn off
11 the monitor?

12 A. I can't think of a reason why someone
13 would turn off the monitor.

14 Q. And given all of that, I suggest to you
15 that it's far more likely that Lisa was never attached
16 to the monitor, as we understand Mrs. Shore will
17 testify?

18 A. No.

19 Q. You disagree with that?

20 A. I disagree.

21 Q. If I can refer you to page 46 of our
22 document, and it's number 24 at the top of yours, there
23 are notations made by a couple of individuals. I don't
24 know how to describe it other than that. At the very
25 top, they're both handwritten, at the top it reads

1 "anaesthesia." Are we on the same document?

2 A. Yes.

3 Q. The bottom half of would appear to be
4 the notes of Dr. Yee.

5 A. That's correct.

6 Q. I simply wanted to ask you if Dr. Yee's
7 notations are in accordance with your observations of
8 Lisa when she was found? Specifically, he notes that
9 she was very pale. Third line down. And, please, some
10 of these are abbreviations. Tell me if I'm reading
11 them correctly, but the third line down under "Dr.
12 Yee," I take it to read "Patient very pale."

13 A. I don't see that. Is ---

14 Q. Let me make sure we're on the same page.
15 Does that make sense?

16 A. Yes.

17 Q. All right. And would you agree with
18 that?

19 A. Yes.

20 Q. And there was no pulse?

21 A. Dr. Yee says yes.

22 Q. Pupils dilated and fixed?

23 A. Yes.

24 Q. I realize that's what he says, but I
25 just want to understand, is that your -- were those

1 your observations, too?

2 A. I know that she was very pale. I didn't
3 check for a pulse and I didn't check her pupils.

4 Q. You didn't check the pupils?

5 A. Her pupils, no.

6 Q. There's also a notation that the -- I
7 don't believe it's in this note, but elsewhere, that
8 oxygen and chest compressions were started immediately.
9 Is that accurate?

10 A. That's correct.

11 Q. And based on what observations you made
12 of Lisa, was it apparent that she was already dead?

13 A. I have never seen anyone that looked
14 quite the way Lisa did that morning.

15 Q. You were asked some questions about
16 subsequent meetings, and I just want to be clear. Have
17 there been any other meetings that we've not heard
18 about where you participated in order to help
19 understand what happened with Lisa? In other words,
20 were there investigative meetings organized by the
21 hospital itself to try to learn what happened that
22 morning?

23 A. Not unless Mr. Hawkins was present in
24 them. I don't recall any other ---

25 Q. Are you aware of the hospital's

1 protocol, if any, regarding what is to be done when a
2 patient dies unexpectedly, as in this situation?

3 A. No, I'm not aware of the protocol.

4 Q. That's not in a nursing manual somewhere
5 that you've seen?

6 A. It could be, but I've never seen it.

7 Q. Did anyone explain to you after Lisa's
8 death what was supposed to be done?

9 A. No.

10 Q. Did you not ask?

11 A. I did ask.

12 Q. And first of all, who did you ask of?

13 A. I think I started asking with Bill
14 Kreutzweiser, which is my manager.

15 Q. All right. And what was Bill's
16 response?

17 A. I think his response was that someone
18 would come and talk to me.

19 Q. And I understood you yesterday to
20 suggest "someone" is someone from the Coroner's office?

21 A. I wasn't clear who the someone was.

22 Q. Did you ask any questions of Bill as to
23 how this process was to work?

24 A. I think I did ask how it works, but I
25 don't think he was clear either on how it works.

1 Q. Was it explained to you at any time
2 subsequently?

3 A. No.

4 Q. I think it was Mr. Gomberg who asked you
5 about your conversations with Dr. Wright.
6 Specifically, do you recall saying anything about the
7 Corometric monitor to Dr. Wright?

8 A. I don't recall saying anything to him
9 about it.

10 Q. Specifically, do you recall telling him
11 one way or the other as to whether it was on or off?

12 A. Really, I may have, but I don't recall
13 saying it.

14 Q. And similarly, do you recall saying
15 anything to him about being unable to obtain a pulse
16 oximeter that night?

17 A. I didn't tell him about that, no.

18 MR. KRKACHOVSKI: That's all I have. Thank
19 you very much.

20 THE CORONER: Before Mr. Hawkins, I have two
21 short questions to ask you.

22

23 CROSS-EXAMINATION BY THE CORONER:

24 Q. You were looking after a total of five
25 patients, you were the primary nurse for five patients

1 that night, which included Lisa. You had four and then
2 Lisa was your fifth patient. Am I understanding your
3 evidence correct there?

4 A. That's correct.

5 Q. The other four patients, were any of
6 them in for the same reasons as Lisa, in other words,
7 in for the control of chronic pain?

8 A. No.

9 Q. Were they all on PCA pumps, as well?

10 A. I don't recall who was on PCA pumps.

11 Q. Can you recollect, were any of them
12 without exact numbers?

13 A. I can't recall.

14 Q. Okay. I understand from your evidence
15 that this was the first time that you had experienced a
16 patient with chronic pain being admitted from the
17 Emergency Department to the ward for treatment of that
18 condition; is that correct?

19 A. That's correct.

20 Q. Obviously other patients had been on
21 that ward in the past for the treatment of chronic
22 pain?

23 A. Not many that I recall.

24 Q. But there had been some?

25 A. I recall one specifically, but that's

1 all that I remember ever caring for.

2 Q. Okay. But I think you were aware that,
3 in fact, Lisa had previously been in for treatment?

4 A. Yes.

5 Q. And I'm not sure, so I don't want to be
6 inaccurate. It was my understanding she was on that
7 ward at that time, but you didn't personally deal with
8 her?

9 A. No.

10 Q. And I'm just interested, therefore, how
11 many times have you personally dealt on that ward with
12 looking after patients who are on PCA pumps, not --
13 most of the ones who have PCA pumps, they are being
14 looked after because of post-operative pain, is that
15 it?

16 A. Yes, that's correct.

17 Q. Have you personally been monitoring a
18 patient on that ward who is on a PCA pump because of
19 chronic pain?

20 A. No.

21 THE CORONER: Thank you. Mr. Hawkins?

22
23 CROSS-EXAMINATION BY MR. HAWKINS:

24 Q. Ms. Doerksen, just picking up, I guess,
25 to start with from where Dr. Cairns finished off, prior

1 to October 1998, do you remember treating any patients
2 with reflex sympathetic dystrophy?

3 A. No.

4 Q. And you described in earlier questions
5 that given what the unit does, you were familiar with
6 patients with surgical pain?

7 A. That's correct.

8 Q. What types of patients do you see on
9 that unit?

10 A. We see a lot of orthopaedic surgeries,
11 patients that had leg lengthening or shortening or
12 rotations of some kind, muscle adjustments and back
13 operations. We see a lot of general surgical patients
14 who've had some kind of abdominal or chest surgery, and
15 ear, nose and throat surgery.

16 Q. So most of your patients are surgical
17 patients?

18 A. Yes.

19 Q. And you indicated you've been a nurse
20 for 15 years, but when we take off maternity leaves,
21 you've worked at Sick Kids for ten years?

22 A. More or less, yes.

23 Q. And has that all been with this type of
24 patient?

25 A. All with surgical patients.

1 Q. And so the context that you had that
2 night in which you deal with children in pain is
3 children with surgical pain?

4 A. That's correct.

5 Q. And prior to that night, had you ever
6 dealt with an admission of a chronic pain patient from
7 the Emergency Department?

8 A. No.

9 Q. And chronic pain or not, had you ever
10 dealt with an admission of a patient on a PCA pump from
11 the Emergency Department?

12 A. No.

13 Q. So, as we put this experience, it's as
14 of that night an unusual experience?

15 A. Yes, it is.

16 Q. And looking at the note you did
17 afterwards, you questioned when the first call came in
18 about the admission to the floor?

19 A. Yes. I wasn't sure that she should be
20 admitted to our floor, because she had no surgical
21 problems. She was -- when the nurse first told me she
22 was being admitted under anaesthesia, I mean, that
23 triggered me to think that wasn't our patient. It
24 would either be an orthopaedic or general surgical
25 patient or ENT patient and I would know the doctor's

1 name that they were coming under.

2 Q. So had you ever dealt with, then, a
3 patient under anaesthesia before?

4 A. No.

5 Q. And I guess before we leave here, your
6 experience and just to talk about Lisa's care, your CV,
7 your resume was marked as an exhibit earlier, and a
8 couple of things that I'd just ask you about in there.

9 You indicate that you're a Peer Review Committee
10 Member and a Peer Review Facilitator. What is that
11 about?

12 A. The hospital -- nurses at the Hospital
13 for Sick Children have to go through a peer review
14 process each year, and reviewers are people who work
15 with each other, colleagues, so I would be considered a
16 peer of all nurses on the floor, and are chosen or you
17 apply for a position of a Peer Review Facilitator, and
18 I think the first year I applied for the position and
19 the following year I was elected to the position of a
20 Peer Review Facilitator and Reviewer.

