

**INQUEST INTO THE DEATH OF**

**L I S A   S H O R E**

**THE RECALLED EVIDENCE OF RUTH DOERKSEN**

**TAKEN JANUARY 31st, 2000**

**BEFORE DR. JAMES CAIRNS, DEPUTY CHIEF CORONER**

**CORONER'S COURT, TORONTO**

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

Counsel for the Coroner	MARGARET BROWNE, MS.
Counsel for the Shore Family	FRANK K. GOMBERG, ESQ.
Counsel for the Hospital for Sick Children, et al	PATRICK HAWKINS, ESQ. RENEE A. KOPP, MS.
Counsel for Drs. Schily, Catre and Wright	KIRSTEN CRAIN, MS.
Counsel for Corometric	VAN KRKACHOVSKI, ESQ.

1 MS. BROWNE: Did you wish to have a recess  
2 before the next witness? The next witness  
3 will be Ms. Doerksen.

4 THE CORONER: No, I think we can continue  
5 with Ms. Doerksen.

6 MS. BROWNE: Okay, Ms. Doerksen. I believe  
7 we were at a stage where Counsel were again  
8 asking her questions based on new  
9 information.

10 THE CORONER: I think what happened during  
11 Mr. Hawkins' examination of this witness,  
12 certain information came out on the witness  
13 stand which was new to everyone in the  
14 courtroom and that in order to let it sink in  
15 and decide what questions should be asked of  
16 that, given the time of day, which was just  
17 before lunch and it was necessary to have  
18 Nurse Soriano on because Ms. Posno could not  
19 be here, it was agreed that we would ask this  
20 nurse to come back another day, once we had  
21 completed Nurse Soriano, so that was the  
22 stage that we were at.

23 MR. HAWKINS: Just to clarify, as I  
24 understand it, the new issue related to the  
25 patient care summary that Nurse Doerksen saw

1 that day and the one which was printed a few  
2 days later. I don't believe there were any  
3 other new issues.

4 THE CORONER: That certainly was the issue  
5 that was left hanging at that time. I would  
6 suppose, if there are any new issues that  
7 have come out through the last witness'  
8 testimony that we were not aware of that  
9 applied to this witness, then I would allow  
10 some questioning on those lines, if there is  
11 new information that we were not aware of.

12 MR. HAWKINS: If I can suggest, there is a  
13 matter, then, that I would like to address in  
14 the absence of the jury before we continue.

15 THE CORONER: Okay. We'll excuse the jury.

16  
17 --- THE JURY IS EXCUSED

18  
19 MR. HAWKINS: Mr. Doerksen's testimony was  
20 broken up solely as a convenience to Ms.  
21 Posno, and that's why we started Ms. Soriano  
22 in the afternoon on Friday. The way these  
23 processes work is Ms. Doerksen testifies, Ms.  
24 Soriano testifies and there's not thereafter  
25 a chance to question Ms. Doerksen on

1 everything Ms. Soriano said, because if that  
2 was the case, then inquests would go on  
3 forever.

4 We could now be asking to have Dr.  
5 Schily back to comment on everything that  
6 Nurse Matthews has said about her  
7 interactions with Dr. Schily, and there were  
8 some differences there, to talk about the  
9 differences that he has with Nurse Soriano,  
10 so an inquest would go on and on and on and  
11 on if it was about questioning one witness  
12 about what the next witness in sequence said.

13 As I understood the break and as I  
14 understood the purpose of the break, it was  
15 to explore the issue of the patient care  
16 summary and only the issue of the patient  
17 care summary. I do not think it is  
18 appropriate now to go back to Ms. Doerksen  
19 and everything she said before on everything  
20 Nurse Soriano said. That's not a fair and  
21 appropriate process and not my understanding  
22 of how the process works.

23 MR. GOMBERG: Can I respond, because I  
24 actually agree with him up to a point. I  
25 think he's right about questioning her with

1 regard to matters that came up in the  
2 testimony of her colleague, Nurse Soriano, I  
3 think he's probably right about that, all  
4 right? What I don't think he's right about  
5 is issues that he raised for the first time  
6 -- that he raised for the first time -- when  
7 he questioned his own, what amounts to his  
8 own witness, are areas that we're all  
9 entitled to go into on the second round.

10 So I agree with the first half of what  
11 he said, but I don't agree that I'm  
12 restricted to dealing with the patient care  
13 thing, that's never been the issue, we've  
14 always permitted people to go around and deal  
15 with issues that came up for the first time  
16 and there are some that he raised for the  
17 first time that none of us raised when we  
18 questioned her the first time. So I'm  
19 partially in agreement with him.

