

INQUEST INTO THE DEATH OF

L I S A   S H O R E

THE EVIDENCE OF PAULINE MATTHEWS

TAKEN NOVEMBER 9, 1999

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 a	PATRICK HAWKINS, ESQ. RENEE A. KOPP, MS.
Counsel for Dr. M. Schily	ANNE POSNO, ESQ.

REPORTING PLUS  
(905) 477-0126

1 --- jury polled

2

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THE CORONER: Good morning, ladies and gentlemen of the jury. Good morning, Ms. Browne.

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MS. BROWNE: Good morning, Dr. Cairns. May I just introduce Detective Stowell, the missing member from yesterday, he's one of the investigators. Detective Greenaway has been sent out to do field work. The next witness will be Ms. Pauline Matthews.

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13 PAULINE MATTHEWS, SWORN

14 EXAMINATION IN-CHIEF BY MS. BROWNE:

15

Q. Good morning, Ms. Matthews.

16

A. Good morning.

17

Q. Would you just state for the jury where you are employed and what do you do?

18

19

A. I'm employed at the Hospital for Sick Children, I work in the emergency department there as a staff nurse.

20

21

22

Q. I think you better just speak up a little. It's hard to hear.

23

24

A. I work at the emergency department at

1 the Hospital for Sick Children as a staff nurse. I  
2 also work for Health Canada Medical Services Branch and  
3 I'm a nurse there on the native reserves.

4 Q. I'm sorry, I didn't hear the last part.

5 A. I work at -- I also work at Health  
6 Canada, Medical Services Branch, and I work on the  
7 native reserves up north there.

8 Q. Health Canada, and you work on the  
9 native reserves.

10 A. Yes, I do, as well as at Sick Kids in  
11 emerg.

12 Q. How much time do you spend at Sick Kids?

13 A. I work there .5, which is 20 hours in a  
14 two-week period.

15 Q. Are you always in emergency?

16 A. Or, sorry, in a week period. I am  
17 always in emergency, yes.

18 Q. Would you just give us a history of your  
19 background and your education, please?

20 A. I've been at the Hospital for Sick  
21 Children since 1991.

22 Q. I'm sorry, I'm going to really have to  
23 caution you to keep your voice up. Perhaps not speak  
24 as quickly, because it's hard to hear over here.

25 A. Sure. I've been at the Hospital for

1 Sick Children since 1991. I graduated ---

2 THE CORONER: I will apologize to everyone.

3 I have tried to get this fan turned off, but  
4 they tell me if we turn that fan off, we turn  
5 the oxygen off and we'll have an inquest into  
6 the whole courtroom.

7 MR. HAWKINS: Would it assist if we put both  
8 microphones in front, perhaps?

9 THE DEPONENT: This one, too?

10 THE CORONER: We'll try it. We get  
11 feedback, but let's try it and see.

12 THE DEPONENT: All right. I graduated in  
13 1991 from Seneca College. I started at the  
14 Hospital for Sick Children at that time. I  
15 worked for two years in the infectious  
16 diseases unit. In 1993, I went down to the  
17 emergency department, and I also started a  
18 Bachelor of Science in Nursing, then, which I  
19 graduated in 1997 from Ryerson Polytechnical  
20 University. I am currently enrolled in the  
21 Masters Program at the University of Toronto  
22 in my second year and I'm going to complete  
23 that in April of this year.

24  
25 BY MS. BROWNE:

1 Q. That's a Master of Science?

2 A. Masters of Nursing.

3 Q. Masters of Nursing?

4 A. Yes.

5 Q. Okay. Were you involved in the care of  
6 Lisa Shore ---

7 A. Yes, I was.

8 Q. --- when she came into the Hospital?

9 A. Yes, I was.

10 Q. And can you tell me when you first saw  
11 her?

12 A. She was in one of our assessment rooms.

13 I believe she was in our third assessment room from  
14 the nursing station. That's the first time that I met  
15 Lisa and her mom.

16 Q. Do you remember what time it was at all?

17 A. It was -- I don't have the chart in  
18 front of me, but it must have been close to -- between  
19 10:30 and 11:00 at night.

20 Q. And were you there with Dr. Schily?

21 A. I was there at the same time as Dr.  
22 Schily, probably. Lisa was seen originally by another  
23 nurse, she was seen by one nurse on the triage desk,  
24 she then went into the assessment room, was seen by a  
25 second nurse, and I then saw her when Dr. Shily came

1 in.

2 Q. And how was she when you saw her?

3 A. When I saw her, she was with her mom. I  
4 think her dad was there, as well, I don't remember him  
5 as well. She was colouring on her bed and she was  
6 talking with Dr. Shily and her mom when I came in the  
7 room.

8 Q. Could we have Exhibit 3, Constable  
9 Culleton? This is part of the Health Record that has  
10 been made an exhibit and you may need it to refresh  
11 your memory. In talking about refreshing your memory,  
12 Ms. Matthews, have you refreshed your memory before you  
13 came here today?

14 A. Yes, I have.

15 Q. Was it by looking over the hospital  
16 record?

17 A. By looking over my emergency record,  
18 yes, from the hospital.

19 Q. Did you have any other notes to refresh  
20 your memory?

21 A. I was -- yeah, I had the chart available  
22 to me. I only really saw the emergency part, my part  
23 that I was involved in, but the chart was available to  
24 me, yes.

25 Q. Did you make any notes at the time

1           yourself that you have used to refresh your memory at  
2           all?

3                   A.    With the chart, no, I did not.

4                   Q.    I don't mean with the chart, I mean on  
5           your own for any other purpose?

6                   A.    No.

7                   Q.    If you look at Exhibit 3 and the first  
8           page of Exhibit 3 would be -- it records the current  
9           medications and so on and so forth. Did you have  
10          anything to do with filling in that?

11                   A.    No, that would be the triage nurse,  
12          Rosemary Fantin.

13                   Q.    What's her last name?

14                   A.    Fantin, F-A-N-T-I-N.

15                   Q.    And was this given -- did you see this  
16          when you came on?

17                   A.    Yes.

18                   Q.    And you were able to see that she had  
19          had already gabapentin -- I don't know how to say that  
20          -- carbopazapene (ph.)?

21                   A.    Yeah.

22                   Q.    And she had already had those that day?

23                   A.    Yes.

24                   Q.    And that she had not yet had  
25          amitriptylene?

1 A. Yes.

2 Q. Did she get amitriptylene that night in  
3 the hospital?

4 A. I believe that her mom gave it to her  
5 after talking with Dr. Shily. I wasn't in the room  
6 when her mom gave it, but that's my understanding.

7 Q. And amitriptylene is a sedative?

8 A. It's -- I know it to be an anti-  
9 depressant used in chronic pain to give a sedating  
10 effect, yes.

11 Q. And if you would just turn to the next  
12 page?

13 A. Yes.

14 Q. The time is stated as 22:20.

15 A. Yes.

16 Q. Whose writing is that next to there?

17 A. It's either Kathy or Kelly Johnson, I'm  
18 not sure. We have two nurses in the department by the  
19 last name of Johnson; I don't know which one it is. It  
20 is one of the nurses, however.

21 Q. And it's a nurse in the emergency  
22 department?

23 A. Yes, it is.

24 Q. And somebody who had seen her before  
25 you?

1 A. Yes, that's right.

2 Q. Essentially, does that describe how she  
3 appeared to you?

4 A. Yes.

5 Q. She was lying on a stretcher moaning  
6 occasionally?

7 A. Yeah. If you touched Lisa's leg, she  
8 had excruciating pain. When you didn't touch her leg,  
9 she seemed more comfortable, but if you touched her  
10 leg, she had excruciating pain.

11 Q. Can you explain to me the note that's  
12 written -- it says, "P" and then it says, "Have pain  
13 team assess child"? What is "P"?

14 A. Yes, we chart in what we call SOAP  
15 charting, S-O-A-P. SOAP is Subjective; O is Objective;  
16 A is Assessment; and P is Plan. So the "P" that the  
17 nurse is referring to is her plan of care. The plan is  
18 that the nurse is going to have the pain team assess,  
19 which was previously organized before she came to  
20 emergency department, so that's what the "P" stands  
21 for.

22 Q. And the next note is at 23:50?

23 A. Yes, that's me.

24 Q. Did you take her pulse and rate of  
25 respiration?

1 A. Yes, I did.

2 Q. How did you measure her respiration?

3 A. I would listen to her chest with a  
4 stethoscope.

5 Q. Is 16 sort of average for a child of  
6 that size and age?

7 A. Yes, it is.

8 Q. And the 88, was her pulse ---

9 A. Yes, it is.

10 Q. --- normal, sort of?

11 A. Yes, it is.

12 Q. You didn't take her blood pressure here?

13 A. No, I did not.

14 Q. Why was that?

15 A. Normally we only take blood pressure  
16 every four hours in emergency department, unless we see  
17 warranted; the nurse prior to me had taken her blood  
18 pressure at 22:20.

19 Q. Could you just sort of read your note to  
20 us?

21 A. Yes. "IV started on first attempt with  
22 angiocath." That's just the size of intravenous  
23 catheter that I used. And then I wrote, "For pain  
24 control." In other words, we started it because we  
25 wanted to give her pain control. "Child tolerated

1 procedure well. Child states pain scale is 8 out of  
2 10. Child is moaning intermittently. Her right leg is  
3 elevated on a pillow." And then it says, "Assessment  
4 and plan." That's what the "A&P" is. "Seen by the  
5 pain fellow, to have morphine, 2 milligrams to a  
6 maximum of 10 milligrams." That little scribble there  
7 is a "2" and I've scratched it out and put my initials.

8 "Until pain scale is 5, then for PCA pump. Explained  
9 to family that only child can push PCA pump button."

10 Q. You have the word "only" underlined.  
11 Why did you underline "only the child can push the  
12 button"?

13 A. Because that's what we are supposed to  
14 teach parents when we talk about PCA pumps, is that it  
15 is the responsibility of the child to take care of the  
16 pump.

17 Q. And is there any danger if a parent  
18 takes over and pushes?

19 A. Well, a child is supposed to be  
20 monitoring their own pain and taking control of that  
21 themselves. That's sort of the purpose that if a child  
22 isn't able to understand that concept, then it wouldn't  
23 be appropriate for the child to have that pump.

24 Q. I understand. And the medications at  
25 the bottom of that page, please, Ms. Matthews?

1           A.    Yes, those are medications given by  
2 myself. The first one, 23:50, is 2 milligrams of  
3 morphine that I put in the IV. That's at the time that  
4 I started the intravenous. Then at 15 minutes after  
5 midnight, I have commenced the IV morphine, 50  
6 milligrams in 50 cc's or normal saline on a PCA pump  
7 and at 40 minutes after 12:00, she has had another  
8 morphine, 2 milligrams by the intravenous again.

9           Q.    And she pushed that herself?

10          A.    No, the 23:50 and the 00:40 are morphine  
11 that went into a separate IV line. We had what you  
12 call a normal IV line running and then we had the PCA  
13 pump. They are connected together with a little  
14 connector at the bottom into the intravenous in her  
15 vein.