21 Q. And so that's something where you review
22 the other nurses on the floor?

23 A. Yes.

24 Q. You also indicate that you're a
25 preceptor to new staff and students. What is a

1 preceptor?

2 A. Generally all new staff starting at the
3 hospital will go through a period of preceptorship or a
4 period where they work along with another nurse for, it
5 depends on their experience, generally about three
6 months.

7 Q. I'm sorry, what is a -- who is a -- what
8 does a preceptor do in that ---

9 A. I would be their teacher to the floor
10 and they would either, for the first little while,
11 follow me and do what I do, or -- and then I slowly
12 allow them to do -- to take on the patient assignment
13 that I would normally have, until they're comfortable
14 with the care of the child on their own.

15 Q. Your resume also talks about your
16 continuing education and you indicated you've gone back
17 on a part-time based to get your Bachelor of Science in
18 Nursing?

19 A. That's correct.

20 Q. A couple of other things that are listed
21 there is in 1998, you took an Advanced Preceptor
22 Education Course?

23 A. Yeah, I think it was an eight-hour day-
24 long course on preceptorship.

25 Q. And in '99, you took an Applied

1 Leadership Workshop?

2 A. That was a workshop I was sent to by the
3 hospital by the floor, a two-day seminar on leadership.

4 Q. Now, your first involvement in Lisa's
5 care was a phone call you had at 24:00 and we've talked
6 about that, and I understand that Anagaile had another
7 phone call around 1:30. And in the context of those
8 two phone calls, you were asked if you knew that Lisa
9 was in excruciating agony or screaming in pain in the
10 Emergency Department. Was that something that was told
11 to you?

12 A. No, it was never told to me, not that
13 way. I might have heard that she was in some pain and
14 the PCA and morphine had helped.

15 Q. And from what Anagaile reported to you
16 of her discussion with the Emergency Department, were
17 you told about excruciating agony or screaming in pain?

18 A. No, I was not.

19 Q. And you've been taken through the
20 Emergency chart for that admission, which I understand
21 you read subsequently that night.

22 A. Yes.

23 Q. Does that tell you that it's a patient
24 who was in excruciating agony or screaming in pain?

25 A. To me it describes a child that was in

1 some pain, but not in excruciating pain, no.

2 Q. When Lisa came to your floor, what
3 information did you have about her or what was the sort
4 of verbal reports that you got?

5 A. The report was that she had broken her
6 leg in February or earlier in the year and had suffered
7 this ongoing pain. I do recall Anagaile telling me
8 that there was an admission to Boston for the chronic
9 pain, that she was now on the floor, in Emerg, and had
10 been given two boluses of morphine, started on a PCA
11 and the nurse, I think, had talked to mom and they
12 wanted to come up and -- come up and go to sleep. They
13 were very tired.

14 Q. And when the patient was -- when you
15 received those reports, what did you expect was going
16 to happen that night with Lisa?

17 A. Well, I expected that she would come up,
18 I would settle her to sleep and she would more or less
19 sleep till morning as part of the report was that
20 anaesthesia was going to start the epidural in the
21 morning, and she was basically being watched by us
22 overnight until anaesthesia could do the epidural in
23 the morning.

24 Q. Okay. Sorry, what is an epidural?

25 A. It's an infusion, some kind of nerve

1 blocking to the spinal space.

2 Q. And you understood that was going to
3 happen the next morning?

4 A. That's right.

5 Q. Now, Lisa arrived on the ward around
6 1:45?

7 A. That's right.

8 Q. And you were involved in assessing her
9 at that point?

10 A. Yes.

11 Q. Now, you have been asked a lot of
12 questions about the note you made a couple of days
13 later, and I want to take you to that in a moment, but
14 that -- that note you made was -- did you have
15 reference to the chart when you made that note?

16 A. No, I didn't.

17 Q. And the note you made, did anybody else
18 see that note before I did?

19 A. No.

20 Q. So it was a private note?

21 A. Yes.

22 Q. And nobody saw that note?

23 A. No, no one saw it.

24 Q. It's Exhibit 36. Can I ask you to -- do
25 you have your note there?

1 A. Yes.

2 Q. And just so we go through your
3 involvement with Lisa at 1:45, can you read through
4 your note, just what it says from "I received Lisa via
5 stretcher at 1:45?"

6 A. Okay.

7 "... I received Lisa via stretcher at
8 1:45. Transport person and Mrs. Shore
9 were present. Lisa was asleep on the
10 stretcher. She moved herself from the
11 stretcher to the bed without any
12 complaint of pain. There was no facial
13 indication of pain. I did her vital
14 signs, which were normal. Her
15 peripheral IV was in situ with a PCA
16 hooked up and a normal saline line
17 running at 20 cc's an hour. I checked
18 the PCA orders against the pump for
19 accuracy and noted that the syringe was
20 almost full and reading correct.

21 "... At this time, Lisa had received a
22 total of 10 mls of morphine. Mrs. Shore
23 and I changed Lisa's top and removed her
24 shorts for sleeping. At this point, I
25 asked Lisa if she needed to go to the

1 bathroom. She declined. Mrs. Shore and
2 I arranged her pillows from home for her
3 to sleep. She wanted the hospital
4 pillow, as well, but mom sort of smiled
5 and said that one was for her ..."

6 Q. Okay. Can I just stop you there for a
7 moment. When Lisa arrived, she was asleep?

8 A. Yes.

9 Q. But then she woke up and was interacting
10 with you?

11 A. Yes.

12 Q. She assisted in the process of getting
13 from bed -- or sorry, from stretcher to bed?

14 A. Yes, she did.

15 Q. And did she help you take off her own
16 top and remove her shorts?

17 A. We had to do a lot of it with her, but,
18 yes.

19 Q. She was cooperative as you were doing
20 that?

21 A. Yes, she was.

22 Q. And you talked to her about the pillows
23 and she indicated she wanted a hospital pillow?

24 A. Yeah, it was just a short little
25 interaction about these pillows. We were adjusting the

1 pillows and trying to get her settled for the night.

2 Q. And you were satisfied that she was
3 alert and oriented?

4 A. Absolutely.

5 Q. Then if you can continue in your note.

6 A. "... I went to place the blankets over
7 Lisa. Mom quickly stopped me, saying
8 she could not tolerate anything touching
9 her leg. It was very sensitive. I
10 noted that both her legs were warm and
11 pink ..."

12 Q. If I can ask you to stop there again.
13 That was a discussion you had with Mrs. Shore?

14 A. Yeah.

15 Q. Mrs. Shore told you that Lisa could not
16 tolerate anything touching her leg?

17 A. Yes.

18 Q. And that is something you also recorded
19 in the chart?

20 A. Yes.

21 Q. And if I can ask you to just turn to it.
22 It's page 18 of yours, page 8 that the jury has? And
23 you note there,

24 "... No voiced complaints of pain,
25 although mom states not to place blanket

1 over right leg as Lisa cannot tolerate
2 it ..."

3 A. Yes.

4 Q. Where did you get that information from?

5 A. From Lisa's mom.

6 Q. Then if you can continue, and again I'll
7 ask you to read the note that you made afterwards.

8 A. "... I left the room to get linen for
9 Mrs. Shore. When I returned, I went
10 over her list of medications she was on
11 at home and wrote them down on the same
12 sheet of paper as her vital signs. I
13 left the room ..."

14 Q. Sorry, stop there again.

15 A. Sorry.

16 Q. So you discussed Lisa's medications with
17 Mrs. Shore?

18 A. I asked Mrs. Shore if she was on any
19 medication. She told me the medications she was on and
20 the amount of amitriptyline and when it was given.

21 Q. And you wrote that down on your piece of
22 paper?

23 A. Yes.

24 Q. And what was that piece of paper you
25 were writing things down on?

1 A. It was my worksheet, my missing
2 worksheet. We have a sheet that we -- when they come
3 on, we write down each of our patients and what needs
4 to be done for that shift and we carry it in our
5 pockets generally.

6 Q. And what do you use the worksheet for?

7 A. To remind ourselves of medications and
8 procedures that need to be done in the sequence of
9 time.

10 Q. And that deals with all of your
11 patients?

12 A. Yes.

13 Q. And then you said you made notes on your
14 worksheet. What sorts of notes do you make on your
15 worksheet?

16 A. These were her vital signs that I needed
17 to go to the computer and put into the computer later.

18 Q. Okay. You took that information and
19 recorded that on the computer.

20 A. Yes.

21 Q. And if I can ask you to turn to your
22 page 16 in the chart, our page 34? And under "History
23 of present illness," you have made some entries there.

24 A. Yes.

25 Q. Can you read us those entries that you

1 made?

2 A. There's a patient general description,
3 "Chronic right hip pain. Gabapentin 400, 400, 600,"
4 and it's "comma tid."

5 Q. What is "tid?"

6 A. Three times a day.

7 Q. Okay.

8 A. "Carbamazepine, 200 bid."

9 Q. And "bid?"

10 A. Twice a day. "And amitriptyline, 75
11 qhs."

12 Q. And "qhs?"

13 A. At bedtime or nighttime.

14 Q. Where did you get that information about
15 the drugs that she as on?

16 A. Gabapentin and carbamazepine, I got the
17 names from Mrs. Shore and I looked up the amounts from
18 the chart, the old history, and the amitriptyline I got
19 from Mrs. Shore.

