

INQUEST INTO THE DEATH OF

L I S A   S H O R E

THE EVIDENCE OF ANAGAILE SORIANO

TAKEN JANUARY 28th, 2000

BEFORE DR. JAMES CAIRNS, DEPUTY CHIEF CORONER

CORONER'S COURT, TORONTO

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

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

REPORTING PLUS  
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1 THE CORONER: My apologies to the jury and  
2 everyone else. I had to attend a memorial  
3 service for the little girl that was murdered  
4 and there were so many people there, I just  
5 could not get out of the parking lot, so,  
6 please forgive me for being late. My  
7 apologies. The next witness is?

8 MS. BROWNE: The next witness is Ms.  
9 Soriano.

10 MS. POSNO: Just before we call the next  
11 witness, we had a statement, the letter  
12 prepared by Dr. Schily on the morning of  
13 October 22, and I wonder, Mr. Coroner, if I  
14 could just ask that this be made an exhibit?  
15 You'll recall, this was prepared by Dr.  
16 Schily on the morning of October 22 after he  
17 learned about the death of Lisa. He was  
18 cross-examined on this, and he indicated he  
19 prepared this from his own recollection, not  
20 from review of the chart, and it was -- well,  
21 the jury can make their determination of  
22 this, but in our submission, it was  
23 consistent with his testimony, and he did  
24 have some cross-examination on it.

1 THE CORONER: Yes, it was, and since he's  
2 not here, I think it was just inadvertent  
3 that we did not put it in as an exhibit in  
4 the first place, and I think it would be  
5 entirely appropriate that it be made an  
6 exhibit at this time.

7 MS. POSNO: Thank you.

8 CONSTABLE CULLETON: Exhibit 42.

9 MS. POSNO: Thank you. I have a copy for  
10 each of the jury.

11 THE CORONER: Thank you.

12 MS. POSNO: Do all Counsel want a copy?

13 MR. GOMBERG: I do, thank you.

14 MS. POSNO: Okay.

15  
16 --- EXHIBIT NO. 42: Statement prepared by Dr. Schily on  
17 October 22, 1998

18  
19 MS. BROWNE: As we discussed earlier, Mr.  
20 Coroner, Ms. Posno's going to go first with  
21 Ms. Soriano, who we'll call to the stand now,  
22 and she has (inaudible.) Ms. Soriano?

23 THE CORONER: Thank you.

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ANAGAILLE SORIANO, SWORN

CROSS-EXAMINATION BY MS. POSNO:

Q. Nurse Soriano, and jury, we'll be asking questions first, because unfortunately I'm not available Monday or Tuesday. We represent Dr. Schily at this inquest, so I'll try to focus my questions particularly on areas that will affect his testimony, along with your own.

I will try to go over some other things for the purposes of comprehension so that you understand the context of my questions, so, Mr. Coroner, I'll be a little longer than I otherwise would be.

THE CORONER: That's understandable.

MS. POSNO: I'll try to make it understandable.

BY MS. POSNO:

Q. Nurse Soriano, I will not get into your personal background in any detail, but for the purposes of order, maybe we could just mark your CV as an exhibit. I'll give you a copy and if you can confirm its accuracy?

A. Sure. Yes, that's right.

1 THE CORONER: That will be the next exhibit,  
2 please.

3 CONSTABLE CULLETON: Exhibit 43.

4

5 --- EXHIBIT NO. 43: Curriculum Vitae of Anagaile  
6 Soriano

7

8 BY MS. POSNO:

9 Q. The documents you'll need in front of  
10 you, I think, you'll need the hospital chart, and in  
11 particular, the flow sheet. Is the hospital chart  
12 before you?

13 A. No, it's not here.

14 Q. And the flow sheet is page 48 of the  
15 hospital chart, and for Counsel, it's page 11 in our  
16 brief. Do you have your statement in front of you,  
17 Nurse Soriano?

18 A. Which?

19 Q. You prepared a statement dated October  
20 25.

21 A. I don't have it in front of me.

22 Q. Maybe just to shorten things, as well,  
23 if I could ask Mr. Hawkins if he could give you a copy  
24 of that and confirm that it's your statement, that no  
25 changes have been made, and we can mark that as an

1 exhibit as well, Mr. Coroner.

2 THE CORONER: Thank you.

3 MS. POSNO: Thank you, Mr. Hawkins.

4  
5 BY MS. POSNO:

6 Q. Is that the statement you made on or  
7 around the 25th of October, '98?

8 A. Yes, it is.

9 Q. And have you made any changes to that  
10 statement?

11 A. No, I haven't.

12 MS. POSNO: If we could mark that as the  
13 next exhibit, please, Mr. Coroner.

14 THE CORONER: Thank you.

15 CONSTABLE CULLETON: Exhibit 44.

16 MS. POSNO: Do you have a typed version for  
17 Nurse Soriano, Mr. Hawkins?

18  
19 --- EXHIBIT NO. 44(A): Original handwritten statement of  
20 Anagaile Soriano, prepared October  
21 25, 1998.