16          Q.    And so on this page at all, you don't  
17 have any notation that she used the pump?

18          A.    No, not on this page, no.

19          Q.    Okay, thank you. And if we go to the  
20 next page, are these your notes, both sets of notes?

21          A.    Yes, they are.

22          Q.    All right. Can you just explain to us  
23 what happened at, I guess, it's 12:15?

24          A.    I say here there's a pain scale of 7,  
25 the child is making loud, grunting noises, I have that

1 in parenthesis. "When asked by the fellow," I mean Dr.  
2 Shily being the fellow, "if she's able to not make this  
3 noise, she says, 'Yes, but I need to do it now.'" I  
4 was present while he was in the room at that time and  
5 I'm charting that because I want to see what her pain  
6 is like and make it known to people that are reading my  
7 note. Then I say again, "Assessment and Plan, the PCA  
8 pump is set up by the anaesthesia fellow with 50  
9 milligrams of morphine and 50 cc's of normal saline."  
10 Again you'll see I've put a scratch there and my  
11 initial where I had written morphine twice, "to have a  
12 bolus of 1.5 milligrams and a lockout interval of 6  
13 minutes for a total dose of 20 milligrams in two  
14 hours." I then put, "Bed called for admit."

15 Q. Was it around that time that Dr. Shily  
16 decided that she should be admitted?

17 A. No, I believe that her admission had  
18 been pre-arranged, that it was before she came into the  
19 emergency department it was decided she would be  
20 admitted for the night.

21 Q. And where would she -- at this point,  
22 did you know where she would go?

23 A. All I knew at the time was I thought she  
24 would go to the orthopaedics floor. They needed to see  
25 if she had a bed available.

1 Q. There's no bed for anaesthesia?

2 A. No.

3 Q. All right. Go on to the next, please,  
4 the time that is noted?

5 A. 00:40. The "P" stands for her pulse. I  
6 have taken her pulse at that time, it's 90. I've taken  
7 her respirations at that time, they're 14, and her  
8 blood pressure is 106 on 54. I then say, "Morphine, 2  
9 milligrams given, although PCA pump is initiated as per  
10 Dr. Shily." What that means again is I put the  
11 morphine into that original IV line as opposed to it  
12 going in the PCA pump. "Child sitting up, grunting.  
13 Pain is no better." That "pain is no better" is in  
14 parenthesis, that's what Lisa told me. And she called  
15 it, again, a 7. The Assessment and Plan is that the  
16 PCA pump is on. At the time, we are still waiting for  
17 her to go upstairs and then at 01:05, it says there  
18 that she's "Up to bathroom, her pain has increased to  
19 an 8. Her Mom states 'Her pain will never be a 5 on a  
20 PCA pump. She needs to be upstairs sleeping.'" So the  
21 Assessment and Plan is that Dr. Shily was paged, the  
22 child may be admitted to the floor with current pain of  
23 8. A report was given to 5A."

24 Q. Did you page Dr. Shily?

25 A. Yes, I did.

1 Q. And why was he paged at this point?

2 A. Because on the orders I was told that  
3 the child was not allowed to leave the department  
4 unless her pain score was a 5 out of 10 and Lisa's pain  
5 has increased from 7 up to 8. Her mom told me that it  
6 was not going to go down to a 5, it would be  
7 inappropriate for her to be there all night, so I paged  
8 Dr. Shily and asked him if I could send her upstairs.

9 Q. Had you met Lisa before?

10 A. No.

11 Q. On a previous hospitalization?

12 A. I don't think so. I may have; I've been  
13 in the emergency a long time. I don't remember ever  
14 meeting Lisa.

15 Q. What did you know about her history?

16 A. Only what I had sort of read in her  
17 notes, that she had had a leg injury that was chronic  
18 pain. I talked with Dr. Shily about it a bit because I  
19 didn't know anything about what -- the condition she  
20 had.

21 Q. Could you turn over to -- I think it's  
22 page 7, the little number at the top.

23 A. Yes. This page or ...

24 Q. There's a "7" at the top, right-hand  
25 corner and it's -- the chart ---

1 A. Oh, okay.

2 Q. --- it's page 36. It's a couple of  
3 pages past where you were.

4 A. Yeah. For some reason, I don't see it  
5 here.

6 Q. It should be near the beginning.

7 A. I have something different for 7, I have  
8 the Coroner's Report.

9 Q. I believe we have it on the chart. Yes,  
10 it's Exhibit 5, and it's over here. This is the  
11 enlargement of Dr. Shily's orders.

12 A. Mm-hmm.

13 THE CORONER: Mr. Hawkins, am I correct that  
14 that should be page 36 in the original  
15 hospital chart?

16 MR. HAWKINS: Yes.

17 THE CORONER: And page 7 as we have numbered  
18 the copy?

19 THE DEPONENT: Oh, I have it.

20

21 BY MS. BROWNE:

22 Q. Have you found it?

23 A. I have page 36 here.

24 Q. All right. We had it blown up so the  
25 jury could follow along. Can you tell me when that

1 note was made?

2 A. That note was made when Dr. Shily saw  
3 Lisa in her room. He came out and wrote those orders  
4 following -- after his assessment of Lisa.

5 Q. In the room in emergency?

6 A. Yes, that's right.

7 Q. And can you just indicate to me what he  
8 wrote on five lines down?

9 A. Yeah, there's an arrow, and then it  
10 says, "See KidCom orders."

11 Q. Was that written by Dr. Shily ---

12 A. Yes, it is.

13 Q. --- or by a nurse?

14 A. It's written by Dr. Shily.

15 Q. And would you just explain what the  
16 KidCom orders consist of?

17 A. The KidCom orders are used by the floor  
18 for them to sort of access the orders. They would see  
19 -- what I have here is what I use in emerg. They have  
20 orders on a computer and it's called "KidCom." I don't  
21 have a computer in emerg that has orders on it.

22 Q. How long has that computer system been  
23 used?

24 A. At least three years, I think.

25 Q. You mean up to today or three years

1 before then?

2 A. I couldn't tell you for sure, because  
3 I've not been on the floor since '93. It wasn't on the  
4 floor in '93 when I left there.

5 Q. Okay. We have an enlargement of the  
6 KidCom Daily Order Summary printout ---

7 A. Mm-hmm.

8 Q. --- dated the 21st and 22nd. I'm not  
9 sure exactly what page it's on, but it's Exhibit 6  
10 here. Can you find that, Ms. Matthews?

11 A. I'm looking here. Is it page 16?

12 THE CORONER: I think it's page 41, 13 in  
13 ours and 38 -- 13 in ours, is that correct?

14 MR. HAWKINS: It's 38 and 39 in the  
15 original.

16 THE CORONER: 38 and 39.

17 THE DEPONENT: Mm-hmm.

18

19 BY MS. BROWNE:

20 Q. Were you there when those orders were  
21 entered?

22 A. He entered them in the charting room,  
23 off the nursing station, so I wasn't sitting with him  
24 when he entered them.

25 Q. Did you have any access to these orders

1 when he put them?

2 A. No, I don't have a code, I have no  
3 access to the computer system.

4 Q. Can he put them into the computer system  
5 directly?

6 A. Mm-hmm, yes.

7 Q. Would you just look at them for a minute  
8 and indicate to me what the orders were on that  
9 exhibit, which is page 38?

10 A. In which -- you mean the entire orders?

11 Q. Mm-hmm.

12 A. Okay, it looks like it starts line 232,  
13 "DATA T DAT pain control to be managed entirely by  
14 anaesthesia pain service. Please call anaesthesia pain  
15 service for pain management issues, not orthopaedics."  
16 Then it says, "JMLS." Then it says, "233." Oh, both  
17 of these say "suspended" in front of them in brackets,  
18 and then it says "V/S routine (JMLS) 234," it says,  
19 "suspended. (inaudible) line, IV, 2/3-1/3 rate, 75  
20 mls. per hour. Pain medications will be entered and  
21 managed by anaesthesia pain service as per agreement  
22 between Dr. Wright and anaesthesia staff on call  
23 tonight (JMLS). Entered by Lobo, Joel, MD, computer  
24 signature."

25 Q. So the first set of orders were entered

1 by a Dr. Lobo, who was the first to see her before he  
2 passed her on to ---

3 A. I have no -- I don't know who Dr. Lobo  
4 is and I don't know that a Dr. Lobo saw her in  
5 emergency department.

6 Q. All right. Then the next set of orders  
7 on that same page come in at 23:47.

8 A. Yes.

9 Q. And were you around when those were  
10 entered?

11 A. Yes, that's -- Dr. Shily went into a  
12 small room off of our main nursing station and put the  
13 orders in a computer there.

14 Q. They had to do with the pump, how the  
15 pump was to be run and ---

16 A. They were the orders for the nurses on  
17 the floor so that they could run the pump that night,  
18 yes.

19 Q. And that no central nervous system  
20 depressants or narcotics were to be given to her unless  
21 approved by the pain service?

22 A. That's what it says, yes. Line 236.

23 Q. And Tylenol, how often was that to be  
24 given?

25 A. It says "0 milligrams PO Q4H PRN" which

1 I interpret meaning that you cannot give any Tylenol.

2 Q. No Tylenol at all?

3 A. That's what I understand, yes.

4 Q. Can you explain what the "suspended"  
5 means?

6 A. No.

7 Q. You have no idea?

8 A. No. I don't work with this system at  
9 all.

10 Q. You're not into it at all?

11 A. Never.

12 Q. Fine. And on the next page, which would  
13 be page 39 of the chart and page 15 in our notation, at  
14 23:48, the next minute, will you just explain what he  
15 wished here?

16 A. Yes, I can. Line 238 says, again,  
17 "suspended. Self-inflating bag, mask, oxygen and  
18 suction at bedside, nalaxone available, (MMSH). 239,  
19 (suspended), sedation scale, pain scale, HRBP, RRQ1H x  
20 4 hours on admission" and then ---

21 Q. Before moving on ---

22 A. Yes.

23 Q. --- to 240, the 238 one, essentially  
24 what is this equipment that he's asking for?

25 A. That's what we call an ambubag. A self-

1           inflating bag is a bag that we use should we have to  
2           provide respirations for a child, using a bag. Oxygen  
3           is usually a tubing with a mask or it can be nasal  
4           prongs that go on the nose. Suction is attached to a  
5           wall and it's a hard, plastic catheter that you can  
6           suction secretions out of someone's mouth with.

7           Q.    And what's nalaxone?

8           A.    Oh, naloxone is a antidote that we use  
9           for narcotics, also called "narcan."

10          Q.    And do you understand these to be  
11          precautions taken when a child is put on something as  
12          strong as morphine?

13          A.    Yes, I do.

14          Q.    In case there is a change in their  
15          heartbeat or pulse or ---

16          A.    Yes, I do.

17          Q.    And the naloxone would be administered  
18          to counteract the effect of morphine?

19          A.    The side effects of morphine, yes.

20          Q.    Yes, I'm sorry.

21          A.    Right.

22          Q.    And 239, the one you just explained to  
23          us?

24          A.    Yes.

25          Q.    Sedation scale, what does that mean?

1           A. Sedation scale is something that is used  
2 to measure how easily arousable somebody is.

3           Q. How does one do that?

4           A. The sedation scale that they use on the  
5 floor, I'm not too familiar with it. There's several  
6 different sedation scales in literature, but I believe  
7 it's a 0, 1, 2 and 3 that they use on the floor and ---

8           Q. If you look at order 244 ---

9           A. Yeah, 0, 1, 2 and 3, and then "S" is  
10 sleep. And that basically you write down a number  
11 which corresponds with the sedation to indicate what  
12 the child's level of sedation is at that time.