20 Q. And then further down we see that you've
21 reported the vital signs, and under "Physical finding,"
22 can you read the note that you made?

23 A. "... Healthy looking ten-year-old girl
24 in no obvious distress. Holds right leg
25 straight when moving about in bed ..."

1 Q. And those were the observations that you
2 made during your assessment?

3 A. Yes.

4 Q. And you accessed the computer to put
5 this information on the assessment form?

6 A. Yes.

7 Q. At that time, did you access Lisa's
8 Kidcom orders?

9 A. I did not.

10 Q. It's the same computer system. Can
11 you ---

12 A. It's a different pathway. I would have
13 to go back to the original screen and I didn't do that.

14 Q. Then if we can go back to the notes that
15 you wrote, and sorry, you said that you accessed this
16 assessment form, but it's a different pathway? What is
17 a pathway?

18 A. The computer takes you through certain
19 pathways. There's a group of them for nurses, a group
20 of them for doctors and other services. And the
21 pathway for the assessment form is under the nursing
22 screens, and if I wanted to look at Kidcom orders, I'd
23 have to go to the doctor's pathway.

24 Q. So you went down the one pathway but you
25 didn't go to the other pathway?

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A. Right.

Q. Okay. Can you assist in why you didn't go?

A. I just didn't think of it at the time.

Q. Okay. And you recognize that you're expected to look for Kidcom orders?

A. I thought that I had those orders, all the orders I had were the written ones, so I didn't think to look for any other orders.

Q. Then if we can go back to the note that you wrote. Again, just to pick up reading, "I left the room again."

A. "... I left the room again and returned with a Corometric monitor, which I placed on Lisa and turned on. Mrs. Shore was at the door and was about to settle to sleep. I asked if there was anything I needed to know about Lisa's medical history that was new or different and whether she had any allergies. She stated that there was nothing to add.

"... I pulled the door almost shut and left. I did a little bit of paperwork at the desk and Lisa's monitor

1 went off. It was reading apnea and I
2 went in and cleared the monitor. It
3 beeped again before I left. I cleared
4 it and went to the desk to find a pair
5 of scissors. I returned and reset the
6 apnea.

7 "... At this time, I took all my
8 paperwork into Room 12 as I was covering
9 for Maureen who was going on her break.

10 I popped out of Room 12 for something
11 and Lisa's monitor was going off again,
12 and this time I reset it again. I
13 turned off the apnea dial as I thought
14 that both Lisa and Mom needed to get
15 some sleep and would not if the monitor
16 kept beeping ..."

17 Q. Okay, stop, if you can stop there. Now,
18 Mr. Krkachovski indicated that or seemed surprised that
19 you did all of that in 15 or 20 minutes, and I think
20 your response was something to the effect, that's the
21 way the whole night goes and that's what I do all
22 night?

23 A. Yeah, and there's probably more that I
24 did that I didn't write down.

25 Q. Well, as a nurse on nights caring for

1 patients, what is it -- what are your responsibilities?

2 A. You care for your patients, cover for
3 other patients while nurses go on break. I see to the
4 staffing for the floor. I make sure the assignments
5 are correct and put up on the board. There's some
6 paperwork that needs to be done as far as my Charge
7 Nurse duties go. There's paper chart orders to do.
8 There's lots of things for each child to be done.
9 There's a lot to be done.

10 Q. So you are kept pretty busy throughout
11 the night?

12 A. Yes.

13 Q. And if you're too busy, you don't take
14 your break?

15 A. That's right.

16 Q. You indicate there in your note, you've
17 described in your evidence that you put the Corometric
18 monitor on. Did you put the Corometric monitor on?

19 A. I did.

20 Q. And as far as you were aware at that
21 point, you didn't have an order that said "Put
22 Corometric on?"

23 A. No.

24 Q. Why did you put the Corometric on?

25 A. Standardly with PCA patients, the least

1 that you have is a Corometric monitor, and I thought it
2 was prudent to put one on her.

3 Q. So you used your clinical judgment to
4 put a Corometric on?

5 A. Yes.

6 Q. And the alarm settings that you chose, I
7 think you said earlier you chose those with reference
8 to children in surgical pain?

9 A. That would be the normal ranges that I
10 would use with my patients, yes.

11 Q. And so the heart rate limit that you've
12 set at 50 to 160, is that your understanding of what's
13 usual for the patients that your floor cares for?

14 A. I think if you looked at some of the
15 monitors now, you'll find those settings. That's
16 standard sort of settings that we use.

17 Q. All right. So it's the standard
18 settings that you and others on your unit use?

19 A. Yes.

20 Q. And the apnea alarm, you've indicated
21 you started at a 20-second setting. Again, in your
22 experience, is that a usual setting?

23 A. Yes.

24 Q. And in your experience in a normal
25 breathing pattern, can you get gaps of up to 20 seconds

1 that aren't concerning?

2 A. Yes.

3 Q. Even when someone is sleeping?

4 A. Yes.

5 Q. Now, you've noted that the monitor went
6 off three times.

7 A. Yes.

8 Q. Take us through what you did when the
9 alarm went off.

10 A. I left the room and when I left the room
11 the monitor went off and I tried to get to it as soon
12 as I could so that it didn't keep alarming, and put it
13 on reset, checked Lisa and took off the reset and it
14 didn't alarm again.

15 MS. BROWNE: I'm sorry, I'm having a bit of
16 trouble hearing you.

17 THE WITNESS: I'm sorry. I left again, like
18 I said in my note here, I think to do
19 paperwork. I don't recall what it was I was
20 doing. The alarm went off again and I went
21 back in and I think I got a pair of scissors
22 at that time and reset the inside of the
23 monitor to 30. I left the room, and I think
24 in between that period of time, I got my
25 stuff together and got report and went into

1 the Constant Care Room and I'd left a set of
2 my papers at the desk, came out of the
3 Constant Care Room to pick those up and the
4 monitor was going off again, and that time I
5 went back in with my scissors and checked the
6 monitor, checked Lisa and turned it off.

7
8 BY MR. HAWKINS:

9 Q. And turning the apnea alarm off is not
10 something you've done before?

11 A. No.

12 Q. And when you met with or had a
13 discussion with Mary Douglas that day after Lisa had
14 arrested, did you tell Mary that?

15 A. Yes, I did.

16 Q. You didn't try to hide that fact from
17 her?

18 A. No.

19 Q. You know, as I read the discussion you
20 had with Mary, she's recorded that you were second-
21 guessing yourself.

22 A. Well, I was concerned because I had
23 turned the apnea off and I had never done that before
24 and I simply didn't know what happened to the monitor,
25 what had happened, why Lisa had died. Many people,

1 like I said, had asked me about the monitor and when
2 you've never done something before that you did, and
3 something like that happens, it's nerve wracking.

4 Q. Well, can you describe how you were
5 feeling that morning?

6 A. Well, I was in shock. I was very upset.
7 I never expected anything like that and I was very
8 upset.

9 Q. Now, after your 1:45 to after 2:00
10 involvement with Lisa, you were in the Constant Care
11 Room for the next little while?

12 A. Yes.

13 Q. And then you took a break yourself?

14 A. Yes.

15 Q. During that time, were you involved in
16 Lisa's care?

17 A. No.

18 Q. And you handed over your patients to
19 Anagaile?

20 A. Yes.

21 Q. And it was your decision or you believed
22 that Anagaile could handle the patients on the floor?

23 A. Yes, it was.

24 Q. And why was that or why did you make
25 that decision?

1 A. I don't know if I asked Anagaile if
2 she'd be okay or not, but in retrospect I probably
3 should have. She voiced no concerns to me about
4 anything that was happening with her patients and that
5 she was okay to handle the patients on the floor. It
6 was a matter of going in and checking each child every
7 hour.

8 Q. And then you were next involved with
9 Lisa after you came back from your own break?

10 A. Yes.

11 Q. And what were you told by Anagaile at
12 that point?

13 A. Anagaile told me about her decreased
14 respirations, that she had called the doctor and spoken
15 with him, that she had taken away the PCA pump, the
16 button, and she had spoken with Dr. Schily, she told me
17 that, and he said to keep a close eye on her. I had
18 asked Anagaile if she had used the button a lot,
19 thinking that she was still using it and she said, no,
20 she hadn't used it at all.

21 Q. And you were asked a few moments ago
22 about why you keep noting the PCA settings. When you
23 take a PCA away, where does the -- like, how do you do
24 that physically?

25 A. You take the button away and the child

1 usually always has it in their hand, and when you're
2 taking it away, you take it away from them physically
3 and put it up on the pole.

4 Q. Okay. So the button stays in the room
5 on the pole?

6 A. Yes.

7 Q. And Jennifer demonstrated for us the
8 set-up down to the IV going into the patient's arm. Do
9 you -- that all stays in place?