20 THE CORONER: In your questioning of this  
21 nurse for the first time or is it a result of  
22 his questioning of Nurse Soriano?

23 MR. GOMBERG: No, I'm not talking about  
24 Nurse Soriano. What I'm saying is this:  
25 Let's forget about Nurse Soriano for the

1 minute.

2 THE CORONER: Okay.

3 MR. GOMBERG: Let's assume that there was no  
4 break in the action, as it were, all right?

5 What happens is Nurse Doerksen is questioned  
6 by everybody, including Mr. Hawkins, then the  
7 jury and then as I understand it, issues that  
8 came up either from the jury or from Mr.

9 Hawkins are fair game to put to her again,  
10 and he has his chance the second time around,  
11 too, all right? I agree with him that we  
12 shouldn't be questioning her now by comparing  
13 and contrasting what she says with what Nurse  
14 Soriano said, I actually agree with that.

15 THE CORONER: Mr. Krkachovski, any comments?

16 MR. KRKACHOVSKI: No, I don't take a  
17 position on that. The only thing I'd point  
18 out, Mr. Coroner, I thought when we broke,  
19 the Foreperson was in the middle of asking  
20 some questions that I don't know if they're  
21 prepared to finish off today with Nurse  
22 Doerksen or what their intention is. I'd  
23 just highlight that for you.

24 THE CORONER: Ms. Crain?

25 MS. CRAIN: No position.

1 THE CORONER: Ms. Browne?  
2 MS. BROWNE: I understand what Mr. Hawkins  
3 is arguing for and I understand what Mr.  
4 Gomberg is saying, and I think Mr. Gomberg is  
5 being quite fair about it. However, it is  
6 true that the point that we -- that Ms.  
7 Doerksen stopped testifying, that was to  
8 facilitate Ms. Posno and Mr. Hawkins himself  
9 had questioned Ms. Doerksen about matters  
10 which revealed, as far as I can see, some new  
11 issues. I think they're fair game to be  
12 opened up and entered into. I agree with Mr.  
13 Gomberg.

14 THE CORONER: Fine, so it's the view of all  
15 Counsel, then, that the questions asked of  
16 this witness should be related to the new  
17 issues that were brought up on the morning by  
18 Mr. Hawkins and only those issues. Is that  
19 correct?

20 MR. GOMBERG: Or from the juror with -- I  
21 don't think the jurors have questioned her  
22 yet, so I think that's right.

23 THE CORONER: Yes, I think ---

24 MR. HAWKINS: I had understood that the jury  
25 was mostly finished questioning except

1 perhaps the first jury member. In terms of  
2 new issues that came up in my cross-  
3 examination, Ms. Doerksen was thoroughly  
4 cross-examined five or six times on, I  
5 thought, all issues except the patient care  
6 summary. I don't believe there were any  
7 other new issues or new information that came  
8 up. I don't disagree with Mr. Gomberg, which  
9 is surprising that we're actually in  
10 agreement on something.

11 THE CORONER: Well, it's taken us two weeks,  
12 but we are getting there.

13 MR. HAWKINS: It's not a rehash of whatever  
14 Nurse Doerksen said, it's not meant to be a  
15 cross-examination on Nurse Soriano's  
16 evidence, but I don't believe, and maybe  
17 that's where Mr. Gomberg and I do differ, I  
18 don't believe there were new issues except in  
19 relation to the patient care summary.

20 MR. GOMBERG: Well, just so we don't have to  
21 thrash through this yet again with the jurors  
22 coming in and out like they're on a bungee  
23 cord, let me give you one example of an area  
24 that Mr. Hawkins did open up that I fully  
25 intend to deal with unless you, Deputy Chief

1 Coroner, instruct me not to: Mr. Hawkins  
2 specifically asked Ms. Doerksen about whether  
3 or not she tried to hide the fact that she  
4 turned the Corometric monitor, the apnea  
5 alarm, off, and I intend to question her  
6 about that, that's an area that he raised.

7 I didn't raise whether she hid it or she  
8 didn't hide or she advertised it or if she  
9 didn't advertise it. In my submission, it's  
10 a perfectly proper area for me to get into,  
11 given the fact that he opened up that box.  
12 There are two or three others.