13          Q. And how would you find out what her  
14 level of sedation is?

15          A. Okay, you would observe the child, the  
16 child may be awake, alert and talking to you. The  
17 child may be asleep and you would attempt to arouse the  
18 child.

19          Q. So in order to write down a number, you  
20 would have to, if she was apparently asleep, you would  
21 sort of shake her, wake her up ---

22          A. Yes, you would.

23          Q. --- to see whether she would wake up?

24          A. You would unless, I guess, you put "S,  
25 normal sleep, easy to rouse" but "easy to rouse," you'd

1 still have to rouse her, yes.

2 Q. It looks as if you'd have to keep trying  
3 to wake the child in order to find out if she's in a  
4 normal sleep or whether she's in a sleep that's not  
5 normal?

6 A. According to what I read there, that's  
7 how I interpret that, yes.

8 Q. All right. And the order written at  
9 2:40, it says again, "Sedation scale, pain scale, heart  
10 rate, blood pressure." What's that?

11 A. He's saying if you increase the dose or  
12 the infusion rate ---

13 Q. Right.

14 A. --- then it looks like you go back to  
15 doing every hour a sedation scale, a pain scale, heart  
16 rate, blood pressure, respiratory rate every hour for  
17 four hours.

18 Q. And is that the same as in 239, he  
19 wanted her ---

20 A. Yes.

21 Q. --- to have all these vital signs taken  
22 every hour for four hours?

23 A. From the time she's admitted, yes.

24 Q. And briefly, order 241, "contact  
25 anaesthesia pain service if sedation score is 3"?

1 A. Yes.

2 Q. "If the respiratory rate goes below  
3 11" ---

4 A. Mm-hmm.

5 Q. --- "breaths per minute"?

6 A. I believe that's what it means, yeah, 11  
7 breaths per minute would be.

8 Q. Or if there's not enough pain killer,  
9 inadequate -- if the morphine is not really working?

10 A. Yes, that's right.

11 Q. Or the pump malfunctions?

12 A. Yes.

13 Q. And he leaves his pager number and if  
14 you can't get him, you have to phone the desk?

15 A. Yes.

16 Q. Did you understand that he wished all  
17 this done? Had he talked to you about it?

18 A. To me in emerg?

19 Q. At any point?

20 A. No.

21 Q. No, okay. At what point was she taken  
22 away from emergency?

23 A. At 00:40, I believe. I have to just  
24 look to be sure. No, 01:20. It's on page 15 at the  
25 bottom there.

1 Q. Okay, let me just find page 15 of the  
2 chart. It's difficult, we've got two paginations and  
3 we're getting -- going from one to the other.

4 MR. GOMBERG: Page 5 of your stuff.

5 MS. BROWNE: Thank you very much, Mr.  
6 Gomberg.

7  
8 BY MS. BROWNE:

9 Q. It's page 5, yes, right, in our book.

10 A. Okay. You've got admitted to hospital  
11 time and then you see my writing, 01:20, where, 5A,  
12 that's the unit she went to and "accompanied by mom in  
13 transport."

14 Q. Who is the transport?

15 A. Transport are people that we hire within  
16 the hospital. They are aids, they take people around.  
17 I don't know how -- besides they transport people.

18 Q. And she was transported in a wheelchair?

19 A. No, she wasn't. I circled that she was  
20 going ---

21 Q. That's what it says.

22 A. Yes, it does say that. I circled she  
23 was going in a wheelchair, Lisa had a wheelchair in her  
24 room that she used to go to the bathroom, but when I  
25 got into her room, she was asleep, so I asked the aide

1 to take her up on the stretcher instead of waking her  
2 up and putting her in the wheelchair.

3 Q. Did you go up at any point to the room?

4 A. No, I did not.

5 Q. To the ward? You were never up on  
6 orthopaedics?

7 A. No, the emergency nurses don't leave the  
8 emergency department. We only leave to go to codes and  
9 to take patients to the ICU, otherwise we stay in the  
10 department.

11 Q. Was that the last you saw her?

12 A. Yes, it is. No, no, I saw Lisa at 7:15  
13 when her -- or 7 something when the code was called on  
14 the floor. I responded to the code.

15 Q. Were you still on shift?

16 A. Yeah, I was on shift until 8:00 that  
17 morning.

18 Q. When did you start?

19 A. 8:00 that night.

20 Q. So you went from 8:00 ---

21 A. Yes, I did.

22 Q. --- right through the night?

23 A. Yes.

24 Q. And were you in the emergency department  
25 when the code was called?

1           A.    Yes, I was.  The emergency nurses, one  
2           nurse responds to each code on the floor to (A), bring  
3           a cardiac monitor, and (B), provide IV access.  The  
4           nurses on the floor don't start IV's, so they use us to  
5           start IV's should you need IV access in a code.

6           Q.    Can you look at the page in there, and  
7           I'm going to have to find it ---

8           A.    Mm-hmm.

9           Q.    --- the Resuscitation Record, but when  
10          the code was called, and I'm going to find it.  Yes,  
11          this is -- I guess it's page 26 in ours.

12          A.    Yeah, I found it.

13          Q.    What page is it in the chart?

14          A.    It's 26.  I have it 26 here, as well.

15          Q.    All right.  And what is this form we're  
16          looking at?

17          A.    This is a form that the hospital uses  
18          for resuscitations to chart what's going on during the  
19          resuscitation.

20          Q.    There are some remarks here about  
21          "patient admitted to orthopaedics."

22          A.    Oh, I think I'm looking on the wrong  
23          thing, here.  I'm sorry, I'm looking on the  
24          resuscitation chart.  You mean the chart just when Lisa  
25          went to the floor?

1 Q. And that's page 48?

2 A. Oh, okay, I'm on the wrong thing.

3 Q. All right, let me just make -- what page  
4 is this in the chart?

5 MR. HAWKINS: Page 26 in the original chart.

6 MS. BROWNE: Thank you very much, Mr.  
7 Hawkins.

8

9 BY MS. BROWNE:

10 Q. It has been paginated as page 48 in  
11 ours, but it's page 26.

12 A. On page 26, I have the resuscitation  
13 record.

14 Q. Right.

15 A. I don't think that ---

16 Q. Could you tell me what this indicates,  
17 the times?

18 A. I don't think we're referring to the  
19 same thing. I have the resuscitation record here. Are  
20 you talking about the resuscitation record?

21 Q. Yes, we are.

22 A. Oh, you are talking about this? Okay,  
23 yeah.

24 Q. Who filled this in, do you know?

25 A. Yes, it's filled in by a nurse -- I'm

1           sorry, it's filled in by a nurse on 5B recording what's  
2           going on.

3                   Q.    Do you recognize the signature, this  
4           signature down at the bottom there?

5                   A.    No.

6                   Q.    You don't know who it is?

7                   A.    No, I don't know any of the nurses on  
8           the floor.

9                   Q.    You said it's filled in by somebody on  
10          5B?

11                  A.    The ward she was on, 5B or 5A, it should  
12          be, yeah. It says -- yeah, wherever she was, the ward  
13          she was on, she's filling it out. I sent her to 5A, I  
14          don't know why it says 5B.

15                  Q.    And can you just read the lab result  
16          under -- the notes under the lab results and  
17          procedures?

18                  A.    Yes. I'll do my best here, this isn't  
19          my writing. It looks like, "Narcan" I'm not sure if  
20          that says "ordered." "Compressions," it looks like,  
21          "start. Emerg cart on scene." And then "Absent VS.  
22          Second IV attempt. Compression started. Epi 1  
23          milligram, 1 in 1,000 given, epi 1 milligram, 1 in  
24          1,000 given."

25                  Q.    What's "epi"?

1           A.    Epinephrine is a drug we use during  
2           cardiac arrest to increase heart rate.

3           Q.    Do you know whether -- the narcon was  
4           ordered, was it administered?

5           A.    I have no idea.

6           Q.    You weren't there for these ---

7           A.    She had -- I know that she had narcan,  
8           but I'm at the time putting IV lines in.  I can't --  
9           I'm watching her ---

10          Q.    Okay.  Go on, then it says, "Narcan."

11          A.    Yes, "Narcan .4 milligram IV was  
12          pushed," so somebody gave her .4 milligrams of IV --  
13          narcan.

14          Q.    Go on.

15          A.    Then "Bicarb, 2 milligrams," something  
16          given.

17          Q.    What's that for, bicarb?

18          A.    Bicarb we use in some cardiac arrests to  
19          deal with acid base and balances.

20          Q.    Okay.

21          A.    Then epi again, which is epinephrine.  
22          It looks like "5 ml., 1 in 1,000 given" and then "N/S  
23          flush," that's a normal saline flush, meaning they've  
24          just put some normal saline through the line to make  
25          sure all the drugs have gone into her body.  Then it

1 says, "Intubated with no. 6 ETT," that's a tube that  
2 goes into your throat when you're -- when they want to  
3 bag for you and they want to breathe for you, and then  
4 it says, "Third IV attempt," in the last line.

5 Q. Could you indicate to us the names that  
6 were there, the MD's? Dr. who, Heart, Hearty?

7 A. I don't know.

8 Q. You've never seen these before?

9 A. Have I never seen them? No, I just --  
10 the only doctor that I know on there, I know Dr. Albert  
11 Yee, he's an orthopod. I know Dr. Stacey Erbech (ph.).  
12 The other doctors, I don't know them.

13 Q. You don't recognize the handwriting of  
14 the one at the very bottom, the anaesthetist?

15 A. No, I don't know that person.

16 Q. Well, when the code was called and you  
17 responded, were there already people on the scene?

18 A. Oh, yeah.

19 Q. How many and what were they doing?

20 A. There was a respiratory therapist there,  
21 there was an anaesthesia resident there, both at the  
22 head of Lisa's bed. There were several doctors in the  
23 room. The one that I recognized was Albert Yee,  
24 because I know him, and I also know Stacey, she's the  
25 -- what we call the senior resident, one of the senior

1 residents at the time, so I know Stacey, she was in the  
2 room. There were several physicians in the room and  
3 several nurses in the room; most of them I couldn't  
4 identify because I don't know their names.

5 Q. You said that the anaesthetist was a  
6 resident?

7 A. There was an anaesthesia resident there,  
8 yes.

9 Q. How did you know he was a resident?

10 A. I only assume he was a resident because  
11 in all codes, the resident goes. That's like, how it  
12 works, sort of, how it's set up.

13 Q. And I guess that signature at the bottom  
14 there which is hard to read, it looks like "Harvey  
15 Wang" or something, he must have been the resident?

16 A. Yeah.

17 Q. Dr. Wang?

18 A. Yes.

19 Q. All right, would you turn over to the  
20 next page? I believe it's page 27 on the chart.

21 A. Yes.

22 Q. Page 50 in our handouts. It's  
23 continuing on?

24 A. Yes.

25 Q. Could you explain what's said there, on

1 the right-hand side, just explain it to us?

2 A. It says, "Continues to" something, I  
3 don't know what the word is. Maybe "bag," I'm not  
4 sure.

5 Q. It looks like "bag," yes.

6 A. "Bicarb push," which means they gave  
7 another bicarb injection. "Compressions continue, epi  
8 5 mls. 1 in 1,000 given. First attempt inter os." An  
9 inter os is a needle that we use to get more access.  
10 It goes into a bone as opposed to into a vein and you  
11 can get fluids through it. ".4 milligrams narcan  
12 given, central line access right femoral line,  
13 epinephrine 5 mls., 1 in 1,000 given." I think it says  
14 "NG inserted."