10 A. Yes.

11 Q. So is one of the reasons you keep noting
12 and checking the PCA settings because the set-up is
13 still there?

14 A. Yes.

15 Q. And you want to be sure that it has not
16 been used?

17 A. That's correct.

18 Q. As you understood the report from
19 Anagaile, what was the main concern or what were the
20 issues at that point in Lisa's care?

21 A. The main concern had been her decreased
22 respirations and Anagaile thought that she -- it was
23 resolved, that she was picking up, her respirations
24 were of no concern anymore.

25 Q. And did she indicate that Dr. Schily had

1 given any orders or was particularly concerned about
2 the respirations?

3 A. She did say that he said to keep a close
4 eye on her, that's all.

5 Q. And then you went in and assessed the
6 patient at 5:00?

7 A. Yes.

8 Q. Can you take us through that assessment,
9 what you did?

10 A. Well, given that she had decreased her
11 respirations, I decided to go in and take an oral
12 temperature as opposed to -- an auxillo (ph.) temp is
13 what we would normally do, and I wanted to make sure
14 that she was waking up, that she was rousable. I asked
15 her to open her mouth for the thermometer and she did.

16 Once I finished her temperature, I checked her pulse
17 and I checked her respirations with my stethoscope, and
18 I compared the heart rate and respirations with the
19 monitor to make sure they were correlating, and left
20 the room.

21 Q. And you've been asked a lot or we've
22 heard a lot about a sedation scale. How do you assess
23 a sedation scale?

24 A. It's basically to check that the child
25 is rousing easily or not easily or difficult to rouse,

1 and we do that every time we go in the room. We make
2 sure that the child is breathing normally and if she
3 moves when you come in the room or has moved positions
4 when you come in the room, you know that she's sleeping
5 normally.

6 Q. And were you satisfied at 5:00 that Lisa
7 was sleeping normally?

8 A. Yes.

9 Q. And when you asked her to open her mouth
10 to take an oral temperature, did she do what you asked
11 her to do?

12 A. Well, she turned her head towards me.
13 It was faced the other way and she turned it towards
14 me. I didn't have to move her at all.

15 Q. When you went in at 5:00, you didn't do
16 a blood pressure?

17 A. No, I didn't.

18 Q. Why didn't you?

19 A. I realized through the night that I
20 wanted Lisa to sleep. My concern was that she was
21 tired when she came in. The request was that they
22 sleep and I thought she was in no distress and that I
23 could let her sleep through the night instead of waking
24 her up and knowing that in a couple of hours somebody
25 was going to come in and take a full set of signs and

1 do a blood pressure at that time.

2 Q. I believe in earlier questioning you
3 referred to Lisa's condition at that point as stable.
4 What did you mean by that?

5 A. It means that she had a normal
6 respiration, her heart rate was slightly elevated. Her
7 temperature was fine. She was rousable, and I
8 considered her to be stable.

9 Q. Now, Nurses Douglas and Stinson, who
10 have testified earlier, have talked about the
11 monitoring protocol for patients on PCA pumps, and
12 specifically the issue that's come up is when does the
13 four-hour period start. Can you comment on that or
14 what's your understanding?

15 A. My understanding is the four hours
16 starts at the initiation of therapy, so our patients
17 generally come from the PACU (ph.), post-op, post-
18 anaesthetic room, and PCA's are started down there and
19 we continue the four hours from the PACU, from the time
20 that they start their PCA down there.

21 Q. So, in your mind as you understand the
22 protocol, the key time is when the therapy is started?

23 A. That's what we've always practised, yes.

24 Q. You next went in to check Lisa at 6:00?

25 A. Yes.

1 Q. What did you do at that time?

2 A. I counted her respirations. She looked
3 like she was asleep. I didn't check her pulse
4 radially. I looked at the monitor and it was
5 correlating to the last time that I checked her, and so
6 I wrote it down from the monitor.

7 Q. Why didn't you actually take her pulse
8 that time?

9 A. She looked like she was sleeping
10 normally and I didn't want to physically touch her and
11 wake her because she had been sleeping before and I
12 wanted her to sleep.

13 Q. And at that point was the monitor, the
14 Corometric on and working?

15 A. Yes, it was.

16 Q. And did you do anything at that time to
17 turn it off?

18 A. No.

19 Q. Or otherwise disable it?

20 A. No.

21 Q. The next time you would ordinarily do
22 rounds is at 7:00?

23 A. Yes.

24 Q. And you've stated that you try to do
25 your rounds on the hour, but you didn't do it that

1 morning?

2 A. I had started down the other end of the
3 hall with my other four patients and the doctors had
4 come up that hall to start their rounds, and I just
5 continued on rounds with them, and decided I'd go into
6 Lisa's room when I went into the room with the doctors.

7 Q. So you were start -- you were doing your
8 7:00 rounds and hadn't got to Lisa?

9 A. Yes.

10 Q. Then we've been through what happened
11 when you went into the room with the orthopaedic team.

12 The monitor was in the room at that time?

13 A. Yes, it was.

14 Q. Did you make any observation as to
15 whether the monitor was still attached to Lisa?

16 A. I didn't look specifically, no.

17 Q. You hadn't looked at Lisa at the point
18 where the code was called?

19 A. I looked at Lisa and we decided that a
20 code needed to be called, ran out of the room, called
21 the code, went and got the crash cart and came back in
22 with the crash cart and then I ran back out to get the
23 narcan in the medication room and somebody was already
24 getting it, so I went back to the room and there was
25 many people there already, and at that time, somewhere

1 in that period of time I looked to see what was
2 happening with the monitor and saw that it was off.

3 Q. And after the arrest, you said you
4 talked to Mary Douglas and others. You told them about
5 the Corometric monitor?

6 A. Yes.

7 Q. And you told them, as well, that you
8 turned the apnea alarm off?

9 A. I told Mary, yes.

10 Q. Did it ever cross your mind to try to
11 hide that fact from anybody?

12 A. No.

13 Q. You also told Mary the settings that
14 were on the Corometric?

15 A. I told her what I thought they were,
16 yes.

17 Q. Did you understand that she went and
18 checked?

19 A. Yes. She told me she was going to go
20 and check.

21 Q. And so you didn't try to hide that from
22 her at all?

23 A. No.

24 Q. And you were asked about the coroner's
25 involvement. Now, you knew that the coroner was going

1 to be involved?

2 A. Sometime later that morning, yes, I
3 knew.

4 Q. Had you ever been involved in a
5 coroner's case before?

6 A. No, I haven't.

7 Q. Did you know anything about the process
8 for a coroner's case?

9 A. No. No, I didn't.

10 Q. Had anybody told you about what you were
11 supposed to do or not supposed to do in a coroner's
12 case?

13 A. No, no one told me.

14 Q. Had anyone told you about what
15 documentation you were supposed to keep in a coroner's
16 case?

17 A. No one told me what documentation needs
18 to be kept for the coroner's case. Several people
19 asked me to document a note. They didn't say it was
20 for a coroner's case, it was just, they said, for my
21 own memory purposes that I should do that.

22 Q. And did you at any time talk to the
23 coroner?

24 A. No, I didn't.

25 Q. Now, the worksheet that you kept, and

1 you talked about what goes on the worksheet. What
2 typically happens to that piece of paper at the end of
3 the shift?

4 A. You usually throw it out in the
5 disposable bin afterwards before we leave the floor.

6 Q. Why do you do that?

7 A. Well, the patient's name is on it and
8 for confidentiality purposes, you're not supposed to
9 just throw them in regular garbage, and you throw them
10 in the red confidential bin that gets shredded.

11 Q. Did it occur to you that that document
12 should be saved as part of a coroner's case?

13 A. No, I didn't think of it. No.

14 Q. Because you didn't understand, or did
15 you understand the process and that 14 months later
16 someone would be asking for it?

17 A. No, I had no idea.

18 Q. Now, we've talked about the care plan
19 that prints out every morning, and I think you
20 indicated that the first time you saw that care plan
21 was on the nursing desk?

22 A. Yeah, it somewhere between the nursing
23 desk and the printer. Someone was either setting them
24 out or doing something with them.

25 Q. Were you involved that morning in

1 pulling those care plans off the printer and
2 correlating them and getting them ready for the day
3 shift?

4 A. No. It should have been my job, but
5 there was too much going on and somebody else took it
6 on.

7 Q. Now, you looked at the care plan that
8 morning. What do you recall seeing on the care plan?

9 A. I recall seeing the suspended sign --
10 the word "suspended" at the top and I recall looking at
11 the PCA orders to verify that what I was doing with the
12 PCA was correct. It was the same as the one on the
13 written order, and I looked to see if there was any
14 other medication orders that I may have missed.