13 MR. HAWKINS: On that issue, Mr. Gomberg, I  
14 believe, fully questioned the witness in and  
15 around that issue. The clear suggestion that  
16 he was making in his questioning is that  
17 that's what she did. I simply asked the  
18 question that he neglected to ask on that  
19 issue. It's not a new area, it's not a new  
20 issue; he fully explored that issue with her.

21 THE CORONER: I think that issue probably  
22 was fully explored. Can we bring the jury  
23 back now?

24 MR. GOMBERG: I made a note not to ask that  
25 question.

1 THE CORONER: Bring the jury back.

2 MR. HAWKINS: If there are other issues,  
3 perhaps we should deal with those before the  
4 jury comes back, whether we are in agreement  
5 that these are things ---

6 MR. GOMBERG: You want to know something?  
7 Maybe the best thing to do is why don't we  
8 take a five-minute break and we may be able  
9 to obviate this whole thing.

10 THE CORONER: Fine, okay, recess for five  
11 minutes.

12

13 --- A BRIEF RECESS

14

15 THE CORONER: Ms. Browne, do you have  
16 questions that arise out of the issues  
17 brought up by Mr. Hawkins during his re-  
18 examination of Nurse Doerksen that you were  
19 not aware of in any of the other evidence?

20 MS. BROWNE: I won't be very long, but I do  
21 have a couple.

22

23 RUTH DOERKSEN, RECALLED

24 RE-EXAMINATION BY MS. BROWNE:

25 Q. What day was it, Ms. Doerksen, that you

1 said that you got that printed out, the page that went  
2 into evidence the last time?

3 A. I think it was printed on the 27th of  
4 October.

5 Q. The 27th. And you indicated that you  
6 took it home?

7 A. Yes.

8 Q. On an earlier occasion, you had  
9 indicated that you wrote it down on a work -- put  
10 something down on a worksheet at the hospital?

11 A. Yes.

12 Q. What date is that?

13 A. My worksheet the night of Lisa's  
14 admission?

15 Q. Yes, yeah.

16 A. Oh, that would have been my vital signs  
17 and a little bit of a conversation of medications that  
18 I had with Mrs. Shore.

19 Q. And you wrote that down on a worksheet  
20 and did you transfer it to anything after that?

21 A. Onto the care plan, onto the nursing --  
22 my admission note in the computer.

23 Q. And what you indicated, as I understand  
24 it, was that you threw away the worksheet ---

25 A. Yes.

1 Q. --- into the red garbage can ---  
2 A. Garbage can.  
3 Q. --- which is confidential because things  
4 in that get shredded, right?  
5 A. That's right.  
6 Q. Yet you took this printed out plan home.  
7 A. Yes.  
8 Q. Was that not something that should be  
9 considered confidential and be shredded?  
10 A. Well, I realize now I shouldn't have  
11 taken that home.  
12 Q. And how long did you have that at home?  
13 Until last week?  
14 A. Yes.  
15 Q. All right, those are my questions, thank  
16 you.  
17 THE CORONER: Mr. Krkachovski, do you have  
18 any questions?  
19 MR. KRKACHOVSKI: None, thank you, Mr.  
20 Coroner.  
21 THE CORONER: Ms. Crain?  
22 MS. CRAIN: None.  
23 THE CORONER: Mr. Gomberg?  
24 MR. GOMBERG: I just have a few, actually,  
25 Dr. Cairns.

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RE-EXAMINATION BY MR. GOMBERG:

Q. The nursing care plan that you took home, you had no difficulty accessing that?

A. No.

Q. And where was that printed up, at the same computer that prints up the normal Kidcom orders?

A. I don't think it -- yeah, it prints on the normal printer that prints up the nursing care plans.

Q. All right. And all you had to do was to access your electronic signature?

A. Yes.

Q. And that came up. Does every patient have a nursing care plan?

A. Yes. Once they're into the computer, they do.

Q. All right.

A. You can get a summary, yes.

Q. So just on that issue, every single patient would have a nursing care plan and therefore every patient would have Kidcom orders either activated or not activated, come out on that plan?

A. Or even if there were no orders, they'd still have the plan.

1 Q. Right. Now, I just wanted to follow up  
2 on a question I think that you were asked by one of the  
3 jurors, and Ms. Soriano talked about this briefly  
4 before. You were in the Constant Care Room, right, at  
5 around 2:00?

6 A. Around there.

7 Q. All right. And I'm not going to get  
8 into this thing with the alarms again, but when you  
9 were in the Constant Care Room, I think you testified  
10 that you had Lisa's chart with you?