22  
23 MS. POSNO: And with the typed version,  
24 maybe we could mark one A and B?

25 THE CORONER: Okay.

1                   CONSTABLE CULLETON: All right, 44(A) is the  
2                   original and 44(B) is the typed version.

3  
4           --- EXHIBIT NO. 44(B): Typed version of Anagaile Soriano's  
5   statement prepared October 25, 1998

6  
7           BY MS. POSNO:

8                   Q. I'll be referring to the typed one  
9                   because I'm going to be talking about different pages  
10                   of it.

11                   A. Okay.

12                   Q. Okay? But you can refer to which ever  
13                   one is easier for you.

14                   A. Okay. Okay.

15                   Q. Okay. Now, you assumed or you spoke to  
16                   the Emergency Nurse, Pauline Matthews, with respect to  
17                   the transfer of Lisa Shore from the Emergency Room to  
18                   Ward 5A?

19                   A. Yes, that's right.

20                   Q. And was that time at around 1:30?

21                   A. It was about 1:30.

22                   Q. And then after that, you assumed care,  
23                   primary care for Lisa Shore, at or around 2:00-ish?

24                   A. It was around -- after 2:00.

25                   Q. After 2:00.

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A. After 2:00.

Q. It was between 2:00 and 2:15, in that time range?

A. No, I believe I covered for Ruth after 2:00, after 2:30 or so.

Q. After 2:30?

A. Yes.

Q. Okay. And that was when Nurse Doerksen went into the Constant Care Room?

A. Yes, because the first check I had -- that I had with Lisa was 2:30, so that would have been the first time that I would have cared for Lisa.

Q. Okay. And you maintained primary care for Lisa between 2:30 until around 4:25 or so, when Nurse Doerksen returned from her break?

A. Yes.

Q. During that two hours, you had your four patients to care for and you had the five patients of Nurse Doerksen, including Lisa Shore?

A. Yes.

Q. In the hospital chart, can you confirm for me, Nurse Soriano, is the only document that has your handwriting on it the flow sheet?

A. Yes, it is.

Q. Is the only other document you made with

1 respect to the care for Lisa Shore your statement dated  
2 October 25?

3 A. This one I have in front of me?

4 Q. Yes.

5 A. Yes.

6 Q. Okay. So there's no other piece of  
7 paper that you created with respect to the care of Lisa  
8 Shore?

9 A. No.

10 Q. What was the purpose of preparing your  
11 October 25 statement three days after the death of  
12 Lisa?

13 A. There were two reasons that I prepared  
14 this document. One was for my personal expression of  
15 my feelings, and the second reason was to remember what  
16 I can, and what happened that night.

17 Q. And you tried, I take it, to the best of  
18 your recollection, to include all the events of  
19 importance that evening?

20 A. As much as I can write and as much as I  
21 can remember, yeah.

22 Q. And to your knowledge, on reviewing  
23 that, is that an accurate description of what occurred?

24 A. It's an accurate description. There  
25 might have been detailed, really detailed events that I

1 probably didn't write.

2 Q. Okay. But when you read it today, it's  
3 accurate ---

4 A. It's accurate.

5 Q. --- as to your recollection?

6 A. Yes, it is.

7 Q. So, for example, on the typed page here  
8 I'm referring to, on page 3, you make a reference to  
9 your discussion or the report you took from the  
10 Emergency Nurse and a discussion you had with Dr.  
11 Schily on the evening of the 22nd. You were careful to  
12 include in your description there everything that was  
13 said during the report from the Emergency Department  
14 and during your discussion with Dr. Schily?

15 A. Yes.

16 Q. By the time you wrote this statement on  
17 the 25th, what did you think the issues of concern were  
18 with respect to the care that was provided to Lisa  
19 Shore? Did you know that there was a concern with the  
20 Kidcom orders by this time?

21 A. No, I didn't know that there were  
22 concerns about Kidcom.

23 Q. Did you know there was a concern about  
24 the Corometric monitor, whether it was on or off?

25 A. No, I didn't.

1 Q. Did you know there was a concern about  
2 whether a saturation monitor was ordered or hooked up?

3 A. No, I didn't.

4 Q. Did you know there was a concern about  
5 whether or not Lisa Shore (sic) was paged at 2:50?

6 A. There might have been.

7 Q. Sorry, I mis-spoke. Did you know there  
8 was a concern about whether Dr. Schily was paged at or  
9 around 2:50?

10 A. There might have been.

11 Q. Okay. And did you know there was  
12 potentially a concern about the level of information  
13 given to Dr. Schily at or around 4:00 a.m.?