15 Q. What is the central line access, right  
16 femoral?

17 A. That would mean that the surgeon came  
18 into the room and he put another IV line into her  
19 femoral vein to get access, or he might have put it  
20 into her femoral artery to use to monitor blood  
21 pressure. I'm not sure which it was put in for.

22 Q. These are steps that are being taken by  
23 the resuscitation team and recorded at the times given  
24 on the left?

25 A. Yes.

1 Q. So they're minute by minute?

2 A. That's correct.

3 Q. At this point, did you see any reaction  
4 in Lisa? Was anything happening?

5 A. No, the compressions were continuing and  
6 they were bagging her, providing respirations for her  
7 and giving her drugs.

8 Q. And at 7:36, what do we see there?

9 A. EKG hook-up compression stopped. I  
10 don't know, "time" something. I don't know if they  
11 brought some other type of EKG monitor in or if that's  
12 -- I'm not sure.

13 Q. They were trying to see what her  
14 heartbeat was at one point?

15 A. Yes.

16 Q. And the next line, 737?

17 A. "No cardiac output. Compressions  
18 restarted."

19 Q. Okay, if you could turn to the next  
20 page, which is page 28 and at page 52, at 739?

21 A. Mm-hmm.

22 Q. What, they were giving her further  
23 narcon?

24 A. ".4 milligrams." I don't know what that  
25 says. ".4 milligrams narcon finish." I don't know

1 what that would mean. Narcan, you push it in last.  
2 You would have to ask the nurse that charted that, I  
3 don't know what that means.

4 Q. Go on, the next line at 739.

5 A. "Compressions continue. 5 mls., 1 in  
6 1,000 epi given, then compressions stopped 7:40, no  
7 cardiac output, no femoral pulse, extremities cool,  
8 restarted compressions." At 7:41, it looks like they  
9 have 74 written under a heart rate, "with compressions.  
10 02 sat."

11 Q. What is that word that you see?

12 A. Meaning that the heart rate that they  
13 have obtained is what they are getting as they do  
14 compressions.

15 Q. Okay, thank you. Go on, the next part?

16 A. "250 mls of .9 NS." That's normal  
17 saline, which is an IV solution given. "1 mls. of .9  
18 normal saline given." 100 mls., I'm sorry. That,  
19 again, is the same IV solution; they've given another  
20 100 mls. and 5 mls. of 1 in 1,000 given.

21 Q. And this page ends at 7:43 a.m., right?

22 A. That's right.

23 Q. Could we go to the next page, which is

24 29 ---

25 A. Yes.

1 Q. --- of the chart and page 54 in the  
2 exhibit? We are up to 8:44, does that look like "8"?

3 A. It does, but that doesn't make sense.

4 Q. It must be "7".

5 A. Yes.

6 Q. Right. And, again, they've got more  
7 narcan, is that right?

8 A. Yeah.

9 Q. At 7:45?

10 A. "Atropine, 4 mls. given, ICU fellow  
11 called stat. Dr. Harry Chong (ph.)" and then it says  
12 "pain SVS/anaesthesia called stat." I don't know if  
13 that means the pain service anaesthetist or what it  
14 means. I don't know what "SVS" stands for.

15 Q. Probably pain service.

16 A. You'd have to ask the nurse, I'm not ---

17 Q. 7:46 they called the pain service,  
18 right? Go on.

19 A. I don't know. I don't know what it  
20 means.

21 Q. All right.

22 A. 7:47, I don't know, "DEF" something.

23 THE CORONER: Defib.

24

25 BY MS. BROWNE:

1 Q. Defibrillation? Defibrillator? Would  
2 that --

3 A. It would make sense, because under defib  
4 joule it says "60" which means that they gave her 60  
5 joules of ---

6 Q. Sixty what?

7 A. Sixty joules, that's the amount of  
8 electricity that they chose on paddles to try to get  
9 more cardiac output.

10 Q. That's where they put the two paddles on  
11 the chest and everybody stands clear?

12 A. Yes.

13 Q. All right. At 7:48 ---

14 A. Mm-hmm.

15 Q. --- it didn't work, there's no cardiac  
16 output?

17 A. That's correct.

18 Q. And at 7:49, again they applied a defib?

19 A. Yes, they did, 120 joules.

20 Q. They doubled the electricity?

21 A. Correct.

22 Q. And it says, "No cardiac output" but I  
23 can't read the next part.

24 A. Then I believe they put "compression  
25 started." You would normally start compressions after

1           you -- everybody clears the bed while you do the joules  
2           and then you come back and start compressions again.

3                   Q.    And at 7:50, 250 ---

4                   A.    I believe it says "venous blood."  Those  
5           are some blood results and it says, "compressions  
6           continued and" something, I don't know what it says  
7           after that.

8                   Q.    And at 7:51?

9                   A.    "Compressions continue."

10                  Q.    Over here and then "base excess to" ---

11                  A.    That's more of the blood results I think  
12           that she's recording from 7:50.

13                  Q.    All right.  And to the last page, which  
14           would be page 30 in the chart.

15                  A.    Yes.

16                  Q.    And page 56, 7:51?

17                  A.    It says, "ICU fellow on scene" and then  
18           it says, "Compression stopped, no cardiac output at  
19           7:52 and code stopped."

20                  Q.    So essentially that's when she's dead?

21                  A.    I believe so, yes.

22                  THE CORONER:  I wonder, Ms. Browne, at this  
23           stage, I agree you've gone through this line  
24           by line and page by page.  I think there was  
25           an agreement prior to the inquest with all

1 the lawyers that the issue of the actual  
2 cardiac arrest and the resuscitation in and  
3 of itself is not going to be an issue at this  
4 inquest and the only reason I mention that to  
5 you, ladies and gentlemen of the jury, is  
6 you're going to have sufficient medical terms  
7 to deal with, that I don't want to confuse  
8 you further by having to spend probably one  
9 day explaining all of that in detail. With  
10 the, I think, consent of all counsel present,  
11 the experts will not be and neither will the  
12 family be criticizing that when Lisa was  
13 found vital signs absent in the ward, that  
14 all the appropriate measures for cardiac  
15 resuscitation were taken but unfortunately  
16 failed. If any counsel has anything  
17 different about that, please ... And the  
18 main reason is I want to try and focus you  
19 without having to make you into doctors in  
20 three days, to focus on the important things  
21 that are necessary.

22 MS. BROWNE: Thank you, Dr. Cairns. And  
23 that ends my questioning. You'll hear from  
24 others.

25 THE CORONER: Ms. Posno?

1 MS. POSNO: Thank you, Dr. Cairns.

2  
3 CROSS-EXAMINATION BY MS. POSNO:

4 Q. Ms. Matthews, I just have a few  
5 questions for you and I'll try to speak so you can all  
6 see me and hear me. You may wish to turn back to your  
7 nurse's notes. Page four of our records, I think  
8 they're probably page 14 and 15 of the chart?

9 A. Yes, I have that here.

10 Q. The first morphine administered was 2  
11 milligrams at 23:50?

12 A. That's correct.

13 Q. Then the PCA pump was commenced?

14 A. That's correct.

15 Q. Then the next morphine that was  
16 administered by way of injection or through the IV line  
17 was at 12:40?

18 A. That's correct.

19 Q. Another 2 milligrams?

20 A. Yes.

21 Q. Looking at your notes, is it correct --  
22 is my understanding correct that although she had  
23 received 2 milligrams and the PCA pump had started, her  
24 pain had not really reduced; it went down to 7 from 8?

25 A. That's correct.

1 Q. And is that really a minor type of  
2 reduction and then it increased again to 8?

3 A. Well, it didn't -- yeah, it didn't go  
4 down.

5 Q. Okay. And can you tell me how many  
6 times -- I'm not sure which page to look at; the button  
7 was pressed on the PCA machine after it was commenced?

8 A. Yeah.

9 Q. Before she received the second injection  
10 of 2 milligrams?

11 A. I have recorded at 00:40 that she used  
12 it once.

13 Q. And is that on page -- I guess it would  
14 probably be 16 of your ---

15 A. That's correct.

16 Q. --- chart and that would be page six of  
17 the record?

18 A. Yeah.

19 Q. That's a flow sheet ---

20 A. That's correct.

21 Q. --- that's prepared in the emergency  
22 department by yourself?

23 A. That's correct.

24 Q. And there is a column where you have  
25 handwritten "used button"?

1 A. Mm-hmm.

2 Q. And next to the time 00:40, which is  
3 12:40, there's a number 1?

4 A. Yes.

5 Q. The second 2 milligrams of morphine was  
6 administered by yourself?

7 A. Yes, it was.

8 Q. On discussion with Dr. Schily?

9 A. Yes, it was.

10 Q. And at his instructions?

11 A. Yeah. You'll see that at 00:40,  
12 "initiated as per Dr. Schily."

13 Q. Okay. Now, turning to the handwritten  
14 doctor's orders that you had in emergency, page 7 of  
15 the brief for the jurors and page 36 of the chart ---

16 A. Yes.

17 Q. --- that's the orders that were given to  
18 you in the emergency department?

19 A. That's correct.

20 Q. And you read these?

21 A. Oh, yes.

22 Q. Is that your handwriting with the arrow  
23 "done"?

24 A. Yes, it is.

25 Q. On the left-hand side and again at the

1  
2  
3  
4  
5  
6  
7  
8  
9  
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11  
12  
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25

bottom?

A. Yes, it is.

Q. Is that your handwriting in the top, right-hand corner indicating the doses of morphine given?

A. Yes, it is.

Q. And otherwise the rest of the writing is Dr. Schily's?

A. Yes, it is.

Q. Did you see the line that indicates "see KidCom orders"?

A. Yes.

Q. And so you knew he was inputting those orders?

A. Yes, I did.

Q. But you have indicated earlier you did not see those orders?

A. I did not, no. I have no access to those orders.

Q. Does the doctor's handwritten orders prepared in emergency department go up to the ward with the chart?

A. Yes, a copy of it does. It looks the same, but it's yellow. It tears off the back, it's like a carbon copy.

1 Q. And was it standard practice at that  
2 time for there to be a handwritten order in emergency  
3 and then computerized KidCom orders to be prepared for  
4 the nurses on the ward?

5 A. Yes. It's still that way.

6 Q. And the expectation is that the nurses  
7 would receive the handwritten orders from emergency so  
8 they knew that happened there and then they would also  
9 look at the KidCom orders?

10 A. Yeah, so that they can read what we did  
11 in emerg.

12 Q. Okay. Were you familiar with the  
13 standard monitoring that would be requested by  
14 physicians when a child is placed on morphine?

15 A. Yeah, we use morphine all the time in  
16 emergency department.

17 Q. And what monitoring were you doing of  
18 Lisa Shore that evening when she was on morphine and  
19 continued in the emergency department?

20 A. I did her vital signs every hour, which  
21 actually wasn't ordered, I did that because that's my  
22 practice. I also at one time had a SAT monitor on her,  
23 but unfortunately it's not charted in my notes.