11 A. Yes.

12 Q. Now, just to be clear on that, the chart  
13 is every single piece of paper, including the stuff  
14 from emergency, with the exception of the flow sheet.  
15 Is that right?

16 A. That's kept outside the room, yes.

17 Q. All right. So just to be clear about  
18 it, the only thing that Nurse Soriano had with her from  
19 2:00 until you reclaimed your patient, if I can put it  
20 that way, the only thing that Nurse Soriano had was the  
21 flow sheet?

22 A. That's correct.

23 Q. All right. And if she wanted to read  
24 anything like the medications or the line, "See Kidcom  
25 orders" or anything at all about what happened in

1 emerg, including the flow sheet in emerg ---

2 A. Yes.

3 Q. --- she didn't have that, you had it?

4 A. I had it.

5 Q. All right. And in terms of  
6 recommendations that the jurors might make, that's an  
7 area that they might fruitfully make recommendations  
8 in, isn't it?

9 A. If they wish, yes.

10 Q. In the sense that you have a nurse who  
11 is dealing with the patient who doesn't have the record  
12 and you have a nurse who is not dealing with the  
13 patient who does have the record?

14 A. Sure, sometimes we tell each other that  
15 I'll have the care plan in here or, you know, the chart  
16 is not always where it should be, but ...

17 Q. No, no, I understand that, but let's  
18 just deal with what you just said now, and that is, I  
19 take it, there was no care plan at 2:00 and 3:00 and  
20 4:00 and 5:00 in the morning for Lisa and that  
21 therefore you didn't have a care plan in the Constant  
22 Care Room?

23 A. No, I didn't.

24 Q. The only care plan that ever got printed  
25 with regard to Lisa before you went back and printed it

1 again on October 27th was the one that you saw early in  
2 the -- not early in the morning, but at around 9:00 in  
3 the morning on October 22nd.

4 A. That's correct.

5 Q. All right, so just to get back to the  
6 juror's question which I am following up on now, the  
7 chart, the whole chart without a care plan, because  
8 there was none, was with you in the Constant Care Room?

9 A. That's correct.

10 Q. And that's an area that you think  
11 recommendations might usefully be made about, given the  
12 fact that the patient was somewhere else and apparently  
13 the record wasn't with the patient or wasn't at the  
14 nurses' station where Nurse Soriano could look at the  
15 record.

16 A. Sure.

17 Q. All right. Now, just to follow that up,  
18 in terms of any tip-offs to phone Kidcom, those, too,  
19 would be -- by "tip-offs" I mean reading the chart, if  
20 there were any tip-offs in the chart, Nurse Soriano  
21 wouldn't have been tipped off to those, because she  
22 didn't have the chart?

23 A. That's correct.

24 Q. All right, now, did you read that chart  
25 while you were in the Constant Care Room?

1 A. Yeah, I went through the chart.

2 Q. All right, and I think we talked about  
3 that before, I'm not going to get into it again. Thank  
4 you, Dr. Cairns.

5 THE CORONER: Does the jury have questions?

6 JUROR #2: I have one, just one.

7

8 RE-EXAMINATION BY THE JURY:

9 BY JUROR #2:

10 Q. I recall you saying that as the charge  
11 nurse, you would be responsible for the printout of  
12 those orders at 6:30 in the morning?

13 A. Yes.

14 Q. When would you normally deal with them?  
15 Would it be at 6:30 in the morning?

16 A. Somewhere between 6:30 and 7:15. We try  
17 to get them out before the new nurses are coming on.

18 Q. So is there any reason that morning why  
19 you didn't?

20 A. I don't think I had gotten to them yet.

21 Q. But they were printed out at 6:30 and  
22 were there?

23 A. (non-verbal response)

24

25 BY JUROR #5:

1 Q. Would you have to phone the doctor to  
2 print them out to activate the orders?

3 A. I'm sorry, which orders, the care  
4 summaries or -- no, the patient care summaries, I can  
5 print on my own, at any time; doctors' orders, too.

6 Q. What about Lisa Shore's orders, would  
7 you have to phone him?

8 A. No, I would have to follow the line of  
9 the Kidcom orders, I would have to look at the chart or  
10 if there was not one in the printout, look at the  
11 computer and then (inaudible).

12  
13 BY JUROR #1:

14 Q. Yes, I wonder if you could tell me what  
15 would be within a normal range of setting for an infant  
16 to two-year-old child for a Corometric monitor for a  
17 heart rate, breaths per minute and apnea setting?

18 A. The ranges for children, babies, to two-  
19 year-olds are quite varied. A tiny baby could go -- a  
20 high heart rate might be up to 220, if they're post-  
21 surgical.