14 A. No, I didn't.

15 Q. So other than the issue of the paging,  
16 did you know if there was a concern of any other sort  
17 regarding the care of Lisa Shore at the time you  
18 prepared this statement?

19 A. Not that I can think of.

20 Q. On the evening of the 21st and the  
21 morning of the 22nd, at any time did you look at the  
22 Kidcom orders that evening?

23 A. No.

24 Q. If we could just turn to your statement,  
25 Nurse Soriano, specifically page 3.

1           A.    Page 3 of the typewritten one?

2           Q.    Of the typewritten one.  And if you want

3           to look at your handwritten one, what I'm focusing on

4           is your description of the report you received from the

5           Emergency Room.  You state:

6                     "... The night we admitted her, I took

7                     report from ER ..."

8                     Emergency.

9           A.    Emergency.

10          Q.    "Over the phone."

11          A.    Yes.

12          Q.    "Lisa Shore, 10-year old."

13          A.    Yes.

14          Q.    "Known to 5AB."

15          A.    Yes.

16          Q.    "Had leg surgery."

17          A.    Yes.

18          Q.    "In for chronic pain."

19          A.    Yes.

20          Q.    "Known to pain service."

21          A.    Yes.

22          Q.    "Has had a pain assessment."

23          A.    Yes.

24          Q.    "Has a PCA, morphine."

25          A.    Yes.

1 Q. "Had two morphine bolus dose ER."  
2 A. Yes.  
3 Q. That means in the Emergency Room?  
4 A. Emerg, yes.  
5 Q. "Has an IV." Is that what you were told  
6 on the phone by Nurse Matthews?  
7 A. That's what I was told from report from  
8 Emergency.  
9 Q. Did you know it was Nurse Matthews?  
10 A. No, I didn't know who it was.  
11 Q. Did you know the vital signs of Lisa  
12 Shore as she was in the Emergency Department?  
13 A. No.  
14 Q. You weren't told that at that time?  
15 A. No.  
16 Q. Did you know that at any time, or did  
17 you learn the vitals of Lisa Shore while she was in the  
18 Emergency Room ---  
19 A. No.  
20 Q. --- at any time when you were caring for  
21 her?  
22 A. No.  
23 Q. Did you know she had a pain score of 8  
24 out of 10 while she was in the Emergency Room?  
25 A. No.

1 Q. Did you know that at any time when you  
2 were caring for her?

3 A. No.

4 Q. Following this report you took from the  
5 Emergency Room, what did you tell Nurse Doerksen  
6 regarding the report?

7 A. I believe I told her whatever was  
8 written on here, that ---

9 Q. You're welcome to look at it.

10 A. Can I?

11 Q. Yes, feel free.

12 A. I believe I told Ruth that a patient  
13 from Emergency was going to come up to our floor. Her  
14 name was Lisa Shore, she's ten years old. She's had  
15 admissions to 5AB, and she's had previous surgery and  
16 she's in for pain management for her chronic pain.  
17 She's also well-known to pain service, and she had a  
18 pain assessment in Emerg. She'll have a PCA morphine  
19 for the night for pain management and she's had two  
20 boluses of morphine already in Emerg, and in the  
21 morning, she'll receive an epidural infusion.

22 Q. Now, reviewing your statement here, you  
23 assisted Nurse Doerksen when Lisa arrives to the ward,  
24 you assisted in moving, transferring Lisa from the  
25 stretcher to the bed?

1 A. Yes, I did.  
2 Q. Did you look at the chart of Lisa Shore  
3 at that time?

4 A. No, I didn't.

5 Q. Were you in the room when Lisa Shore's  
6 vital signs were taken by Nurse Doerksen?

7 A. No.

8 Q. And presumably after you assisted with  
9 the transfer, you went back to your other patients?

10 A. Yes.

11 Q. That was at 1:45 or so?

12 A. Yes.

13 Q. You just previously told me you assumed  
14 the care of Lisa at or around 2:30 or so when Nurse  
15 Doerksen went into the Constant Care Room?

16 A. Yes.

17 Q. Now, I think the testimony of Nurse  
18 Doerksen was she went into the Constant Care Room  
19 closer to 2:00. Are you certain you did not commence  
20 caring for Lisa at all or take a report from Nurse  
21 Doerksen before 2:30?

22 A. I went into Lisa's room at 2:30, which  
23 was my first check, and she had given me report before  
24 that. Ruth had given me report before that.

25 Q. Okay. So, she's given -- is it possible

1 she gave you the report at or around 2:00 and then you  
2 did not check on Lisa until around 2:30?

3 A. Yes.

4 Q. So you assumed the care for her, so if  
5 an alarm or something went off, you would have  
6 responded, but you didn't actually perform a physical  
7 assessment until 2:30?

8 A. Yes.

9 Q. Okay. What did Nurse Doerksen tell you  
10 with respect to the care of Lisa Shore when she  
11 transferred her care to you?