24 Q. And is that the pulse oximeter we heard  
25 of yesterday?

1           A.    Yes, it is.

2           Q.    Do you have a recording in the chart?

3    You said there was no record ---

4           A.    No, it's not recorded in my notes, you

5    won't find it there.

6           Q.    Do you remember what the SAT monitoring

7    was?

8           A.    It was above 95, which is what's

9    applicable.

10          Q.    So at that time, the saturation level

11   was normal?

12          A.    Mm-hmm.

13          Q.    And morphine had already been commenced

14   by that time?

15          A.    Yes.

16          Q.    You paged Dr. Shily sometime after 1:00,

17   before Lisa Shore was transferred ---

18          A.    Yes, I did.

19          Q.    --- and admitted?

20          A.    Yeah.  At -- at 01:05, I've charted that

21   I've paged him and spoke to him.

22          Q.    So he responded to that page.  If he

23   hadn't responded to that page, would you have paged him

24   again?

25          A.    Well, yeah, because Lisa needed to go

1 upstairs and I can't send her upstairs with the  
2 existing order.

3 Q. Those are my questions. Thank you, Ms.  
4 Matthews.

5 THE CORONER: Mr. Gomberg?  
6

7 CROSS-EXAMINATION BY MR. GOMBERG:

8 Q. Yes, Ms. Matthews, I have a few  
9 questions and they're in similar areas to the areas  
10 that my friend, Ms. Posno, questioned you about. First  
11 of all, "report to 5A"?

12 A. Yes.

13 Q. That just means that she was sent up to  
14 5A?

15 A. No, "report" means that I called the  
16 nurse and gave her a report.

17 Q. All right. So you called the nurse and  
18 spoke to a nurse on the telephone?

19 A. Yes, I did.

20 Q. Do you know who that nurse was?

21 A. I didn't know the name of the nurse.  
22 Like, I don't know the name of the nurse. What I did  
23 was I called, I asked for the nurse that would be  
24 caring for Lisa Shore.

25 Q. Right.

1           A.    That nurse came on the phone and I gave  
2 her a verbal report over the phone.

3           Q.    And you gave her a verbal report aside  
4 from what's in the -- would the verbal report have been  
5 a verbal recapitulation of what we now have in the  
6 hospital records?

7           A.    It would be what I had done, yes.

8           Q.    Right. Well, you don't have any  
9 separate notes or anything like that about what was in  
10 that verbal report that you gave to the nurse on the  
11 floor?

12          A.    No.

13          Q.    All right. And it's fair to say that at  
14 the time, you didn't know who you were speaking to in  
15 terms of the name of the nurse?

16          A.    No, I do not know that.

17          Q.    All right. And you didn't make a note  
18 or try to find out who that nurse was the next day  
19 after you found out that Lisa died?

20          A.    No.

21          Q.    Am I right?

22          A.    Yes, you're right.

23          Q.    All right. Now, do you remember what  
24 you reported; in other words, did you report anything  
25 that's at all different from what's in the chart?

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A. No.

Q. Did you tell the nurse that Lisa was coming up in a bed?

A. I said Lisa was coming up, no.

Q. Did you tell the nurse that there were KidCom orders that were coming up on a chart with Lisa?

A. I don't know if I did or I didn't. KidCom orders are ordered on every single child that leaves the emergency department.

Q. Let me see if I understand that.

A. Yes.

Q. It's standard practice for KidCom -- not standard practice, every child has KidCom orders made?

A. That's correct.

Q. All right. So every child that is admitted to the orthopedic department, let's just talk about 5A now, would have automatically had KidCom orders?

A. Every child that leaves the emergency department has KidCom orders.

Q. All right. So you didn't say or you don't remember saying to the nurse, "Check the KidCom orders" because it would have been unnecessary to do that?

A. I don't know that I did tell her that,

1 no. There's always KidCom orders every time a kid goes  
2 upstairs.

3 Q. So they would know anytime a patient  
4 comes up that they must check the KidCom orders?

5 A. Well, they have no orders other than the  
6 KidCom orders.

7 Q. All right, well, let me ask the question  
8 again; that would mean they would have to check the  
9 KidCom computer or they would have to check their  
10 computer in every single case for KidCom orders?

11 A. They have no orders at all, yes, unless  
12 they look on KidCom.

13 Q. And therefore you wouldn't have to tell  
14 them on the phone or in writing to check the KidCom  
15 orders, because they already knew that, right?

16 A. Yes.

17 Q. All right. And Dr. Shily wouldn't have  
18 to tell them on the phone or in writing to check the  
19 KidCom orders, because they already knew that, right?

20 A. I don't know what the doctor's  
21 responsibilities are, but, yeah.

22 Q. But you'd agree with that as a matter of  
23 common sense that since they know they have to check  
24 the KidCom orders and since you don't have to tell them  
25 either orally or in writing, then it makes sense that

1 nobody else would have to tell them orally or in  
2 writing?

3 MR. HAWKINS: Well, Dr. Cairns, with  
4 respect, this witness does not know the  
5 KidCom system. The policy respecting the  
6 KidCom system has been disclosed to all  
7 Counsel. It has a specific direction to the  
8 resident, which I referred to yesterday and  
9 that will be the subject of later discussion.

10 I don't think it's appropriate for this  
11 witness who has clearly stated on many  
12 occasions she doesn't know the system. And  
13 Mr. Gomberg has the policy and he knows what  
14 the policy says. This witness doesn't know  
15 the policy, she said that, "I don't use  
16 KidCom."

17 MR. GOMBERG: Well, let me respond to that.

18 This witness is in the emergency room where  
19 the very orders that were not transmitted,  
20 apparently, up to the floor, were input. And  
21 she doesn't know the system and I can't  
22 question her about the KidCom order; that's  
23 the position that is being articulated.

24 MR. HAWKINS: This witness did not enter the  
25 KidCom orders, she wasn't in the room as she

1 said, when Dr. Schily entered the KidCom  
2 orders. She doesn't know the process by  
3 which KidCom orders went to the floor. Mr.  
4 Gomberg has got the policy. The questions  
5 are more appropriate for a different witness,  
6 and he knows what that policy says, as does  
7 everybody else here and that will come out  
8 with a different witness.

9 THE CORONER: I certainly clearly heard that  
10 the nurse has indicated she's not familiar  
11 with the details of KidCom orders. She  
12 doesn't write them. At the same time, I  
13 think since this nurse has indicated that  
14 every patient that goes through the emergency  
15 department for the Hospital for Sick Kids, if  
16 they're going to the floor, to the best of  
17 her knowledge and I'll accept that that may  
18 -- to the best of her knowledge, there are no  
19 orders except there are KidCom orders, all I  
20 want to know is the nurse's understanding in  
21 the emergency department. I think that is  
22 relevant since that's what we're talking  
23 about or the issue will be KidCom, not that  
24 she is that authority, not that she knows  
25 details about the KidCom orders, but what was

1 her understanding about orders written on  
2 KidCom in emerg, what's her understanding of  
3 what will be done to those on the floor. And  
4 I think that's valid.

5 MR. HAWKINS: Absolutely. And she's  
6 answered that question. She's talked about  
7 what she understands the nurses are supposed  
8 to do and she's indicated she does not know  
9 what the doctor's responsibility is.

10 MR. GOMBERG: I'm content to leave it.

11 MR. HAWKINS: I'm not sure where else he can  
12 go.

13 MR. GOMBERG: I'm content.

14 MR. HAWKINS: He's has the policy, we'll  
15 hear about the policy from the people  
16 responsible for the system.

17 THE CORONER: Well, I heard Mr. Gomberg say  
18 he's content with the answers that the nurse  
19 has given.

20 MR. GOMBERG: That's right.

21  
22 BY MR. GOMBERG:

23 Q. Certainly from your perspective as an  
24 emergency room nurse, you'd agree with me that whatever  
25 orders are made, KidCom or not KidCom, it's mandatory

1           that the nurses on the floor get those orders?

2                   A.    Yes, they need orders to work.

3                   Q.    And I guess you'd agree with me further

4           that if they don't get the orders, then they can't do

5           their work properly?

6                   A.    They need to have orders to run

7           anything.

8                   Q.    Right.  Now, when you paged Dr. Schily

9           at 1:05, he got back to you very promptly, right?

10                  A.    Yes, he did.

11                  Q.    So there was no problem getting through

12           on his page at 1:05?

13                  A.    No, there wasn't.

14                  Q.    In other words, you didn't have to phone

15           at 1:04, not get him, and then phone at 1:05 and then

16           get him?

17                  A.    No, I paged him.

18                  Q.    You got him the first time?

19                  A.    I paged him once, he called me back.

20                  Q.    When Lisa left the emergency room ---

21                  A.    Yes.

22                  Q.    --- and went up to the floor, she was

23           asleep, correct?

24                  A.    Yes, she was.

25                  Q.    Now, that takes us to the resuscitation

1 and I quite agree with what Dr. Cairns said, there's no  
2 question about the efficiency of what happened during  
3 the resuscitation, but I want to ask you something  
4 else.

5 A. Yes.

6 Q. There were a bunch of people in the  
7 room, correct?

8 A. Yes.

9 Q. All right. And the outcome of the  
10 resuscitation was unfortunately Lisa passed away,  
11 right?

12 A. Yes.

13 Q. All right. And that's the worst outcome  
14 that you can have, right?

15 A. Beyond a reasonable -- yes, definitely.

16 Q. Now, no note was made by anybody as to  
17 who was in the room, true?

18 A. You mean who all was there?

19 Q. Right, a comprehensive list of who was  
20 in the room?

21 A. Just the nurses' -- or just whatever the  
22 nurse has listed on that resuscitation page.

23 Q. But you've already told us that more  
24 people were in the room?

25 A. Yes, there were more people in that

1 room.

2 Q. And we don't know who they are, right?

3 A. No.

4 Q. All right. The only way to know who  
5 they are is to make a list of them, right?

6 A. Yes.

7 Q. And that wasn't done, right?

8 A. I don't know. I don't see any.

9 Q. Well, there's no list in the hospital  
10 records, right?

11 A. I don't see one.

12 Q. All right. And you'd agree with me that  
13 the appropriate people to make a list when there's a  
14 bad outcome, and obviously somebody's going to be  
15 asking questions about it in one form or another, would  
16 be somebody who works for the hospital, right?

17 A. I guess, yeah.

18 Q. In other words, somebody could have made  
19 a list of who was in the room and then we would know,  
20 right?

21 A. I guess, yeah.

22 Q. All right, now, the other point that I  
23 wanted to ask you about relates to the Corometric  
24 monitor ---

25 A. Yes.

1 Q. --- and patches, all right?

2 A. Yes.

3 Q. And whether the monitor was connected or  
4 not connected. Do you have any information on that?

5 A. I can tell you that there was a  
6 Corometric monitor in the room. I can tell you that it  
7 was turned off when I walked in the room.

8 Q. So the only information, I want to be  
9 fair to you, now, that you have on the Corometric  
10 monitor ---

11 A. Yes.

12 Q. --- is that the machine was physically  
13 in the room and that it was off?

14 A. Yes.

15 Q. Right. You don't know whether it had  
16 been on earlier, true?

17 A. I know that there were leads or stickers  
18 on her chest.

19 Q. All right. So Lisa had ---

20 A. I do not -- that's all I know.

21 Q. All right. So she had some stickers on  
22 her chest.

23 A. Yes.

24 Q. All right, but those leads were not  
25 connected to wires and the machine was not physically

1 turned on when you were in the room?