22 Q. Mm-hmm.

23 A. One hundred, perhaps, for a low heart  
24 rate.

25 Q. Okay, 100 for low, 220 for high.

1 A. Apnea setting of 15.  
2 Q. So would that be one breath every 15  
3 seconds?  
4 A. Yes.  
5 Q. Okay. And ---  
6 A. And for a two-year-old ---  
7 Q. --- breaths per minute?  
8 A. Respirations?  
9 Q. Yes, respirations.  
10 A. They could be anywhere up to 40.  
11 Q. Forty, okay. So that would be for a  
12 very young infant, then?  
13 A. Yes.  
14 Q. And would it change if the youngster was  
15 two years old?  
16 A. Yes, it would be a different range for a  
17 two-year-old. A low heart rate of, perhaps, 60 to 80,  
18 depending on the child and what they had done.  
19 Q. Mm-hmm.  
20 A. And a high heart rate of anywhere from  
21 180 to 200.  
22 Q. Okay.  
23 A. And (inaudible) respirations of 15 to 20  
24 seconds, depending on the age of the child, again, and  
25 the size of the child.

1 MS. BROWNE: Sorry to interrupt, but I  
2 wonder if you could just keep your voice up?  
3 You're turned away from us and we're losing  
4 some of it.

5 THE WITNESS: I'm sorry. Thank you.  
6

7 BY JUROR #1:

8 Q. And respirations?

9 A. For a two-year-old, 30.

10 Q. So those are within the normal range,  
11 okay. And another question: Very frequently, I guess,  
12 your patients are hooked up to various machinery?

13 A. Yes.

14 Q. Could you tell me an approximation or  
15 just an approximation, a ballpark figure of what the  
16 incidence would be of parents that want to know  
17 something about the machine that their child is hooked  
18 up to, that ask questions about it and want to know  
19 some minimal information, perhaps, as to what the  
20 machine is for.

21 A. And you mean parents actually asking  
22 or ---

23 Q. Yes, either parents asking or you  
24 communicating some rudimentary basics of the machine  
25 that they ---

1           A.   Usually when we're setting it up, like,  
2           a morphine PCA, we explain that to the parent.

3           Q.   Mm-hmm.

4           A.   If they came in with it, we'd generally  
5           know that they have had that information given to you  
6           and they may have questions.

7           Q.   Okay.

8           A.   About, I don't know, maybe half of them  
9           may have questions regarding machinery.

10          Q.   About fifty percent?

11          A.   Yeah.

12          Q.   Okay. That's just about the PCA or  
13          that's about anything, Corometrics, oximeters?

14          A.   Oh, yes, certainly, yes.

15          Q.   So we've got, you're saying, fifty  
16          percent of parents don't even want to know why their  
17          child is ---

18          A.   Well, no, not that they don't want to  
19          know, but that fifty percent would ask questions.

20          Q.   Okay, and the other fifty percent,  
21          you're guessing might want to know but they don't the  
22          courage to ask?

23          A.   Yes, I'm sure every parent would want to  
24          know.

25          Q.   Because if it alarmed while the nurse

1 was out of the room and the parent was with the child,  
2 I wonder if the parent would want to know what they  
3 should if it alarmed? Should they run and get a nurse  
4 or -- like, that's curious to me, so I just wondered if  
5 you had any general ideas. So you'd say about 50  
6 percent, okay. Can you just bear with me a minute? I  
7 don't think I have any other questions. Apart from the  
8 fact after you left Mary Douglas' office that day, did  
9 you go back into Lisa's room?

10 A. No, I did not.

11 Q. You didn't?

12 A. No.

13 Q. Yes. So after the arrest was  
14 unsuccessful, you left and went with ---

15 A. I was in the conference room, yes.

16 Q. Yes, and that's where you remained for  
17 the rest of the -- and you have no idea where that  
18 Corometric machine went, you've heard no ---

19 A. I'm sorry, I have no idea. I have no  
20 idea.

21 Q. No. When that alarm went off, Ms.  
22 Soriano said the alarm went, and the alarm went off?

23 A. Mm-hmm, yes.

24 Q. And I believe your testimony is that she  
25 was around the nursing station or at the nursing

1 station, or at the nursing counter?

2 A. She could have been, yes.

3 Q. She could have been, but you're not sure  
4 where she was when that alarm went?

5 A. No, I'm not a hundred percent sure where  
6 Anagaile was.

7 Q. But did you tell her when that alarm  
8 went off?

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

10 Q. When she says she heard the alarm go  
11 off, did you tell her that you were going to check that  
12 alarm, that you were going to run and check that alarm?