12 A. She had given me report from all her  
13 four patients, and since I had -- I was given report  
14 from Emerg that she was going to be in for pain  
15 management, she confirmed that with me, and that she  
16 has a PCA morphine and then that they'll be sleeping  
17 overnight and she'll be given other treatments in the  
18 morning.

19 Q. Was there any discussion with Nurse  
20 Doerksen about the nature of monitoring of Lisa at that  
21 time?

22 A. No, there's standard PCA morphine  
23 monitoring protocol that we both know and that's where  
24 we based our care for her.

25 Q. Okay, I will get to that.

1 A. Okay.

2 Q. But at that time, Nurse Doerksen didn't  
3 mention anything specific about monitoring for Lisa?

4 A. No.

5 Q. What did you understand you were  
6 supposed to do with respect to Lisa Shore during the  
7 time that you were caring for her?

8 A. During the time that I was caring for  
9 her, I was there to assess her pain, make sure she's --  
10 her pain is managed and that she sleeps comfortably  
11 throughout the night.

12 Q. Did you have any concern about your  
13 ability to care for and monitor the nine patients at  
14 that time while Nurse Doerksen was either on break or  
15 in the Constant Care Room?

16 A. No, I didn't.

17 Q. Now, just turning to the PCA pump  
18 monitoring protocol you mentioned, had you used a PCA  
19 pump before?

20 A. Yes, I have.

21 Q. And you were familiar with the standard  
22 protocol monitoring?

23 A. Yes, I am.

24 Q. And that includes every hour for four  
25 hours for you to check respiration rate, heart rate,

1 blood pressure, perform a sedation scale and a pain  
2 score?

3 A. Yes.

4 Q. Now, the Corometric monitoring and the  
5 saturation, saturation monitoring would be at the  
6 discretion of the physician, is that your  
7 understanding?

8 A. Yes, yes.

9 Q. And now normally a majority of patients  
10 who are on a PCA pump, I understand, are put on both  
11 forms of electronic monitoring?

12 A. Yes.

13 Q. And you were familiar with that at that  
14 time?

15 A. I'm sorry?

16 Q. You were familiar with that at that  
17 time?

18 A. With?

19 Q. That patients who were on a PCA pump  
20 were generally also on a Corometric monitor and also a  
21 saturation monitor?

22 A. Yes, I was familiar with that.

23 Q. And you had used an oxygen saturation  
24 monitor before?

25 A. Yes, I have.

1 Q. Properly, I'll describe that, it's  
2 called pulse oximeter, is it?

3 A. Yes.

4 Q. At or around -- between 2:00 and 2:30,  
5 at any point in that time, did you see Lisa Shore's  
6 chart?

7 A. No, I didn't.

8 Q. And as I understand, Nurse Doerksen had  
9 the chart with her in the Constant Care Room at that  
10 time?

11 A. Yes.

12 Q. Did you know that when you were caring  
13 for Lisa?

14 A. I wasn't paying attention to the chart  
15 at that time.

16 Q. So you didn't look at any doctor's  
17 orders by the time you first assessed Lisa at 2:30?

18 A. No.

19 Q. That's meaning the Kidcom orders or the  
20 handwritten doctor's order that's in the chart?

21 A. No, I didn't look at any other chart or  
22 Kidcom orders.

23 Q. That evening, throughout the two hours  
24 that you were caring for Lisa Shore, two to two and a  
25 half hours, at any point during that time did you look

1 at any doctor's orders?

2 A. No, I didn't.

3 Q. Did you see the chart at all during the  
4 time that you cared for Lisa Shore?

5 A. I believe the only time I saw the  
6 Emergency record was when me and Ruth were verifying  
7 the PCA morphine dosages, and that was the only time  
8 that I looked at it.

9 Q. So this was when Lisa Shore first moved  
10 from the Emergency Room up to the ward and you and  
11 Nurse Doerksen confirmed the PCA dose?

12 A. Yes.

13 Q. Did you confirm that against the  
14 handwritten doctor's orders?

15 A. No. I believe we confirmed it with the  
16 PCA pump itself.

17 Q. You looked at what was programmed into  
18 the pump. When you assumed the care for Lisa Shore,  
19 did you notice that she was on a Corometric monitor?

20 A. Yes.

21 Q. Did you know the settings that the  
22 Corometric monitor was at?

23 A. I didn't know the exact settings that  
24 Ruth had set, but according to Lisa's age, I would have  
25 known what settings they should be at.