15 Q. So your focus was on the PCA and the
16 medication orders?

17 A. Yes.

18 Q. And after you looked at the care plan,
19 what did you do with it?

20 A. I left it where it was.

21 Q. A few days later, I understand, when you
22 were working, you went back and looked at the care
23 plan?

24 A. Yes.

25 Q. And you printed a copy out?

1 A. Yes.

2 Q. And that's what you found at home last
3 night?

4 A. That's correct.

5 MR. HAWKINS: Can we perhaps make that the
6 next exhibit?

7 CONSTABLE CULLETON: 41.

8 THE CORONER: 41.

9

10 --- EXHIBIT NO. 41: Two-page nursing care plan found at
11 home by Ruth Doerksen

12

13 BY MR. HAWKINS:

14 Q. Why did you go back in a few days later
15 to look at the chart?

16 A. Again, there had been no answers as to
17 Lisa's death, as to what had happened to her, why she
18 had died, and I was concerned that there was something
19 that I had missed in my care, and knowing that there
20 were suspended orders, I wanted to see and look again
21 at the and make sure that there was nothing that I
22 thought I had missed.

23 Q. And this information was there on the
24 computer?

25 A. Yes, it was.

1 Q. And it was there for anyone with a
2 password to look at?

3 A. Yes.

4 Q. When you went in and looked at it, did
5 you try to make any changes to it?

6 A. No.

7 Q. You just looked at it and printed it
8 out?

9 A. Yes.

10 Q. And what did you understand happened to
11 the information on the computer when the patient is
12 discharged?

13 A. I have no idea what happens to
14 information after a patient is discharged. In a normal
15 discharge, it prints out for us and we put it into the
16 chart after a patient goes home, but in this situation
17 I don't know what happens to it.

18 Q. But you didn't go through the process of
19 discharging Lisa on the computer?

20 A. No, I didn't do that.

21 Q. But in the ordinary process, you'd
22 expect this information to end up on the paper chart?

23 A. Yes.

24 Q. And after the death, I understand or
25 you've said earlier you were waiting for someone to

1 come to talk to you about it?

2 A. Yeah, I thought that either that day or
3 the next day that someone would come and speak to me
4 about it and I don't know when exactly I talked to Bill
5 about it, but I did eventually ask what was going on
6 and if someone was going to talk to me or what was
7 happening.

8 Q. And for quite some time, nobody came to
9 talk to you about it?

10 A. Right.

11 Q. And did it ever cross your mind to try
12 to hide any of this stuff?

13 A. No. I thought all the information there
14 was regarding Lisa Shore was available to everybody
15 else; the same information I had, everyone else had.

16 Q. And you had no personal involvement in
17 conveying the chart or any of the chart information to
18 the coroner?

19 A. No, I did not.

20 Q. That was not your responsibility?

21 A. No.

22 Q. Now, just as a last question, you've
23 been on the witness stand for the better part of two
24 days now. Can you tell me what effects Lisa's death
25 has had on you?

1 A. It's been a difficult time. It's been
2 very difficult for me to live with something that I
3 know I could have had a part in, that I played a role
4 in someone who died. It's difficult to have a patient
5 that actually dies on you. It's not something that we
6 see every day. And I have children of my own and, you
7 know, I go home at night and think sometimes Lisa's mom
8 and dad don't have her anymore and I have my three
9 children.

10 Q. Do you still think about it all the
11 time? What do you think about when you're reviewing it?

12 A. It goes over in my head all the time
13 what happened. I try and figure out what happened,
14 what could have gone wrong, what did go wrong, and
15 simply trying to find an answer and I don't find it.

16 Q. Has it had an effect on the way you
17 practice nursing?

18 A. I certainly try to document a lot more.
19 I've -- as part of the peer review process, each year
20 we set up some goals for ourselves, and part of my goal
21 last year was to set up a what's called "Nursing
22 Practice Rounds," and it's a forum for nurses to be
23 educated on new things, new policies and procedures in
24 the hospital. It's a forum to discuss things such as
25 Lisa's death, and I think it's been ongoing and helpful

1 for people on the floor. I mean, certainly my
2 confidence has been shaken and you second guess
3 yourself all the time.

4 MR. HAWKINS: Thank you, ma'am. Thank you,
5 Dr. Cairns. Those are my questions.

6 THE CORONER: Does the jury have questions
7 for the witness, please? Yes.

8 JUROR #2: I have a few questions that I'd
9 like to clarify information, please.

10
11 CROSS-EXAMINATION BY THE JURY:

12 BY JUROR #2:

13 Q. We've heard that the other nurse, Nurse
14 Soriano, was left with the children for over two hours
15 while you were in the Constant Care and on your break
16 yourself. Does she fully understand that you were
17 available for her at that time?

18 A. Yes.

19 Q. And just out of curiosity, do you feel
20 that you had an open lines of communication ---

21 A. Absolutely.

22 Q. --- between the two of you? There was a
23 good rapport?

24 A. Yes.

25 Q. Do you have a direct supervisor?

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A. Sorry?

Q. A direct supervisor that you report to?
We've heard about the manager.

A. There's a Nursing Supervisor for the hospital, the entire hospital, that works through the night.

Q. But someone who -- I'm thinking more like someone who would be available for you to speak to should any problems arise? Like, would you be considered a Nurse Supervisor as a Charge Nurse?

A. No. I'm in charge only for our floor, but there's a supervisor for the entire hospital of nurses, but directly someone else (inaudible).

Q. So if you have problems that you wanted to discuss or if you were looking for any kind of consultation, the only person that would be available would be the hospital supervisor that you could be in touch with?

A. She's not somebody that we normally consult for care.

Q. That's what I'm trying to get at.

A. Yes. No, there would ---

Q. Who would be the normal person you would consult for care?

A. There wouldn't be another nurse, no.

1 Q. Okay. You said that you had turned off
2 the apnea alarm because you felt Lisa needed to sleep.

3 When you left Nurse Soriano in charge, did you convey
4 that message to her that it was probably important for
5 her to sleep and -- and to do whatever is possible to
6 let her sleep?

7 A. Anagaile had taken the report from the
8 nurse in the Emergency Room, and I think it was
9 conveyed to her as well that they wanted to come up and
10 sleep. They were very tired.

11 Q. So you saw that as the priority ---

12 A. Yes.

13 Q. --- that the child sleep?

14 A. Yes.

15 Q. Again, with Nurse Soriano, I understand
16 that she had been practising as a nurse for three
17 months. We've heard testimony from other nurses saying
18 about clinical judgment, it would be based on
19 experience and -- practical experience, nursing
20 experience, that over the years they would develop this
21 clinical judgment. Did you feel that there months
22 would give that kind of practical experience and
23 knowledge to be assessing and making clinical judgment?

24 A. I had confidence in Anagaile's care and
25 that she would say something to me if she didn't have

1 that.

2 Q. Okay. You had said that you attended
3 to Lisa and that you had the notes from Emergency,
4 doctor's orders, and there were six pages, I
5 believe ---

6 A. Yes.

7 Q. --- or whatever number, and that from
8 there you went into the Constant Care, you returned to
9 get pages from the nurses' desk, went back in and you
10 did the patient assessment and you had an opportunity
11 to review the doctor's orders that had come up from
12 Emergency, and you had no contact, further contact with
13 Nurse Soriano through the night until you came off
14 break.

15 A. That's correct.

16 Q. I guess what I'm wondering is, were the
17 doctor's orders in your possession that two-hour
18 period?

19 A. I probably would have had Lisa's chart
20 in the Constant Care Room with me, and then left it at
21 the desk when I went out for my break.

22 Q. Would you have left it at the desk on
23 your way out?

24 A. Yes.

25 Q. So she did ---

1 A. I didn't take it on my break with me,
2 no.

3 Q. Did she have orders available to her?

4 A. Well, the chart was at the desk.

5 Q. But did the chart have the doctor's
6 orders available to ---

7 A. There were some doctor's orders in it,
8 yes.

9 Q. So that's where she would have gotten
10 Dr. Schily's name to contact him? I just got the
11 impression that you had the doctor's orders through the
12 evening and I was curious how she would know to contact
13 Dr. Schily?

14 A. The pain service pager number is on our
15 board. I don't know if you saw the picture earlier.

16 Q. Yes.

17 A. But there's a list of all the services
18 on there, so (inaudible) pager numbers.

19 Q. But she did have the orders available to
20 her?

21 A. They were in the chart, yes.

22 Q. Okay. I wasn't sure on that.

23 THE CORONER: You're talking about the
24 written orders?

25 JUROR #2: The written orders from Dr.

1 Schily that came ---

2 THE CORONER: Not the suspended orders?

3

4 BY JUROR #2:

5 Q. No, the written ones, because from what
6 I understand, they were needed to input information to
7 make a case care package, which you were doing while
8 you were in the Constant Care Room?

9 A. That's correct.

10 Q. Which would have been from 2:00 until
11 3:10, approximately?

12 A. Approximately.

13 Q. So you had them with you during that
14 period?

15 A. Yes.

16 Q. Through the period when Nurse Soriano
17 tried to contact Dr. Schily. I was just curious how
18 she'd know to contact him. And then I have one further
19 question. Mr. Hawkins was just speaking to you about
20 the sedation scale, just now, and he was asking you how
21 you take the sedation scale and you were saying that if
22 the patient moves when you enter the room ---

23 A. Yes.

24 Q. --- or has moved since the last time you
25 were in the room, then you can note that they are

1 sleeping normally?