13 A. I don't recall telling her that I was  
14 going to see to the alarm. I think what I did say is  
15 that -- for her to look out or listen for the Constant  
16 Care Room ---

17 Q. Yes.

18 A. --- to see if any alarms were going off  
19 there and I was going to go see to the alarm in Lisa's  
20 room, but I don't think I told her I was going to do  
21 that.

22 Q. I see. But by the fact that she knew  
23 you were running into Lisa's room, then, do you think  
24 she made the assumption that you were ---

25 A. She made the assumption that I was going

1 to see to that alarm, yes.

2 Q. To see to the alarm of the patient that  
3 was in her care?

4 A. Yes.

5 Q. Because at that time, she wasn't in your  
6 care, was she?

7 A. It is -- it was very shortly after we  
8 did the exchange, so it was moments after I had gone to  
9 the Constant Care Room, I came back quickly to pick up  
10 the papers that were on the desk.

11 Q. And you asked Ms. Soriano, then, to slip  
12 into the Constant Care Room ---

13 A. No, I just asked her to keep her ear  
14 open.

15 Q. Keep her ear open?

16 A. Yeah.

17 Q. So where was she at this time?

18 A. So if I did that, then she would have  
19 been in the neighbourhood of the Constant Care Room.

20 Q. If you had done that, but you're not  
21 sure about that?

22 A. I'm not positive about that.

23 Q. Because her testimony is that she was in  
24 a room caring for a patient.

25 A. That was her testimony.

1 Q. Yes. And also could you tell me where  
2 the other patients were situated? I know where Lisa  
3 was, could you tell me where the other patients that  
4 were in your care from 5:00 to 7:00?

5 A. Right, I had the four patients down this  
6 hall and Lisa, and Anagaile had these two on each side  
7 of Lisa and I think that she had two more down that  
8 hall. I'm not sure, but it can easily be checked on  
9 the assignment sheets.

10 Q. Okay. And I would like to know at, I  
11 guess it was around 7:00, was it, you checked the other  
12 four children, you were at that time, between 6:00 and  
13 7:00, responsible for five kids?

14 A. Yes.

15 Q. And you checked the other four children?

16 A. Yes, I did.

17 Q. And what time was it that you checked  
18 those four children?

19 A. I would have started somewhere around  
20 7:00.

21 Q. Around 7:00?

22 A. Yes.

23 Q. Okay. And where were those four  
24 children then?

25 A. They were down this hall.

1 Q. Mm-hmm. And we know that you didn't  
2 check Lisa that night.

3 A. Not until after.

4 Q. We know that you didn't go back into  
5 Lisa's room.

6 A. Not -- with the doctors, I did it, about  
7 15 after or ---

8 Q. You went in with the doctors?

9 A. Yes.

10 Q. And where were you when the doctors --  
11 the rounding doctors came on the floor?

12 A. I was down this hall and they came down  
13 this hall to see these patients down here, and I just  
14 continued on rounds with them from there.

15 Q. Okay. And so did they come down to that  
16 room or that area there because they were looking for  
17 you and so they needed to hook up with you or is that  
18 where they generally go when they wish to do rounds?  
19 Where do they start the rounds?

20 A. They usually start -- they come up to  
21 the desk and they meet there.

22 Q. And where is the elevator? Like, where  
23 are they coming, how would they be approaching 5A?

24 A. They could come from anywhere. They  
25 generally would come from this hallway, which is from

1 the main elevator.

2 Q. Okay.

3 A. So they would come back here and they'd  
4 collect here, usually.

5 Q. Yes.

6 A. Either they saw me down that way or went  
7 that way or just decided on their own to start that  
8 way, I don't know.

9 Q. Okay. So they began their rounds there  
10 at whatever time?

11 A. Right.

12 Q. Or sometime after 7:00.

13 A. Yeah.

14 Q. And they worked their way up to room 47?

15 A. 47.

16 Q. 47, and the rest we know.

17 A. Yes.

18 Q. Thank you.

19

20 RE-EXAMINATION BY THE CORONER:

21 Q. Nurse, I have, I think, just two  
22 questions and please, other Counsel can correct me if  
23 I'm wrong, but I seem to remember that you indicated  
24 you weren't sure exactly where Mrs. Shore was when you  
25 went into the room to put on the Corometric monitor.