1 Q. And what would that have been?  
2 A. For a ten-year old, it would have been  
3 between 50 to at least 140, 160. And the apnea part  
4 would be at the 20 or the 25 seconds dial, depending.  
5 Q. And so we're clear, because we didn't  
6 quite understand that at first ---  
7 A. Sorry.  
8 Q. --- when you say 20 to 20 (sic)  
9 seconds ---  
10 A. Sorry.  
11 Q. --- that means if she doesn't breathe  
12 for 20 to 30 seconds, the alarm of the apnea will go  
13 off?  
14 A. Yes.  
15 MR. GOMBERG: Just to be clear, I thought  
16 she said 20 to 25 seconds.  
17 MS. POSNO: That's what I asked her.  
18 MS. SORIANO: Sorry, 20, 25 seconds.  
19 MS. POSNO: Sorry.  
20 THE CORONER: 20 to 25 seconds.  
21 MS. POSNO: 20 to 25 seconds.  
22  
23 BY MS. POSNO:  
24 Q. Okay. So if she doesn't breathe for  
25 that period of time, then an alarm will sound?

1 A. Yes.

2 THE CORONER: Is there one setting for 20  
3 seconds and one setting for 25 seconds?

4 MS. SORIANO: I believe so, yeah.

5

6 BY MS. POSNO:

7 Q. There's a high -- so you can set it at  
8 either one of those intervals. Did you know that the  
9 apnea alarm had been turned off?

10 A. No, I didn't know.

11 Q. Had you ever done that before?

12 A. No.

13 Q. The flow sheet that you have in front of  
14 you has your handwriting on it. Does the flow sheet  
15 stay with the patient?

16 A. It stays right outside the door.  
17 There's like a little box there and you have a  
18 clipboard and the flow sheet stays on there.

19 Q. Okay. So while Nurse Doerksen had the  
20 chart, the flow sheet would have remained with the  
21 patient?

22 A. Yes.

23 Q. So when you assumed care for the patient  
24 or went to monitor Lisa, you would have the flow sheet  
25 and see what was written on there for the previous time

1 she was monitored?

2 A. Yes.

3 Q. So at 2:30 when you first checked on  
4 Lisa, and feel free to refer to the flow sheet. This  
5 isn't a memory test. Her respiration rate was 14?

6 A. Yes.

7 Q. You didn't check any other vital signs  
8 at that time?

9 A. No, I didn't.

10 Q. You checked her again 15 minutes later?

11 A. Yes.

12 Q. And her respiration rate was 12.

13 A. Yes.

14 Q. And again, you didn't check any other  
15 vital signs at that time?

16 A. No, I didn't.

17 Q. So why did you check her with only a 15-  
18 minute break in there?

19 A. I believe I was concerned that her  
20 respirations were going down from 16 to 14, so I  
21 thought I'd check on her again to make sure that that  
22 was right.

23 Q. We've heard a little bit about manual  
24 monitoring of the patient, which I take it with  
25 respirations you sit there and you count her breaths?

1           A.    Either you count her breaths or you use  
2 your stethoscope and you listen for breaths with your  
3 stethoscope.

4           Q.    And what do you do?

5           A.    I usually use my stethoscope.

6           Q.    Did you do that in this case?

7           A.    I did that.

8           Q.    Do you confirm your assessment or  
9 counting of the respirations ratings against the  
10 monitor?

11          A.    Yes.

12          Q.    And did you do that in this case?

13          A.    Yes.

14          Q.    Was it consistent?

15          A.    It was.

16          Q.    Okay.  So then at five minutes after  
17 that, at 2:50, you checked her respiration rates again.

18          A.    Yes.

19          Q.    And it looks like you've done it two  
20 times then?

21          A.    Yes, I have.

22          Q.    So you sat with Lisa for a minute or two  
23 and checked her respiration rate first, and then you  
24 checked them again?

25          A.    Yes.

1 Q. And the numbers you came up with were 8  
2 and 10?

3 A. Yes.

4 Q. Why did you check her five minutes after  
5 the 2:45?

6 A. I was doing my rounds and I had patients  
7 beside Lisa, so since I was already concerned with her  
8 respirations, I thought I'd check back in on her again  
9 just to make sure that she was okay, and that I had to  
10 double check my respirations and that's why I did it  
11 twice.

12 Q. When you found the 8 and the 10, what  
13 did that indicate to you?

14 A. That indicated to me that she was having  
15 some sort of respiration depression.

16 Q. Did that cause you any kind of concern?

17 A. It concerned me, that's why I went in to  
18 assess her and I checked her, if she was -- if she had  
19 good air entry in her, that she was warm.

20 Q. Okay. You didn't do a heart rate  
21 assessment at that time.

22 A. I didn't do a heart rate at that time.

23 Q. And you didn't do a blood pressure.

24 A. I didn't do a blood pressure.

25 Q. But what you did do, as indicated on the

1 right-hand side in your handwriting, can you read that  
2 for me in plain language, please?

3 A. Just the handwritten one?

4 Q. Yes.

5 A. "Chest clear, good A/E," which means air  
6 entry, comma, "I took away morphine PCA pump," which  
7 means that I had taken the morphine PCA button from her  
8 hand and put it up on the IV pole.