2 A. The machine was not turned on. I do not  
3 know -- I cannot remember if the wires were connected  
4 or not to the stickers. I can't tell you that for  
5 sure.

6 Q. There were how many stickers?

7 A. Three.

8 Q. All right, so there were three stickers  
9 and whether the wires were attached to the stickers or  
10 not, you don't know?

11 A. I can't tell you that one hundred  
12 percent sure, no.

13 Q. All right. But you can tell me for sure  
14 that when you went into the room, the Corometric  
15 monitor was turned off?

16 A. It was off, yeah. They were performing  
17 CPR and it was off.

18 Q. I understand.

19 A. No, I'm just telling you what was ---

20 Q. All right, where was the monitor?

21 A. It was on the left-hand side when you  
22 walked in the room. There's a small shelf that sits,  
23 like, when you walk right in the room there's a shelf  
24 about this size, it sits there. The Corometric monitor  
25 was sitting there.

1 THE CORONER: I'm wondering, Ms. Browne,  
2 since this witness, it might be reasonable to  
3 enter a few exhibits that may help the  
4 witness.

5 MS. BROWNE: Yes, I was going to do that.

6 MR. GOMBERG: Those are my questions. If  
7 any clarification -- because I haven't seen  
8 the exhibit, but it may be that somebody  
9 wants to ask some questions.

10 THE CORONER: Well, no, the exhibits are  
11 photographs showing a shelf and showing where  
12 the Corometric monitor is and since this  
13 witness was in the room, it may be beneficial  
14 if she can indicate as to was that the  
15 position she saw the Corometric monitor.

16 MR. GOMBERG: Well, I'm finished my  
17 questioning, so if -- it might be an  
18 appropriate time to take a break, I don't  
19 know.

20 THE CORONER: Yeah, why don't we have a  
21 recess for twenty minutes? I'd indicate to  
22 the witness she's on the stand and she's not  
23 to discuss her evidence at the break.

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25 --- A BRIEF RECESS

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MS. BROWNE: We forgot Mr. Gomberg.

MR. HAWKINS: I'm happy to start, Dr. Cairns, but we do seem to be short one lawyer. I won't comment on whether that's a good or a bad thing.

MS. BROWNE: This might be of assistance while this witness is on the stand, I've shown them to Counsel. They're four photographs, three of the room and one of the Corometric monitor. If I could ask that they be marked as an exhibit, 9, (A), (B), (C), (D).

THE CORONER: 9 (A), (B), (C), (D) will be fine.

MS. BROWNE: Thank you.

EXHIBIT NO. 9 (A): Photograph looking into Lisa Shore's hospital room

EXHIBIT NO. 9 (B): Photograph of hospital room from inside, showing an overview

EXHIBIT NO. 9 (C): Photograph of hospital room showing sofa

EXHIBIT NO. 9 (D): Photograph of hospital room showing Corometric monitor on shelf just inside

1 door

2  
3 CROSS-EXAMINATION BY MR. HAWKINS:

4 Q. Ms. Matthews, I want to come to what  
5 happened in the emergency department in a moment, but  
6 since Mr. Gomberg left off with the arrest in the  
7 presence of the Corometric in the room, when Mr.  
8 Gomberg asked the question about leads and stickers, my  
9 recollection is that you indicated that there were  
10 stickers on the chest and you can't say one hundred  
11 percent whether there were leads attached or not?

12 A. Yes, that's correct.

13 Q. Okay. This process, ma'am, you may be  
14 aware, but it's not about a hundred percent; can you  
15 give me your best recollection of whether there were  
16 leads attached to the stickers or not?

17 A. My best recollection is that there were  
18 but I can't tell you that one hundred percent.

19 Q. So your best recollection is when you  
20 walked into the room, there were leads attached to the  
21 stickers on Lisa's chest?

22 A. Yes.

23 Q. And if we turn to the resuscitation  
24 record which is your page 26 ---

25 MS. BROWNE: Do you have the other page

1 number?

2 MR. HAWKINS: Page 48, I apologize.

3 MS. BROWNE: Thank you; 48, for the rest of  
4 us.

5

6 BY MR. HAWKINS:

7 Q. So that I understand the sequence of  
8 events, the earliest time we see on that sheet is 7:20  
9 which says, "25 call placed," at the top?

10 A. Yes.

11 Q. What does that time mean?

12 A. That means that's the time that somebody  
13 pushed our code bell. We have a bell, you push it, it  
14 alarms and indicates throughout the hospital there's a  
15 code.

16 Q. Okay.

17 A. Or a resuscitation.

18 Q. And is there a team that is sort of pre-  
19 organized or pre-set for the code?

20 A. Yes, there is.

21 Q. Okay. And what is the responsibility of  
22 members of that team when the code bell goes?

23 A. There's several members; one is the  
24 respiratory therapist will come from the ICU. The  
25 senior paediatric or associate resident will come from

1 where they are in the hospital to be in charge. The  
2 nurse will come from the emergency department to bring  
3 both cardiac monitor and to establish IV access. There  
4 is an anaesthesia resident that comes to manage the  
5 airway along with the RT and there may be other doctors  
6 that will come and nurses, of course, from the  
7 particular floor that it's occurring on, there's  
8 normally about three nurses at a minimum present in the  
9 room.

10 Q. And the responsibility, I guess, of the  
11 code team members is when the bell goes, to drop  
12 everything and go to the location?

13 A. That's correct.

14 Q. And as the emerg nurse coming to the  
15 code, you bring -- you said you bring the cart?

16 A. I bring a great big trolley. On top of  
17 the trolley sits a cardiac -- a type of cardiac monitor  
18 and in the trolley is drugs and resuscitation  
19 equipment. It's quite similar, the floors have a very  
20 similar cart, however, they don't have the EKG, the  
21 great big machine on the top of it.

22 Q. Okay.

23 A. And so we bring our machine to provide  
24 that and to have an extra set of drugs and to have an  
25 emergency nurse available.

1 Q. Okay. So the floors have their own, am  
2 I right, these are called "crash carts"?

3 A. Yes, you're right, and they do.

4 Q. The floors have their own crash cart  
5 which is substantially the same as the emergency one  
6 except you bring the EKG monitor?

7 A. Yeah, it's a great big cardiac monitor.

8 Q. Okay. And as we go down this sheet, the  
9 second line in the, sort of, the detailed part, 07:22  
10 and then 07:24 ---

11 A. Yes.

12 Q. --- "emerg cart on the scene."

13 A. Yes.

14 Q. Now, am I right, it's not your  
15 responsibility in the code to make documentation?

16 A. Oh, no. No, it's not, it's the  
17 responsibility of one of the nurses on the floor.

18 Q. And so I take it you don't have a note  
19 or a specific recollection of when precisely you  
20 arrived on the scene?

21 A. No.

22 Q. But does "code called at 7:20" to your  
23 arrival at 7:24, does that seem reasonable?

24 A. Yeah, it would take me a couple of  
25 minutes to get upstairs. I have to drag this cart

1 along with me and go on an elevator and go up to the  
2 floor.

3 Q. And just to come back to it, when you  
4 arrive in the room, there is a Corometric monitor in  
5 the room?

6 A. Yes, there is.

7 Q. And where is it again?

8 A. It's on the left-hand side when you  
9 enter the door, there's a small table. It's sitting on  
10 that small table.

11 Q. And when ---

12 THE CORONER: I think, Mr. Hawkins, we have  
13 a photograph that perhaps we could show to  
14 the witness and see if that reflects her  
15 recollection of where it is.

16 MR. HAWKINS: I haven't seen these  
17 photographs.

18  
19 BY MR. HAWKINS:

20 Q. I'll look at them quickly, but these are  
21 four photographs. Do those, as best you can determine,  
22 represent the room that Lisa was in and is that the  
23 positioning of various things?

24 A. Yeah, that's what a room looks like. I  
25 don't know that that's the exact room, but that's when

1           you walk in, the monitor is on that little table on the  
2           left, but it was turned that way. It wasn't positioned  
3           this way, it was turned that way.

4           Q.    Okay. So she's pointing to the  
5           photograph marked 9 (A), she pointed to the shelf  
6           beside the left-hand side of the door and said the  
7           monitor was facing into the room?

8           A.    Yes, like, towards the patient's bed.

9           Q.    Okay, so it was facing towards the  
10          patient's bed. So I'll show photograph 9 (A) to the  
11          jury.

12          THE CORONER: Thank you. Mr. Hawkins, I  
13          will add for the record, because I don't  
14          think there's any dispute, these are  
15          photographs taken of the actual room.

16          MR. HAWKINS: That's my understanding is  
17          it's of the room, but this witness can't ---

18          THE CORONER: No, this witness, I accept  
19          this witness would not be able to identify  
20          that.

21  
22          BY MR. HAWKINS:

23          Q.    And that's where you saw the monitor  
24          when you walked into the room?

25          A.    That's correct.

1 Q. And when you came up to Lisa, again, you  
2 told us that there were patches on her chest?

3 A. Yes, there were.

4 Q. What are those patches for?

5 A. That there's wires that connect from the  
6 monitor to the patient. Those patches ground the wires  
7 so that you can trace electrical activity.

8 Q. And can you show the jury where those  
9 patches were placed?

10 A. Yeah, there's -- one would be here, one  
11 would be here and one down on her chest somewhere.

12 Q. Okay.

13 A. It's not an exact location, you just  
14 need to have it on the chest.

15 Q. Okay, so there's two on either side of  
16 the upper chest?

17 A. Yes, and one down here.

18 Q. And then one on the -- would it be lower  
19 chest or abdomen that the lower one goes?

20 A. It's normally like at the sort of base  
21 of the rib cage, you could say.

22 Q. And Lisa had those three patches on her?

23 A. Yes.

24 Q. And your best recollection, again, is  
25 that when you came to the bed, there were leads

1 attached to those patches?

2 A. Yes.

3 Q. And aside from bringing -- as the emerg  
4 nurse bringing the cart, what is your role in the  
5 cardiac arrest?

6 A. To obtain IV access.

7 Q. Where do you obtain IV access?

8 A. Anywhere I can get it.

9 Q. Okay, where did you obtain IV access or  
10 where did you start IV access with Lisa?

11 A. I attempted it in both of her arms and  
12 in one of her feet.

13 Q. Okay. So you first attempted it in her  
14 two arms?

15 A. Yeah, it's the easiest spot for me.

16 Q. Did you make any observations at that  
17 time as to the condition of her arms?

18 A. Well, when I touched her, she felt warm.  
19 I put a tourniquet on her arm, I cleansed her arm and  
20 I attempted to put an angio in a vein.

21 Q. Okay. Does feeling warm tell you  
22 anything, in your experience?

23 A. It makes me feel hopeful that we'll be  
24 able to get an IV access, it makes me feel that there's  
25 good blood flow to the peripheries or to the limbs as

1           opposed to the blood just being -- centring in the  
2           vital organs.

3                   Q.    Okay.  And you bring the cardiac arrest  
4           cart ---

5                   A.    That's correct.

6                   Q.    --- to the arrest?  Are you responsible  
7           to hook it up or does someone else hook it up?

8                   A.    Anybody can hook it up while I'm -- I go  
9           for IV access, another team member can hook it up.  If  
10          I wasn't doing IV access, I could hook it up.