2 A. Yeah, if they change ---

3 Q. So you can remember from an hour
4 previously if ---

5 A. Yes. Quite often kids turn upside down
6 in the bed.

7 Q. So if you make a note of "asleep," it
8 might be based on a visual notation that they've moved
9 since the last hour that you were in the room?

10 A. Well, I check the respirations and she
11 was sleeping.

12 Q. Because I must admit, we were asking
13 Nurse Stinson about the sedation scale and the effort
14 that would be required to assess a patient on the
15 levels, and I understood it differently, that perhaps
16 you would have to go through a bit more effort to
17 ascertain what level of sleep or sedation they were in.
18 You did yours by the visual?

19 A. If I had done a formal sedation scale, I
20 would have put in the letter "S."

21 MS. BROWNE: I'm sorry, I missed that last
22 answer.

23 THE CORONER: I think the witness stated
24 that if she had a done a formal sedation
25 scale, she would have put in the letter "S,"

1 is that correct?

2 THE WITNESS: Yes.

3 JUROR #2: Based on the visual.

4 THE CORONER: Any other questions from the
5 jury?

6

7 BY JUROR #5:

8 Q. When Mr. Gomberg -- Lisa's mother said
9 she did not see the monitor, was the curtain drawn
10 where she was sleeping?

11 A. Where Mrs. Shore would have been, the
12 curtain would have been, the curtain was half drawn.

13 Q. She couldn't see it?

14 A. She, well, she couldn't just look --
15 through the curtain you can't see, no.

16 Q. That's what she meant?

17 A. Yes.

18 JUROR #5: Thank you.

19

20 BY JUROR #3:

21 Q. Is it usual for the monitor to have
22 false alarm?

23 A. Yes. For apneas, bigger children have
24 (inaudible).

25 Q. And you have indicated in your writing

1 here that you noticed that Mrs Shore was about to sleep
2 and then when you came back, that's when you turned off
3 the apnea monitor hoping that they would be able to
4 have a good sleep for that night?

5 A. Yeah, I didn't want to ---

6 Q. So then she could have -- you knew then
7 that she was in that room at the time when the alarm
8 went off?

9 A. I knew Mrs. Shore was in the room. I
10 did not see her leave the room at any time. She was in
11 the room as far as I ---

12 Q. So she could have heard the alarm when
13 it went off?

14 A. Yes.

15 Q. Another question that I have, looking
16 into the hospital flow sheet, what is the normal
17 respiration and pulse rate? You have indicated here
18 126 and respiration 61.

19 A. Yes.

20 Q. And at 6:00, 126 and 14. What is the
21 normal?

22 A. The normal for a child Lisa's age is
23 anywhere from 60 to 110.

24 Q. 16?

25 A. 60. The heart rate?

1 Q. The pulse rate of 126 that you have
2 indicated in there.

3 A. Yes.

4 Q. So what is the normal?

5 A. The normal is about 60 to 110.

6 Q. 210.

7 A. 110.

8 Q. Now, when you have indicated in here,
9 like, the pulse rate I can see from 120, 130, 134 and
10 it went down to 126, 126, so meaning that all of a
11 sudden at 7:00, there was nothing?

12 A. That's correct.

13 Q. Is this not a sudden change?

14 A. It was (inaudible).

15 Q. I just don't understand.

16 A. I'm sorry, I can't explain it.

17 JUROR #3: Thank you.

18 THE CORONER: There will be some other
19 expert witnesses that hopefully will help you
20 with some of those questions.

21 JUROR #3: Mm-hmm.

22 THE CORONER: Any further questions from the
23 jury?

24

25 BY JUROR #4:

1 Q. You mentioned, I think the reference was
2 a "preceptor"?

3 A. Yes.

4 Q. Could you explain that again to me?

5 A. A preceptor is sort of someone you work
6 along with when they're starting employment and new to
7 the floor, and you shadow them, in a way, and they'll
8 start out with just helping you out with your set of
9 patients, and eventually after a three-month period of
10 time, the person will have their own -- will care for
11 those patients by themselves and I'm just there to help
12 them out, to make sure that they're learning what's
13 needed to be learned for our floor.

14 Q. I see. Now, given the chart behind you
15 or the flow sheet.

16 A. The flow sheet, yes.

17 Q. Now, had that been done by the nurse
18 after three months, and you looked at it knowing the
19 original orders, would that concern you at all?

20 A. It did not concern me, no.

21 Q. I'm sorry?

22 A. It did not concern me. I thought that
23 Anagaile was appropriately checking her respirations as
24 frequently as she did.

25 Q. No, but like a -- given the fact that

1 none of the tests were given at all, like, with the
2 blood pressure and all the different ---

3 A. I wasn't concerned. I thought that
4 Anagaile was looking at her respirations and that was
5 her main concern, and that she looked in frequently.

6 JUROR #1: Will we have another opportunity
7 to question this witness?

8 THE CORONER: That may well be the
9 situation. I mentioned yesterday that there
10 are things coming out that none of us have
11 known about, which may require a further
12 review at a later stage, so certainly, if you
13 as the jury feel that it's necessary to
14 recall this witness at a time later in the
15 inquest when you have more information, that
16 will be available, and if you would ask for
17 that, I will certainly recall the witness.

18 JUROR #1: Yes, I understand we can request
19 a recall, I just wondered if perhaps we would
20 -- if we complete our questions here, is that
21 our last opportunity?

22 THE CORONER: No.

23 JUROR #1: Today or ---

24 THE CORONER: No, it's not. But there will
25 be some other questions, I think, this

1 morning of Counsel, but if you just think of
2 things over the weekend or whatever and you
3 wish on Monday the witness to be recalled,
4 the witness will be recalled, particularly in
5 light of the fact that much of her evidence
6 was not known to anyone until yesterday, so
7 that was the agreement, so don't feel
8 compelled that if there's something that you
9 want to ask in a few days' time that you're
10 not sure about now, because it may be cleared
11 up by someone else, you will have that
12 opportunity.

13 JUROR #1: Mm-hmm. And so then we
14 anticipate that Ms. Doerksen will be on the
15 stand this afternoon after recess or lunch
16 and then I could hold my questions?

17 THE CORONER: It's not anticipated that
18 she'll be on the stand this afternoon. It's
19 anticipated that Anagaile will be on the
20 stand this afternoon. JUROR #1: I see.
21 This is my only opportunity.

22 MR. GOMBERG: Dr. Cairns, if it helps, I'm
23 going to be 15 minutes with her and in light
24 of what you've told us in the meeting that we
25 had this morning, it might be an appropriate

1 time to take a break. That will assist the
2 jurors in formulating whatever questions they
3 have, because we're getting to the time where
4 if we don't take one, we're not going to be
5 taking one at all.

6 THE CORONER: Would it be helpful for you to
7 have ten minutes?

8 JUROR #1: Very much so, sir.

9 THE CORONER: Okay, fine. We'll recess for
10 ten minutes.

11
12 --- A BRIEF RECESS

13
14 BY JUROR #1:

15 Q. Yes, I just have two or three questions
16 now. In your testimony, you gave us an explanation or
17 a partial explanation as to why you didn't access those
18 Kidcom orders, as to the fact that you didn't know the
19 doctor's name.

20 A. I'm sorry?

21 Q. Do you recall that? Earlier on in your
22 testimony, you suggested that one of the reasons you
23 did not access the Kidcom orders when Lisa arrived on
24 your floor was that you didn't know the name of the
25 doctor.

1 A. No, I think I was talking to Mr. Hawkins
2 about ---

3 Q. I don't believe it was Mr. Hawkins that
4 you were speaking with when I recall this testimony,
5 and you suggested as a possible explanation that you
6 didn't access the Kidcom orders because you weren't
7 aware of the name of the doctor that was caring for
8 Lisa.

9 A. No, I don't think -- I knew it was under
10 -- that she was admitted under Dr. Wright. That's all
11 I knew.

12 Q. So that is incorrect, then, for me to
13 understand that you didn't access the Kidcom orders
14 because you didn't know the name of the doctor?

15 A. I can access the computer at any time as
16 long as Lisa's name is on the computer.

17 MR. KRKACHOVSKI: Mr. Coroner, perhaps to
18 assist the witness and the juror, I believe
19 when Ms. Browne was asking about the Kidcom
20 orders, Nurse Doerksen mentioned something
21 about there being some confusion about who
22 the doctor was going to be or words to that
23 effect, and I think that's what the juror is
24 talking about.

25 THE WITNESS: Oh. Oh, okay. I think what I

1 was trying to say, that it was very confusing
2 about who the doctor was going to be
3 admitting Lisa, and that's not the reason
4 that I didn't access the Kidcom orders, but I
5 wasn't sure who was going to be writing those
6 orders and when I got the written orders, I
7 thought that's all that I had.