9 Q. And that word beneath, "asleep," does  
10 that refer to the 2:50 time you checked her or at the  
11 3:20?

12 A. No, that refers to the 3:20 one.

13 Q. Okay. So did you have some concerns  
14 about Lisa after you checked her chest and air entry?

15 A. Knowing that her chest was clear, her  
16 breathing wasn't laboured or shallow, knowing that she  
17 was warm and she had good profusion on her hands, I  
18 wasn't concerned, but I ---

19 Q. Go ahead.

20 A. Oh, sorry. But I had taken the PCA  
21 morphine away so she wouldn't use it anymore and that's  
22 when I thought I'd call the doctor.

23 Q. So you had satisfied yourself that there  
24 was no urgent concern at that time even though her  
25 heart rate -- or her respiration rate was at 8 to 10, 8

1           and 10?

2                   A.    Yeah.

3                   Q.    Sorry, you have to ---

4                   A.    Yes, sorry.

5                   Q.    Okay.  And you didn't check Lisa Shore

6           again until 3:20?

7                   A.    Yes.

8                   Q.    That's a half an hour later?  That's

9           after 2:50?

10                  A.    Yes.

11                  Q.    And again, you were satisfied by your

12           assessment at 2:50 that she didn't need more close

13           monitoring between 2:50 and the 3:20?

14                  A.    Yes.  I believe I also paged the doctor

15           at that time.

16                  Q.    I'm going to get right to that.

17                  A.    Okay.

18                  Q.    But, no, that's fair enough.  Fair

19           enough.

20                  A.    Okay.

21                  Q.    But just in terms of watching the

22           patient, then, you didn't feel that you needed to look

23           back on her again before 3:20, even though her

24           respiration rates were at 8 and 10?

25                  A.    Yes.

1 Q. Okay. If we can go to your statement  
2 then, please? Page 3 of the typed statement, in the  
3 middle of the page starting at "Past 3:00 a.m., noticed  
4 breaths," and I take it that means respiration rates?

5 A. Yes.

6 Q. "Down to 8, 10."

7 A. Yes.

8 Q. "Still had good air entry but  
9 respiration slowing down."

10 A. Yes.

11 Q. "Heart rate about greater than 100."

12 A. Yes.

13 Q. "She was arousable."

14 A. Yes.

15 Q. "Increased head of bed."

16 A. Yes.

17 Q. "Took PCA morphine away from her."

18 A. Yes.

19 Q. "Made sure O2 and other equipment  
20 ready."

21 A. Yes.

22 Q. And then what you had indicated before,  
23 "Phoned into pain service. No answer. Call back."

24 A. Yes.

25 Q. Okay. Just the first point with respect

1 to this, on this typewritten statement, you indicate  
2 that you noticed that the respiration rates were down  
3 to 8 and 10 just after 3:00 a.m. Well, you don't say  
4 "just after." You say "past 3:00 a.m."

5 A. Yes.

6 Q. Did you have the chart with you when you  
7 were writing your statement?

8 A. No.

9 Q. So which is the right time, then, that  
10 you noticed the 8 and 10, the flow sheet?

11 A. The flow sheet.

12 Q. Okay. Now, on the flow sheet, it's at  
13 2:50 that you check the air entry, is it?

14 A. Yes, it is.

15 Q. How did you know -- you've indicated you  
16 called pain service.

17 A. Yes.

18 Q. Is any child who's on a PCA pump, if you  
19 need to speak with a physician, do you contact pain  
20 service automatically?

21 A. Yes.

22 Q. And the number for pain service is on  
23 that board that we've seen in the picture, the phone  
24 number's on there?

25 A. Yes, it is.

1 Q. Okay. And that's who you knew to  
2 contact the pain service?

3 A. I actually knew the number off by heart.

4 Q. Okay.

5 A. And the number is there on the board  
6 available to us all the time.

7 Q. Did you know which doctor you were  
8 telephoning specifically?

9 A. No.

10 Q. I think you may have heard this  
11 evidence. We know Dr. Schily answered a page at or  
12 around just after 1:00 a.m., and answered your page  
13 just after 4:00 a.m. Were you aware of that?

14 A. Yes.

15 Q. And we know that when he checked his  
16 pages the next morning, there was no indication that a  
17 page was received on his Bellboy at 2:50. Were you  
18 aware of that?

19 A. Yes.

20 Q. Is it possible you may have dialled the  
21 wrong number?

22 A. It may have been.

23 Q. You're not suggesting to the jury that  
24 Dr. Schily ignored a page?

25 A. No.

1 Q. When you did not receive any response to  
2 your page, when was the next time you tried calling  
3 back?

4 A. I believe it was before 4:00.

5 Q. But I take it given your assessment at  
6 3:20, you weren't of the view that there was sufficient  
7 concern for Lisa that you had to call Dr. Schily back  
8 or pain service immediately again at 3:20?