11                  Q.    Okay.

12                  A.    For Lisa's case, I was doing IV access.

13                  Q.    And in relation to your arrival at 7:24,  
14          when after that would the cardiac monitor be hooked up?

15                  A.    Well, somebody is sort of doing it  
16          simultaneously as I'm doing IV access.

17                  Q.    So it's very shortly after you arrive?

18                  A.    Mm-hmm.

19                  Q.    And did you have occasion to observe  
20          that monitor?

21                  A.    Yeah.  It took a few minutes to get a  
22          good reading on the monitor.  The reading wasn't  
23          picking up on the monitor.  I called another nurse to  
24          come from the emerg department to figure out what was  
25          going on with the monitor while I was putting the IV's

1 in.

2 Q. And when you had a reading on that -- or  
3 when the monitor was hooked up, do you recall whether  
4 it showed any electrical activity?

5 A. Yeah, there was electrical activity.

6 Q. And was this Lisa's own electrical  
7 activity?

8 A. Well, the monitor was connected to her  
9 body, so yes, it was her electrical activity.

10 Q. Okay, so the electrical activity you saw  
11 was coming from the patient, it was not sort of  
12 electrical activity caused by cardiac compressions?

13 A. No, I believe it was coming from the  
14 patient. I'm not an expert in that, though.

15 Q. Right, okay. But when the monitor was  
16 hooked up, it showed electrical activity?

17 A. Yes, it did.

18 Q. Then just before I leave the arrest, Mr.  
19 Gomberg asked you some questions about recording who is  
20 present in an arrest. Do you still have page 26 in  
21 front of you?

22 A. Yes.

23 Q. And what that form sets out is recording  
24 who the physicians present in the arrest were?

25 A. That's correct.

1 Q. And there are five physicians listed  
2 there?

3 A. Yes, there are.

4 Q. Then if we can turn back to the  
5 emergency department care, and I guess just again so  
6 that we get the sequence correct, the first page I'd  
7 ask you to turn to is your page 14, and that's in the  
8 brief, it's page 3.

9 MS. BROWNE: Thank you.

10

11 BY MR. HAWKINS:

12 Q. The first person a patient sees on  
13 presentation in emergency is the triage nurse?

14 A. That's correct.

15 Q. And what is her role?

16 A. She is the initial nurse to see a  
17 patient. She greets them, does their vital signs and  
18 assesses how urgent their care is, as for how urgently  
19 they need to see a physician.

20 Q. Okay. And in this case, you said it was  
21 Rosemary who did that at 21:50?

22 A. That's correct, yeah.

23 Q. And there's note in the upper corner,  
24 "Pain fellow, 21:50."

25 A. Yes.

1 Q. What does that indicate to you?

2 A. You'll see an arrow there and in the  
3 arrow, there's a crossmark through the arrow. The  
4 arrow would be written and it's just a code that we  
5 use. The arrow indicates that Rosemary has paged Dr.  
6 Schily or at least the pain fellow and the line through  
7 the arrow means that he's called her back.

8 Q. Okay.

9 A. It's just a way that we communicate with  
10 each other.

11 Q. Right, okay. And so in this case, we  
12 know that Dr. Schily was paged at 21:50?

13 A. That's correct.

14 Q. And if I can ask you to turn to the next  
15 page, we don't have a specific time when Dr. Schily  
16 arrived on the floor, do we?

17 A. I haven't recorded one, no.

18 Q. Okay. Would I be correct that it is  
19 sometime after 22:20 when the nurse notes "P for plan,  
20 have pain team assess child" and before 23:50?

21 A. That's correct.

22 Q. I'd like to ask you a little bit about  
23 the set-up of the PCA pump. Is the PCA pump something  
24 you typically use in the emergency department?

25 A. No.

1 Q. Do you feel that at the time you were  
2 familiar with the use of the PCA pump or were you  
3 relying primarily on Dr. Schily?

4 A. I'm familiar with the use of it because  
5 I spent a clinical rotation with Laurie Palozzi (ph.) on  
6 the anaesthesia pain team ---

7 Q. Right.

8 A. --- in 1996 for three months, so I  
9 worked with her exclusively on acute pain. At that  
10 time, I had the observation of the pumps but hadn't  
11 used them since that time.

12 Q. Okay. And in this case, who set up the  
13 PCA pump?

14 A. Dr. Schily did at my request.

15 Q. Okay. And why did you ask Dr. Schily to  
16 do it?

17 A. Because I wasn't comfortable starting it  
18 on my own.

19 Q. Okay. And in terms of setting up the  
20 PCA pump, I guess there are sort of two main parts of  
21 it; one is programming the pump?

22 A. Mm-hmm.

23 Q. And the other is putting the morphine  
24 into the pump?

25 A. That's correct.

1 Q. Who programmed and set up the pump?  
2 A. Dr. Schily.  
3 Q. And you were there as a double-check to  
4 Dr. Schily?  
5 A. Yeah, we sat beside each other.  
6 Q. And in terms of who put the morphine  
7 into the pump, who did that?  
8 A. The pump runs on a great big syringe, it  
9 has 60 cc's in it. I put the morphine and the saline  
10 in the syringe. Dr. Schily then uses that exact same  
11 syringe and puts it in the pump.  
12 Q. Okay. And where was Dr. Schily when you  
13 put the morphine into the syringe?  
14 A. Sitting beside me.  
15 Q. Okay. And did he double-check what you  
16 were doing in putting the morphine into the syringe?  
17 A. I showed him the five vials of ten  
18 milligrams of morphine that I was using, yes.  
19 Q. So the morphine comes in small vials?  
20 A. Yeah, little glass things about that  
21 big. They hold one ml. of solution in them. These had  
22 10 milligrams per ml. We used five of them for a total  
23 of 50 milligrams.  
24 Q. Right, okay, and so you're sitting right  
25 beside Dr. Schily?

1 A. Correct.

2 Q. You put the morphine in and he double-  
3 checks what you're doing?

4 A. Correct.

5 Q. Okay. And so are you satisfied with  
6 that double-check that you got 50 milligrams in 50  
7 cc's?

8 A. Am I satisfied that it's correct?

9 Q. Yes.

10 A. Yes.

11 Q. Okay. And one of the reasons you do the  
12 double-check is to make sure it's correct?

13 A. Yes.

14 Q. Then the patient receives the first dose  
15 of morphine -- we're on page four, now -- at 23:50?

16 A. Correct.

17 Q. And that's pursuant to Dr. Schily's  
18 order?

19 A. Yes.

20 Q. At that time, 23:50, did Dr. Schily give  
21 you any orders for monitoring the patient who you have  
22 now put on morphine?

23 A. No, he did not.

24 Q. The PCA pump went on at what time?

25 A. 00:15, 15 minutes after midnight.

1 Q. Okay. And at the time that the PCA pump  
2 goes on, did Dr. Schily give you any orders for  
3 monitoring of the patient?

4 A. No, he did not.

5 Q. And when you don't receive a specific  
6 order, how do you monitor the patient?

7 A. Well, I use my clinical judgment.

8 Q. Okay. And your clinical judgment in  
9 this case, I think you said earlier, led you to take  
10 vital signs?

11 A. They would have been taken Q hourly, but  
12 she wasn't -- she had one set of vital signs and she  
13 was gone within the next hour.

14 Q. Okay. And the plan when the morphine is  
15 started at 23:50 and when the pump is put on at 00:15,  
16 is that the patient will go to the floor when?

17 A. As soon as possible, just waiting for  
18 them to be ready upstairs to take her.

19 Q. And Dr. Schily also gave you some  
20 instructions respecting what he wanted the pain scale  
21 to be at before she went?

22 A. Yeah, he wanted her pain scale to be 5,  
23 which he figured would happen quickly, so he left.

24 Q. And for that intervening period when the  
25 patient is in emergency department having just started

1 to receive morphine and getting a PCA pump, did Dr.  
2 Schily order you to put oxygen saturation on the  
3 patient?

4 A. No, not to my knowledge.

5 Q. And did he order you to put heart rate  
6 or apnea monitoring on the patient?

7 A. No.

8 Q. And what you did, absent an order, is  
9 use your clinical judgment about what monitoring the  
10 patient needed?

11 A. Correct.

12 Q. And you commented on, I guess, in that  
13 respect of vital signs and you said that in the  
14 emergency department you normally only take blood  
15 pressure every four hours?

16 A. Correct.

17 Q. Is there a routine in the emergency  
18 department for taking vital signs?

19 A. A routine as in written down protocol  
20 standard?

21 Q. Well, a standard routine that you do?

22 A. No, it's just that's how we do things,  
23 that we take vital signs every hour -- or, I'm sorry,  
24 every four hours unless there's a reason to take them  
25 more frequently.

1 Q. Okay. And why -- can you explain to me  
2 the basis for how you establish a policy that says take  
3 vital signs every four hours?

4 A. I think it's clinical judgment. You may  
5 have a patient that comes in for an earache and you  
6 decide that that person needs to have vital signs not  
7 that frequently. You may have a patient come in having  
8 an asthma attack and that person needs to have vital  
9 signs every 15 minutes. It's why they're there.

10 Q. And in this case, your routine absent  
11 orders would be to do vital signs every four hours?

12 A. Mm-hmm.

13 Q. You made a clinical judgment once the  
14 patient was on morphine to take vital signs more  
15 frequently?

16 A. Yeah, because that's part of my pain  
17 assessment.

18 Q. And that's in addition to or above and  
19 beyond what Dr. Schily has ordered?

20 A. Yeah, it's what I chose to do.

21 Q. And when it came time to transfer the  
22 patient to the floor, the patient at that time was  
23 asleep?

24 A. Yes, she was.

25 Q. And the patient went on a stretcher?

1 A. Yes, she did.

2 Q. Who accompanied the patient to the  
3 floor?

4 A. Lisa's mom and transport person, a  
5 person who transports people.

6 Q. And is it standard practice for  
7 emergency nurses to accompany patients to the floor?

8 A. No, we don't leave the floor. We only  
9 leave the floor ---

10 Q. I apologize, I missed the answer.

11 A. No, we don't leave the floor. We only  
12 leave the floor in the event of a cardiac arrest or if  
13 we're transferring a patient to the ICU or taking a  
14 trauma into the CATscan.

15 Q. Okay. So when Dr. Schily testified  
16 yesterday that you were going to take the patient  
17 personally to the floor, would you agree with that?

18 A. No.

19 Q. That's not your practice?

20 A. No.

21 Q. And it's not the routine?

22 A. It's not.

23 Q. And I believe I heard Dr. Schily testify  
24 yesterday, as well, that he reminded you to remind the  
25 floor nurses to check the KidCom system. Did Dr.

1 Schily remind you to remind the floor nurses to check  
2 the KidCom system?

3 A. I don't remember that.

4 Q. Thank you, those are my questions.

5 THE CORONER: Does the jury have any  
6 questions with this witness?

7  
8 CROSS-EXAMINATION BY THE JURY:

9 BY JUROR #2:

10 Q. I just have one. I just wanted to make  
11 sure I understand one thing, the flow sheet on page 6?

12 A. Yes, I just have to find that.

13 Q. There's a column that you have that says  
14 "used button."

15 A. Yeah.

16 Q. She used it once at 00:40?

17 A. Yes.

18 Q. And then she used it again at this time?

19 A. That would be the number of times that  
20 she had used it, yeah. It's a running total, like, it  
21 keeps going forever. You don't stop it.