1 She may have been in the bathroom, she may have been  
2 somewhere else, but you didn't see her?

3 A. I didn't see her, no.

4 Q. I would like to take you to Exhibit  
5 38(B) which is the typed version of the extensive note  
6 that you made following the death on the 23rd of  
7 October, and about two-thirds of the way down the page,  
8 it says:

9 "... I left the room to get linen for  
10 Mrs. Shore. When I returned, I went  
11 over the list of medications she was on  
12 at home and wrote them down on the same  
13 sheet of paper as her vital signs, and I  
14 left the room again and returned with a  
15 Corometric monitor which I placed on  
16 Lisa and turned on ..."

17 It's the next sentence I'm interested  
18 in:

19 "... Mrs. Shore was at the door and was  
20 about to settle to sleep. I asked her  
21 if there was anything I needed to know  
22 about the medical history that was new  
23 or different ..."

24 That, to me, reads that when you put the  
25 Corometric monitor on, you knew exactly where Mrs.

1 Shore was.

2 A. I know she had come out to the door and  
3 was either closing the door or getting ready for bed.  
4 I don't know if it was at the moment when I put the  
5 monitor on or not, but I know she was at the door.

6 Q. The way that reads ---

7 A. Yeah.

8 Q. --- it appears to me that ---

9 A. I see that.

10 Q. --- when you put it on, that you and  
11 Mrs. Shore were really talking to each other.

12 A. I think I remembered asking her about  
13 anything more, if there was allergies, and that was it.  
14 I don't know if I was doing that at the same time.

15 Q. But that's the way it read here.

16 A. Yeah.

17 Q. Only one other question: You did  
18 mention that at 5:00 a.m., in response to Mr. Hawkins,  
19 that you didn't take her blood pressure because you  
20 wanted her to sleep.

21 A. Yes.

22 Q. Yet at that time, it was necessary for  
23 you to wake her up to take her temperature.

24 A. Right.

25 Q. So therefore if the reason you didn't

1 take her blood pressure was you wanted her to sleep, I  
2 have some confusion that since you had to wake her any  
3 way, why didn't you take her blood pressure at that  
4 time?

5 A. I woke her to check her state of arousal  
6 and I thought if I took out the blood pressure  
7 equipment, that would wake her even more and she'd be  
8 awake.

9 Q. But she had to be awake enough to put --  
10 it wasn't a temperature that you took by taking it  
11 through the ear?

12 A. No, it was an oral.

13 Q. It was an oral temperature. The patient  
14 has to be, my understanding, awake enough to hold the  
15 thermometer in their mouth, to keep their lips closed  
16 on it, otherwise you would get a wrong reading or if  
17 they're asleep, the thermometer may fall out or go down  
18 their throat, so I'm interpreting from that that Lisa  
19 at that time must have been wide awake enough and alert  
20 enough to follow instructions to have an oral  
21 temperature taken, and if she was that awake, I can't  
22 understand why it would have been any more disruptive  
23 to her to have taken her blood pressure, particularly  
24 in light of the fact that that's your first time back  
25 in the room and we have had, since you last saw her, no

1 blood pressure readings taken and we've had stories of  
2 her respiratory rate dropping down, we've had stories  
3 of contacts to the -- an anaesthetic fellow on call and  
4 we've had evidence that her pulse rate has gone up  
5 considerably.

6 There's been considerable -- when you  
7 saw her, would you agree when you saw her at 1:45 with  
8 a pulse of 72, respiration of 16 and a blood pressure  
9 of 90 over 60, that between then and when you came back  
10 in at 5:00 a.m., there had been considerable variation  
11 in many of these vital signs.

12 A. Yes.

13 Q. So just from being a charge nurse, I'm  
14 wondering when you had to wake her up, why you didn't  
15 take the blood pressure?

16 A. In hindsight, I should have done it.

17 Q. Okay, thank you.

18 THE CORONER: Any further questions of the  
19 witness?

20 JUROR #1: Yes, sir.

21 THE CORONER: Yes?

22  
23 RE-EXAMINATION BY THE JURY:

24 BY JUROR #1:

25 Q. At 4:15 during Ms. Soriano's care,

1 Lisa's pulse rate was 134. Just for curiosity, do you  
2 find that acceptable?

3 A. We have many patients with pain who have  
4 high heart rates and I thought that she was ---

5 Q. She wasn't in pain at that time, she  
6 was ---

7 A. I thought she was starting to suffer  
8 some pain when I saw her at 1:26, that she was going to  
9 wake up very soon and need to have some kind of pain  
10 medication again.