9 A. I believe after the first page that I  
10 made I was waiting for his call and at the same time I  
11 was checking back on Lisa and the other nine patients  
12 that I had on the floor, answering any calls from  
13 parents from other rooms at that time.

14 Q. If Lisa Shore's respiration rate had  
15 decreased below 10 and you'd taken a heart rate and it  
16 was quite high, higher than, say, 140, which I think  
17 you indicated was near the range, the top end of the  
18 range, and you'd done a blood pressure and it had  
19 fallen below 90 over 60, and you didn't receive a page  
20 back, would you have called again sooner?

21 A. I would have called again sooner. I  
22 would have told another senior person on the floor and  
23 I would have called locating -- to locate another  
24 person, another doctor on call who might have been on  
25 that service or in the Orthopaedic Department, if any.

1 Q. So is it fair for us to assume, then,  
2 because you didn't do that, you felt Lisa was  
3 relatively stable at this stage?

4 A. Yes.

5 Q. At any point in your caring of Lisa, did  
6 you consider contacting Nurse Doerksen for any  
7 assistance?

8 A. No.

9 Q. And I take it you knew until she went on  
10 her break, she was in the Constant Care Room?

11 A. Yes, I did.

12 Q. And while she was on her break, she was  
13 somewhere on the ward ---

14 A. Yes.

15 Q. --- and she was within reach?

16 A. Yes.

17 Q. Okay. Nurse Soriano, if I could just  
18 direct you back to your statement, please, starting  
19 where we left off on page 3.

20 "... At or around 4:00 a.m. or past 4:00  
21 a.m., checked her again. This time I  
22 was in there for at least a half an  
23 hour. Breath, respiration rate, still  
24 at 10, 12, 16. It varied. She felt  
25 warm. She seemed sedated but slightly

1                   arousable. Called pain service again.  
2                   Got a call back. Told to take away PCA,  
3                   which I had already done. Was told to  
4                   keep a close eye on her. Back into  
5                   room. Had my O2 mask ready beside her  
6                   just in case ..."

7                   And then we get into when Nurse Doerksen  
8 comes back and you give her a report.

9                   A. Yes.

10                  Q. And is that reading of your statement,  
11 is that your best recollection of those events?

12                  A. Yes.

13                  Q. You were with Lisa Shore for around half  
14 an hour at that time?

15                  A. In and out of the room.

16                  Q. Okay. What were the times, then, that  
17 you were with her in and out of the room for that half-  
18 hour period?

19                  A. It would have been at 4:00, 4:05, 4:15  
20 and 4:20.

21                  Q. So that's more in the range of 20  
22 minutes?

23                  A. Yes.

24                  Q. And she was arousable during this  
25 period?

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A. Yes.

Q. Okay. Turning to the flow sheet, the last check before 4:00 was the 3:20.

A. Yes.

Q. And then you checked on her again 40 minutes later, so we're at 4:00.

A. Yes.

Q. And then at that time, she had a heart rate of 130, so it's gone up slightly since the 3:20?

A. Yes.

Q. And her respiration rate is at 12?

A. Yes.

Q. Which is about constant from where it was before?

A. Yes.

Q. With those signs; respiration rate of 12 and heart rate of 130, was that a concern to you?

A. It was a concern for me indicating that she might have been either experiencing pain or she might have been feeling the coldness of my stethoscope, because I would -- I was assessing her with my stethoscope, listening to her heart rate and respirations.

Q. If she was feeling the coldness of your stethoscope, how would that affect either her heart

1 rate or her respiration rate?

2 A. At that time when I was doing that, she  
3 moved her head and her heart rate might have been  
4 elevated because it was not warm, my stethoscope was  
5 not warm. It was under her shirt. It was ---

6 Q. Well, sorry. I'm just trying to make  
7 sure I understand, and for the jury as well.

8 A. Okay.

9 Q. So when you touched her ---

10 A. Yeah.

11 Q. --- you thought perhaps the heart rate  
12 had increased, either because of increased pain ---

13 A. Yes.

14 Q. --- or maybe that the coldness of the  
15 stethoscope could increase ---

16 A. Because I had stimulated her at the same  
17 time.

18 Q. Were you concerned about her stability  
19 as a patient on morphine?

20 A. No.

21 Q. And you didn't do a blood pressure at  
22 this time?

23 A. No, I didn't.

24 Q. And why was that?

25 A. I didn't think of doing a blood pressure

1 at that time.

2 Q. Can you give us any explanation for  
3 that?

4 A. No.

5 Q. Now, five minutes later, you check her  
6 again at 4:05, and I take it you were in the room for  
7 that five minutes?

8 A. Yes.

9 Q. And the respiration rate is at 14?

10 A. Yes.

11 Q. It's gone up a little bit. And then  
12 again, you take it again and it's 12?

13 A. Yes.

14 Q. So it's in the same range then, 12, 14.  
15 Is that a normal range?

16 A. Yes.

17 Q. Why did you check it twice?

18 A. I wanted to make sure that it was right,  
19 and I wanted to see if she would go down again, if her  
20 respirations would go down again, or it would pick up  
21 again.