22 Q. And that was during a 15 minute period?

23 A. That's how many times she has pushed it,  
24 yeah.

25 Q. But would only have administered one

1 shot?

2 A. I don't know if you remember yesterday  
3 when Dr. Schily explained that you can push the button  
4 several times but it has a lockout.

5 Q. A lockout. So she would only get one,  
6 even though she pushed it, but she ---

7 A. She's pushed it that many times. If you  
8 look at 00:55, it will tell you how much ---

9 Q. Yes, I see.

10 A. --- is used. And that gives you an --  
11 that's the true value of medication delivered.

12 Q. It's just I didn't understand ---

13 A. Yeah, it's confusing, isn't it.

14 Q. Okay, thanks.

15 THE CORONER: Perhaps I'll also help the  
16 jury. This particular PCA pump does have an  
17 electronic memory and there will be entered  
18 later in the inquest the analysis of that  
19 that will indicate exactly how many times it  
20 was pushed throughout the night, which will  
21 be some further confirmation. Does the jury  
22 have any other questions? Are there any  
23 other questions arising from the testimony of  
24 this witness?

25 MS. BROWNE: I have.

1 THE CORONER: Ms. Browne?

2  
3 RE-EXAMINATION BY MS. BROWNE:

4 Q. Ms. Matthews, when you were initially  
5 testifying, you testified that you remembered there  
6 were stickers on Lisa's chest?

7 A. That's correct.

8 Q. But you couldn't remember whether or not  
9 there were leads attached?

10 A. I can't tell you that one hundred  
11 percent, no, I can't.

12 Q. But when you answered Mr. Hawkins, you  
13 said that your best recollection was that they were  
14 attached, there were leads on, attached to something?

15 A. Because he says to me -- I think that  
16 they were there, but I can't tell you that one hundred  
17 percent.

18 Q. You think they were attached to  
19 something?

20 A. Yes, but I can't tell you that one  
21 hundred percent.

22 Q. I understand that. Can you tell me what  
23 you think they were attached to?

24 A. Oh, well, I think they were hooked from  
25 the monitor to the patient, but I can't tell you that.

1 Q. To the Corometric monitor?  
2 A. Yes.  
3 Q. The ones that are in the photograph?  
4 A. Yes, correct.  
5 Q. Can I just see Exhibit 9, please? I'm  
6 showing you 9 (A).  
7 A. Yes.  
8 Q. And I'm looking into the room.  
9 A. Yes.  
10 Q. And I'll just show the jury. It shows  
11 the Corometric monitor on the left, there.  
12 A. Yes.  
13 Q. You believe that there were leads  
14 attached to her (inaudible)?  
15 A. Yes, and to Lisa, but this was turned  
16 toward the bed.  
17 Q. That's not the way it looks on Exhibit 9  
18 (D)?  
19 A. No.  
20 Q. Which has it facing sort of to the door,  
21 right?  
22 A. No, it's facing -- so it's turned just  
23 like that. And it was turned off, like that, like it  
24 looks in the picture.  
25 Q. And when you responded to the code, were

1           you the first on the scene?

2                   A.    No.

3                   Q.    Was there anyone there before you?

4                   A.    Many people there before me.  Everybody

5           -- I would have been one of the last in the room.

6                   Q.    What time approximately would you have

7           got there, do you know?

8                   A.    I think it says 7:24.  The nurse charts

9           it when I come in.  No, it's 7 -- yeah, 7:24 I arrive.

10           So they push the call bell at 7:20, the code bell, I

11           arrive at 7:24.

12                   Q.    To the floor?

13                   A.    That's correct.

14                   Q.    From the emergency?

15                   A.    Yes.

16                   Q.    Did you hear anything going off, the

17           alarm shrieking or ---

18                   A.    No, nothing.

19                   Q.    Nothing, you heard nothing.  All right.

20           Thank you.

21                   THE CORONER:    Mr. Gomberg?

22                   MR. GOMBERG:    Yeah, I think -- I just have

23           one question.

24

25           RE-EXAMINATION BY MR. GOMBERG:

1 Q. You gave evidence, we have it on the  
2 chart about these orders that Dr. Schily made and am I  
3 correct that Dr. Schily gave these orders in a room  
4 that was not far from where you were, but you never  
5 went into the room?

6 A. Yeah, it's -- I can't quite tell you how  
7 big it is, but it's off the side.

8 Q. All right. Now, I just want to make  
9 sure I understand this; these orders were made at  
10 23:48, which is 11:48 at night?

11 A. That's correct.

12 Q. All right.

13 A. That's what time it says, anyhow.

14 Q. Well, that's what it says?

15 A. Yes.

16 Q. All right. And as I understand it, Lisa  
17 went up from the emergency department to the floor at  
18 1:20?

19 A. Correct.

20 Q. So that's 1:20, it's an hour and 20  
21 minutes plus 12 minutes.

22 A. Correct.

23 Q. So now we're into 32 minutes?

24 A. Yeah.

25 Q. You were aware of those orders for that

1 hour and 32 minutes?

2 A. No, I have no access to those orders.

3 Q. Is it your evidence that nobody in  
4 emergency was aware of those orders ---

5 A. We have ---

6 Q. Just let me finish -- for an hour and 32  
7 minutes?

8 A. Those orders are orders for the floor.  
9 I have no way of accessing them.

10 Q. All right, and just to be clear, when  
11 you say that you have no way of accessing them ---

12 A. That's correct.

13 Q. --- none of the nurses in the emergency  
14 room where that young girl is lying for an hour and 32  
15 minutes, know about any of those orders?

16 A. That's correct. We have no access to  
17 those orders.

18 Q. And they're not handwritten anywhere?

19 A. They are not handwritten, you saw his  
20 handwritten chart. That's what I have. His  
21 handwritten doctor's orders are what I have to work off  
22 of. I have no access, no access whatsoever to that  
23 system.

24 Q. So if she stays there for another hour,  
25 that's two hours and 32 minutes?

1           A.    If she stayed there for three days, I  
2           have no access to that.

3           Q.    Is that not shocking to you as an  
4           emergency room nurse, that you don't know about the  
5           orders that have been made on a child who is on  
6           morphine, including oximetry and all of those other  
7           things and you were unaware of that for an hour and 32  
8           minutes?

9           A.    Those are orders for the floor.  He has  
10          every ability to write all the orders he wants in  
11          emerg, I have no access to those orders.

12          Q.    Those are my questions.

13

14          RE-EXAMINATION BY MR. HAWKINS:

15          Q.    Just to follow up, if Dr. Schily wants  
16          you to do something in emerg, he handwrites an order?

17          A.    That's exactly correct, which he  
18          handwrote his orders that he wanted me to do.

19          Q.    And in this case, he gave you no  
20          handwritten orders or no instructions respecting any  
21          extra special monitoring for the patient?

22          A.    That's correct.  The only orders I have  
23          from Dr. Schily are the orders that you have written  
24          here which are on page 36, those are my orders.

25          Q.    Thank you.

1 A. That's all I have to work off of.

2 Q. Thank you.

3 MS. POSNO: Dr. Cairns, I have one or two  
4 questions.

5 THE CORONER: Yes.

6

7 RE-EXAMINATION BY MS. POSNO:

8 Q. Ms. Matthews, you testified earlier that  
9 the expectation after the morphine was administered was  
10 that the pain would reduce quickly, hopefully to a pain  
11 scale of around 5?

12 A. Correct.

13 Q. What was the expected time that Lisa  
14 Shore would have remained in the emergency department?

15 A. Well, that's all based on how long it's  
16 going to take for her pain to come down.

17 Q. When you say you expected it to occur  
18 quickly, how much time are you telling us you expected  
19 by the word "quickly"?

20 A. Dr. Schily expected it wouldn't take  
21 very long. Just because he had given her morphine, he  
22 assumed it was going to help her pain. I can't give  
23 you a time frame on that.

24 Q. You had no understanding of when -- when  
25 you say you expected it to occur quickly ---

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A. Yeah.

Q. --- presuming based on comments he had made to you ---

A. Yeah.

Q. --- you have no understanding of what "quickly" meant?

A. No. Pain is subjective, it depends on the patient, it depends on how they respond, it depends on their history. I can't comment on how one child is going to -- how their pain is going to be.

Q. When you monitored Lisa Shore in accordance with the one hour for the vital signs ---

A. Yes.

Q. --- and you indicated you put a saturation monitor on her at one point, if there had been a very low saturation level ---

A. Yes.

Q. --- would you have contacted Dr. Schily?

A. Definitely.

Q. Okay. If blood pressure or pulse or respiration had been outside of the normal range, would you have contacted Dr. Schily?

A. Definitely.

Q. Did that happen?

A. It didn't happen while she was in the

1 emergency department, no.

2 Q. Those are my questions, thank you.

3  
4 CROSS-EXAMINATION BY THE CORONER:

5 Q. I have one question so that I can  
6 clarify. I think that Mr. Gomberg, from my notes,  
7 asked you a question with regard to your recollection  
8 of the Corometric monitor in the room, and you  
9 indicated that you saw it in the room. I do understand  
10 you're not absolutely sure whether it was attached.  
11 You do say there were three patches on the chest and my  
12 notes indicate that you say although the Corometric  
13 monitor was in the room, you indicate it was turned  
14 off. Is that something you're sure about ---

15 A. Yes.

16 Q. --- that the Corometric monitor was  
17 turned off?

18 A. Yes.

19 Q. Thank you. Are there any further  
20 questions?

21  
22 RE-EXAMINATION BY THE JURY:

23 BY JUROR #5:

24 Q. Was it always plugged in?

25 A. Was it plugged in?

1 Q. The monitor was always plugged in, in  
2 the room?

3 A. I don't know if it was plugged in, I  
4 couldn't tell you.

5 Q. Was it up, the plug, or below?

6 A. I have no idea if it was plugged in.

7 Q. Was it eye level, can you see it?

8 A. The plugs?

9 Q. The plug-ins?

10 A. I don't know, you'd have to -- maybe you  
11 can see it in the picture. I'm not sure. I know  
12 there's a silver panel there that has plugs, but I  
13 don't work in the room, so I'm not sure where they are.  
14 You might see them in the pictures, I'm not sure.

15 Q. But it's usually plugged in at all time?

16 A. Yes. I would imagine so, yes.

17 Q. So the switch was off?

18 A. The switch was turned off, yes.

19

20 BY JUROR #3:

21 Q. If the vital signs are checked every  
22 four hours, is this regardless of the condition of the  
23 child?

24 A. Yeah, that's what we try to do, yeah,  
25 every four hours. Like, meaning any child that comes

1 in, yes.

2 Q. No, regardless of the condition of the  
3 child?

4 A. Oh, no, if a child is more ill, then we  
5 would do them more frequently. Like I said, like, if  
6 you had someone come in with asthma, having an asthma  
7 attack and they were very sick, you would take their  
8 vital signs very often, maybe every 15 minutes. It  
9 depends why they come in.

10 THE CORONER: Thank you, Nurse Matthews, you  
11 may step down. Thank you.

12

13 \*\*\*\*\*

14

15

16 THIS IS TO CERTIFY that the  
17 foregoing is a true and  
18 accurate transcription of  
19 my recordings and notes, to  
20 the best of my skill and  
21 ability.

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