11 Q. So you would find this acceptable?

12 A. For having pain.

13 Q. For a child in pain, but she was very  
14 drowsy around this time, wasn't she, so I don't think  
15 there was indication of pain. But in any case, what  
16 you're saying today is that is acceptable?

17 A. I thought so at the time.

18 Q. Mm-hmm. And if you had a youngster with  
19 this kind of reading today, would you still think it  
20 was acceptable?

21 A. No.

22 Q. Would you think it was extra ordinary?

23 A. I don't think it would be extra  
24 ordinary, but it would be worthwhile doing a full set  
25 of vital signs, yes.

1 Q. Mm-hmm, because there was a witness here  
2 who thought that would be extra ordinary and that that  
3 in itself would be -- I don't want to say it, but it  
4 would shout at you, but that it would be somewhat  
5 shocking and extra ordinary.

6 A. No, not to me.

7 Q. And it wouldn't be today?

8 A. It would be worthwhile doing a full set  
9 of vital signs, yes.

10 Q. Thank you.

11 THE CORONER: Mr. Krkachovski?  
12

13 RE-EXAMINATION BY MR. KRKACHOVSKI:

14 Q. Yes, based on your earlier answer to the  
15 jurors' question, I take it back in October of 1998, it  
16 was your practice to tell a parent why their child was  
17 being hooked up to a piece of equipment, whether it was  
18 a monitor or a PC pump or something else?

19 A. Not always. In the middle of the night,  
20 it's not always the appropriate time or -- you know,  
21 it's not always the right time to tell someone.

22 Q. Well, I took you to say that half of the  
23 people would ask a question, but virtually everyone  
24 would want to know why their child was being hooked up  
25 to something.

1                   A.    Generally, I try to tell everyone that  
2                   when we're putting something on, why we're putting it  
3                   on and what it does.

4                   Q.    All right.  Well, as Dr. Cairns pointed  
5                   out based on your notes, Mrs. Shore was still awake  
6                   when you attached Lisa to the Corometric monitor.  Can  
7                   you think of a reason why you wouldn't have explained  
8                   to Mrs. Shore why Lisa was being put on a monitor or  
9                   what its purpose was?

10                  A.    I can't.

11                  Q.    And I think I asked you this already  
12                  earlier, but do you recall having any discussion with  
13                  Mrs. Shore about the monitor?

14                  A.    No, I do not.

15                  Q.    Thank you.

16  
17                  RE-EXAMINATION BY THE CORONER:

18                  Q.    One final question; I understand, I  
19                  think from you and Nurse Soriano that, in fact, there  
20                  are two different ways that you can look at what's on  
21                  the computer.  You can look through looking for  
22                  doctors' orders and you have to go in a certain way to  
23                  activate doctors' orders.

24                  A.    Yes.

25                  Q.    But if you are in looking at a nursing

1 care plan, you will get those orders and you can print  
2 those out. They will not be activated that way, you  
3 have to go another way.

4 A. Yes.

5 Q. But in terms of with the computer, you  
6 could be looking and finding those things in two  
7 different manners, correct?

8 A. Yes.

9 Q. So that when we ask for the whole chart,  
10 since these were in suspended orders, we did not get  
11 that. If we had asked for the nursing care plan, we  
12 would have got that?

13 A. Yes, I guess so.

14 Q. So that we have to be familiar, I  
15 suppose, with every computer system that's around or is  
16 there some responsibility for the hospital to let us  
17 know how their computer systems work?

18 A. I guess if you wanted all the  
19 information, then the hospital would have to know how  
20 they work and what you would need from them.

21 Q. I think in retrospect all the  
22 information available at a very early stage, you did  
23 take a copy of the suspended orders home two days  
24 later, and obviously it would have been invaluable to  
25 know that those orders were there at that time, rather

1 than a number of months later, in retrospect.

2 A. I didn't know that the hospital didn't  
3 have that information.

4 Q. Okay, thank you.

5 THE CORONER: Any further questions for the  
6 witness? Thank you, Nurse, you may step  
7 down. I assume, Ms. Browne, that's all the  
8 witnesses for today and it's my understanding  
9 that tomorrow morning starting at 9:30, we  
10 will be starting with Mrs. Shore, is that  
11 correct? Fine, we'll adjourn until 9:30  
12 tomorrow morning.

13

14 --- ADJOURNED

15

16

17

18

19

20

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

25

26

27

28

29 Barbara A. Pollard  
30 Certified Court Reporter