8
9 BY JUROR #1:

10 Q. I'm sorry. Can you just take me through
11 that again?

12 A. When I first heard about Lisa, there was
13 some confusion as to who the doctor was that was going
14 to be the primary carer for Lisa, and when I spoke with
15 the nurse, she said that Dr. Wright was going to admit
16 Lisa and it would be the anaesthesia pain service that
17 would write the orders, so if there was any orders to
18 be expected, it would be from the pain service

19 Q. Mm-hmm.

20 A. And so any orders that were to be
21 followed, from my understanding with this nurse that
22 the orders would be from the pain service, and so, when
23 I got those written orders with the Emergency
24 (inaudible) from Emergency, I thought -- and they were
25 written by the pain service, I thought those were the

1 orders.

2 Q. Mm-hmm. And Dr. Schily's name was on
3 those Emergency Room orders, I think, two or three
4 times on the right-hand side?

5 A. Yes.

6 Q. Very clear, and that didn't tweak you to
7 perhaps say, "Oh, Dr. Schily's the appropriate order
8 giver here, so I'll access Dr. Schily's ---

9 A. No, it doesn't work that way. I would
10 have to pick Lisa's name on the computer.

11 Q. Yes?

12 A. And you don't pick it according to the
13 doctor, you don't need to know the doctor's name, you
14 just pick the child's name.

15 Q. So your not being clear on the doctor
16 that was treating Lisa, then, was really not a concern,
17 is that what we're saying, then, I guess? Okay. I
18 heard testimony from an expert earlier on such things
19 as orders, and the testimony clearly stated that
20 Emergency Room orders were for Emergency Room Nurses
21 only. What is your understanding of that?

22 A. Well, often we get patients up from
23 Emergency with handwritten orders, and we're to follow
24 them until you get other orders for the floor, like
25 Kidcom orders. Very often, there is a printout of the

1 orders that we're to follow.

2 Q. Mm-hmm.

3 A. And those would be the ones then that
4 we'd follow, and if there are no other orders, then the
5 assumption is that you follow the last orders that are
6 written.

7 Q. So are you saying, then, that there's
8 often a gap between the Emergency Room orders and
9 orders that are -- that a doctor may send a youngster,
10 admit that child, have her sent to a ward and not have
11 orders entered on the computer as to how she's to be
12 cared for on the ward, there is a gap?

13 A. Sometimes that does happen, yes.

14 Q. Does that happen frequently?

15 A. Not a lot, no.

16 Q. Does that happen today or did that just
17 happen in 1998?

18 A. Oh, I think it still happens today.

19 Q. So it happens that nurses use Emergency
20 Room orders to treat patients, until what time?

21 A. Usually we would know that the -- the
22 nurse may say the doctor's gone to the OR, he's going
23 to put the orders in in a few minutes or within an hour
24 or I might have had a call from a doctor to say that
25 he's going to come up to do it, or any number of

1 things. He may even ask me to do it. That happens.

2 Q. Okay. So if you're treating a youngster
3 on your ward with Emergency Room orders because you
4 know from some source that Kidcom orders are not
5 entered yet by a doctor, he hasn't completed that task
6 ---

7 A. If I know, yes.

8 Q. If you know, yes. When is it incumbent
9 upon you, then, to check the computer to see if the
10 Kidcom orders are available so that you can move from
11 the Emergency Room orders into the orders that are
12 meant for floor treatment, floor care?

13 A. In those sort of situations, you usually
14 know if the doctor has asked you to wait a while or
15 that he's coming up and we have some indication of when
16 to expect orders.

17 Q. Mm-hmm. And you had no indication --
18 using those Emergency Room orders that night, you had
19 no indications as to when Kidcom orders would be
20 available?

21 A. No, I did not.

22 Q. Is that because you forgot to check ---

23 A. I forgot to check ---

24 Q. --- or you chose not to check?

25 A. No, I forgot to check.

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Q. You forgot to check?

A. I didn't choose not to check, no.

Q. Okay. And I believe in earlier testimony you said that "upon admission" means when a child is physically on your ward, a ward, the floor?

A. Yes.

Q. How do you feel about that statement today, because -- is that correct? Is that your view of what "upon admission" means?

A. It means when they come to the floor.

Q. When they come to the floor?

A. Yes.

Q. Okay. Am I incorrect then -- this morning when Mr. Hawkins asked you what "upon admission" means, am I incorrect then that -- to think that you said it means when the youngster, the patient is in -- it begins upon Emergency and so that "upon admission" means all the therapy that took place during the Emergency Room treatment, and so that time then accumulates? Is that what I understood you to say this morning?

A. I'm sorry. I think we were talking about starting the PCA. Is that what we were talking about?

Q. No, I was talking about the time when

1 admission, what the word "admission" or "upon
2 admission" means, and when treatments kick in.

3 A. Treatments could start in Emerg and
4 carry on on our floor. We don't ---

5 Q. No, no, but treatments that are
6 requested to be done upon admission as opposed to
7 treatments that had been previously requested in
8 Emergency.

9 A. I'm sorry, I don't understand.

10 Q. You don't understand?

11 THE CORONER: I can help you. In the
12 suspended orders, Dr. Schily wrote that the
13 sedation scale, the pain scale, the heart
14 rate, the blood pressure and the respiratory
15 rate were to be checked every hour for four
16 hours on admission, and I think what the jury
17 member is saying is that "on admission" means
18 -- you said that means when they get to the
19 floor, so he, in those suspended orders, is
20 not talking about -- he's saying "on
21 admission" as opposed to when PCA is started.

22 THE WITNESS: Yes, on admission means to the
23 floor.

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25 BY JUROR #1:

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Q. To the floor?

A. Yes. And my ---

MR. HAWKINS: Just to confuse things, I apologize. I was intending to ask her about protocol, not what Dr. Schily's orders had said is what I was intending to ask her.

JUROR #1: Because I thought Ms. Doerksen said in relation to Lisa's treatment, when we're thinking of the hourly checks, respirations, saturation, sedation, arousal rates and so on and so on and so on, I thought that was the issue of your question this morning when you asked about "upon admission."

MR. HAWKINS: No.

JUROR #1: And Ms. Doerksen's response was that "upon admission" could mean that if the child was in Emergency for some period of time, two hours or whatever, that that's when the upon admission would begin.

MR. HAWKINS: No.

JUROR #1: So therefore ---

MR. HAWKINS: If I created ---

JUROR #1: --- you would be reducing the time that you would have to make those closer

1 checks, if that were the understanding, and
2 if that were the protocol.

3 MR. HAWKINS: I apologize if I created a
4 confusion, but I was not intending to ask her
5 in reference to Dr. Schily's order, which
6 does say "on admission." I was intending to
7 ask her in respect of the protocol and what
8 her understanding of what the protocol
9 required, because based on her evidence she
10 was not aware of that order.

11 JUROR #1: I'm sorry, Mr. Hawkins, so you
12 were asking her about the protocol as to upon
13 admission and what that -- how that is
14 characterized?

15 THE CORONER: He's referring to the protocol
16 for the PCA pump.

17 JUROR #1: PCA.

18 MR. HAWKINS: And in reference to Nurses
19 Douglas and Stinson, who testified as to when
20 the monitoring protocol starts for PCA pumps,
21 which they said is on initiation of therapy.

22 JUROR #1: Yes.

23 THE CORONER: I think we'll come back to
24 this. There is still some confusion, because
25 various parts of the protocol do say that,

1 yes, it's for the first four hours and it
2 starts. There's parts of the protocol that
3 says, I think, to the effect that it's on
4 admission they start, as well. We refer you
5 back to those -- I think your question's a
6 good one. It is one of the things that will
7 certainly, if there's confusion even at this
8 inquest about it, it's going to be something
9 we need to clear for you and it may be well
10 something that you need in your
11 recommendations, but I can't pull it for you
12 now, but I think we can get back to that.

13 MR. HAWKINS: And I think Ms. Douglas and
14 Ms. Stinson, Ms. Stinson in particular
15 acknowledged there was confusion in the
16 protocol.

17 THE CORONER: The protocol, from what we've
18 seen, does, to a certain extent, contradict
19 itself at times between when initiation and
20 when admission.

21
22 BY JUROR #1:

23 Q. And going back to those Emergency Room
24 orders, which were the only orders you were operating
25 from that night, when your colleague took over Lisa's

1 care when you went on break and into the Constant Care
2 room, did she have those Emergency Room orders with
3 her?

4 A. They were with me ---

5 Q. They were with you?

6 A. --- in the Constant Care room.

7 Q. So what was Ms. Soriano be using to care
8 for Lisa that night, just her nursing experience?

9 A. Well, no. She would know about the
10 patient and she would know that she was on a PCA.

11 Q. Yes.

12 A. And that she was there to rest for the
13 night.

14 Q. And could you tell me the difference
15 between the surgical patient on morphine on a PCA pump
16 and -- the difference between a patient like that and a
17 patient like Lisa?

18 A. Patients with surgical pain is often in
19 acute pain and you can see relief from the pain with
20 the morphine or whatever medications they're using, or
21 their reactions, if they have any, you can watch for
22 and it's immediate, and you usually follow them ---

23 Q. The reactions are immediate?

24 A. Yes. Often kids are itchy or they get
25 red and blotchy from morphine very soon after

1 initiation of the infusion, or boluses they get, so
2 usually the reactions that we see and that we get
3 (inaudible) that we get have reactions very soon after,
4 and that's what we're watching for when we watch them
5 closely for the first four hours. And the pain is
6 usually acute in the first few hours after surgery.

7 Q. Yes. Yes. So now these children could
8 be on -- these children are -- could be on PCA pumps,
9 is that ---

10 A. Yes.

11 Q. --- my understanding of surgical
12 patients?

13 A. Yes.

14 Q. And would they be on these pumps that
15 they push?

16 A. Yes.

17 Q. Yes. And so you would monitor them in a
18 similar way or a like way that you would be expected to
19 have monitored Lisa that night?

20 A. Yes.

21 Q. And I thought that you mentioned there
22 was some distinction. I'd like to know that
23 distinction. Would it be in terms of the amount of
24 morphine given? What is the distinction between a
25 surgical patient on morphine on a PCA pump and Lisa?

1 A. I can't explain to you exactly, but to
2 me a chronic pain patient may require more morphine or
3 more medication to alleviate the pain as opposed to ---

4 Q. And did Lisa have more morphine that
5 night than a surgical patient of her -- of the same age
6 and weight et cetera might?

7 A. She had a significant amount.

8 Q. She had a significant amount of
9 morphine, but did she have a significant amount more
10 than a surgical patient? Like, I'm trying to
11 understand the differences, the distinction between.

12 A. I can't make a distinction, because each
13 child is individual, and sometimes, very often, we have
14 a patient that comes up with a PCA that has not had any
15 boluses for pain, because, of course, they've had
16 anaesthetic, as well.

17 Q. Yes.

18 A. So they may not require it, but the
19 patients may have had one or two boluses, smaller
20 boluses in PACU compared to a child her age and weight,
21 and ---

22 Q. I'm sorry. The child may have had one
23 or two?

24 A. Smaller boluses.

25 Q. Smaller boluses?

1 A. Yes, yes. It depends on each individual
2 child that the anaesthetist decides to give them. And
3 the other thing is that generally PCA patients have a 1
4 milligram bolus (inaudible) of morphine, and Lisa had
5 one of 5 milligrams (inaudible).

6 Q. Mm-hmm, okay. So you did indicate
7 earlier there was a distinction and I'm not clear what
8 you meant by that. Could you tell me what the
9 distinction is between your caring for Lisa that night
10 and caring for a surgical patient on morphine, on a
11 morphine feed, on morphine and a PCA.

12 A. The distinction is probably that the
13 child would have had an anaesthetic, as well, from the
14 surgical procedure, as well as the morphine or whatever
15 medication that was being used.

16 Q. So does that mean that surgical patient
17 is more or less sedated than Lisa might have been?

18 A. It could be more sedated.

19 Q. The surgical patient would have been
20 more sedated, so they would need, what you estimated
21 that night to be more care than Lisa required?

22 A. Well, no. It would have been ---

23 Q. I just don't get it. I'm sorry.

24 A. Sorry.

25 Q. As to why -- why you would distinguish

1 the care between -- it would be very helpful for me to
2 understand that, as you understand our responsibility
3 here, as to why you treated Lisa in a manner
4 differently than you did -- than you would surgical
5 patients on morphine.

6 A. She had no anaesthetic, which makes it
7 easier for her to settle to sleep and less monitoring
8 might be required, because often the anaesthetist will
9 order the SAT monitor because the child has just come
10 out of an anaesthetic, as well as the medication, which
11 makes it clear to him that they need to have more
12 monitoring, and I think that's the only distinction
13 that I can ...

14 Q. Well, I fail to understand the
15 distinction. I guess I'll just have to leave it at
16 that. I don't understand the distinction that set Lisa
17 apart from your other patients in your care and your
18 close monitoring of her. I don't understand that
19 distinction.

20 A. I'm sorry, I can't help you anymore than
21 I have.

22 Q. You told Mr. Hawkins that you had given
23 a lot of thought to what happened that night. You
24 wondered what you could have done, what you did do,
25 what you might have done. Could you tell us now what

1 you could have done differently that would have altered
2 the outcome?

3 A. Certainly if I'd seen the orders, the
4 monitoring issue would have been -- more frequently
5 monitored.

6 Q. Mm-hmm.

7 A. I could have done a couple of blood
8 pressures.

9 Q. You could have done a couple of blood
10 pressures?

11 A. Yes.

12 Q. Mm-hmm.

13 A. When I look back, I don't know what
14 there
15 is that I could have done differently, that I would
16 have done ...

17 Q. You don't know what you would have done
18 differently, looking back?

19 A. Well, certainly, I would have done
20 sedation scales and a pain scale.

21 Q. And if you had a patient today with the
22 same elements that were apparent with Lisa that night,
23 can you tell me if you would change your treatment of
24 that patient?

25 A. Well, I would -- clearly I would check

1 the orders and make sure that I was following the
2 ordered protocol.

3 Q. You would check the orders. And you
4 work with -- you're a Charge Nurse. You have
5 responsibility to less-experienced caregivers, people
6 that are you relying on you, people that are counting
7 on you, people that trust you and expect you to guide
8 them in a way that brings safety to the patients. Is
9 there anything that you have changed in educating or
10 guiding these rookie nurses?

11 A. We've talked about monitoring a great
12 deal. We've spend the past year doing a lot of in-
13 services on monitoring and the use of monitors. I've
14 been involved with purchasing monitors (inaudible) ...

15 Q. You've been involved in purchasing PCA
16 monitors, did you say?

17 A. Not PCA's. I'm sorry. Saturation
18 monitors.

19 Q. Oh, the oximeters?

20 A. Yes.

21 Q. Yes. Okay.

22 A. And, like I said, I have set up the
23 nursing care rounds on Tuesday mornings so that we can
24 educate these people on how monitoring should be done.

25 MS. BROWNE: I'm sorry, I'm wonder if your

1 voice could be kept up just a bit. It's
2 difficult for this side of the room the hear.
3 THE WITNESS: Nursing care rounds, we're
4 trying to see if there's something we can
5 catch ahead of time, that we can have a
6 chance for everyone to attend in-services
7 when they're on shift, and getting people in
8 to speak to -- different educators to speak
9 to problems and issues on the floor and over
10 the past year, monitoring has been one of our
11 (inaudible), one of our greatest issues to
12 discuss.

13
14 BY JUROR #1:

15 Q. These oximeters, how many oximeters --
16 well, I understand there's 13 on your ward now?

17 A. I don't know if they are on ---

18 Q. Well, I believe I heard the number.

19 A. --- our ward or 5AB, I'm not sure.

20 Q. 5AB. Someone here wanted to know about
21 the oximeters.

22 THE CORONER: Perhaps I can help. It's
23 obvious that there are further questions
24 required of the present witness. The only
25 problem we have is that we do need to

1 interrupt the evidence of this witness this
2 afternoon because the next nurse who is going
3 to be testifying, one of the lawyers who
4 needs to ask questions will not be available
5 on Monday and Tuesday, so we need to be able
6 to have her ask questions of that witness. I
7 therefore apologize, but we're going to have
8 to take things a little bit out of order, but
9 I appreciate and you are the important people
10 in this, that there are still some further
11 clarifications you wish from this witness.

12 I know that there are further questions
13 that have arisen out of some of the material
14 that was produced this morning that needs to
15 be asked by some of the other lawyers as
16 well, and perhaps Ms. Browne, so what I'm
17 going to do at this time is stop the
18 Examination of this witness at this time and
19 we'll recall her after Nurse Soriano has
20 finished her testimony, to complete this.
21 It's not what I'd normally do, but otherwise
22 we will not be able to sit on Monday and
23 Tuesday, and I'm looking at your convenience
24 as well as the convenience of all the other
25 people.

1 I certainly do not want you -- I can
2 tell that you feel you need more information.

3 You are the important people and therefore I
4 don't want to say you've got five minutes and
5 that's it. So instead of forcing you or
6 forcing others, we will resume with this
7 witness after we've heard from Nurse Soriano.

8
9 And we'll recess until 2:00 p.m.
10 and at that time, we will have Nurse Soriano,
11 and following her testimony, which will
12 certainly -- part of it will be this
13 afternoon and Ms. Posno is going to go first
14 on the Examination because she's not
15 available. She's going to ask her questions
16 related to the interest of her client, and
17 then we will go through the normal routine.
18 I don't know when we will finish with the
19 Examination of Nurse Soriano, be it Monday or
20 Tuesday, but following that, then Ms.
21 Doerksen can come back to answer any
22 questions that you have or any questions that
23 arise from this morning. We'll recess until
24 2:00 p.m.

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--- LUNCHEON RECESS

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THIS IS TO CERTIFY that the foregoing
is a true and accurate transcription of
my recordings and notes, to the best of
my skill and ability.

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Barbara A. Pollard
Certified Court Reporter

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