22 Q. Again, this was done by way of your  
23 stethoscope?

24 A. Manual, stethoscope.

25 Q. And you confirmed it against the

1 machine?

2 A. Yes.

3 Q. Given that her respiration rates had  
4 recovered to a normal level from the 8 and 10 at 2:50,  
5 did you have any concerns regarding her condition at  
6 that time?

7 A. No.

8 Q. Although you had no concerns regarding  
9 her condition, you paged Dr. Schily again ---

10 A. Yes.

11 Q. --- just after 4:05?

12 A. Yes.

13 Q. And in your statement, the typed  
14 statement, you don't say in your statement that you  
15 advised Dr. Schily specific vital signs. You don't say  
16 that in your statement.

17 A. I don't say that in my statement.

18 Q. Now, Nurse Doerksen testified that you  
19 told Dr. Schily the information on the flow sheet.

20 A. Yes.

21 Q. Now, if we could just be precise about  
22 that, and look at the flow sheet, please. And did you  
23 have the flow sheet with you when you were speaking to  
24 Dr. Schily?

25 A. Yes.

1 Q. Now, it's 4:05. Did you tell him the  
2 respiration rates at 4:05?

3 A. What I told him was that the heart rate  
4 had gone up to 120's to 130's and that her respirations  
5 had gone down to 8 and 10. I had taken away the  
6 morphine PCA pump, and that she is arousable.

7 Q. Okay. When you told him the heart rate  
8 had gone up to 120's to 130's, did you tell him when  
9 that was?

10 A. No, I didn't tell him a specific time.

11 Q. When you told him the respiration rates  
12 had gone down to 8 and to 10, did you tell him any  
13 time?

14 A. I didn't tell him any specific time.

15 Q. You confirmed or told him you had taken  
16 away the PCA pump.

17 A. Yes, I did.

18 Q. And that she was arousable.

19 A. Yes.

20 Q. You've already told us that you weren't  
21 concerned about her stability or her condition at this  
22 time. Did you communicate that to Dr. Schily?

23 A. Yes.

24 Q. Did you communicate that her respiration  
25 rates had recovered from 8 to 10, back to the normal

1 level?

2 A. I believe I told him her respirations  
3 had gone down to 8 and 10, and I had given him the  
4 numbers around 12 and 14.

5 Q. Okay. So you did indicate to him by way  
6 of numbers or otherwise that they had gone back to a  
7 normal level?

8 A. I had indicated to him by way of  
9 numbers.

10 Q. Although you weren't concerned about  
11 Lisa Shore's stability at that time or her condition on  
12 the morphine at that time, why did you call Dr. Schily  
13 at all at 4:05?

14 A. Because I didn't receive a call back the  
15 first time I paged him. I wanted him to know what  
16 Lisa's condition was and I didn't even realize that it  
17 was already an hour that had passed before I needed to  
18 call him again.

19 Q. So the purpose of the call was to follow  
20 up with your initial call; you didn't know how much  
21 time had gone by?

22 A. Yes.

23 Q. And although the purpose was to tell him  
24 her condition at 2:50, you filled him in on where  
25 things were at presently, as well?

1 A. Yes.

2 Q. From looking at the flow sheet, you  
3 didn't tell Dr. Schily that any blood pressure for 2:50  
4 or 3:20, or 4:00 or the 4:05?

5 A. No, I didn't.

6 Q. And you couldn't have told Dr. Schily  
7 Lisa Shore's heart rate, when her respiration rate had  
8 gone down to 8 and 10?

9 A. I'm sorry?

10 Q. You could not have told Dr. Schily Lisa  
11 Shore's heart rate when her respiration rates had gone  
12 down to 8 and 10 at 2:50? There's not a heart rate  
13 recorded here.

14 A. No, but I believe I told him that her  
15 respirations -- her heart rate was around 120's to  
16 130's, and her respirations had gone down to 8 and 10.

17 Q. Okay. I appreciate you told him that.

18 A. Oh.

19 Q. But at the time when her respiration  
20 rates were at 8 and 10 ---

21 A. Right.

22 Q. --- you did not take a heart rate?

23 A. No, I did not take a heart rate.

24 Q. So you could not have told him what her  
25 heart rate was at the time that her respiration rates

1           were 8 and 10?

2                   A.    I could have told him.  While waiting  
3           for his call back, I could have told him more  
4           information.

5                   Q.    I appreciate what you're saying.  You  
6           told him, "Look, she has heart rates in this range,  
7           120, 130."

8                   A.    Yes.  Yes.

9                   Q.    "She also had a respiration rate that  
10          went to 8 and 10."

11                  A.    Yes.

12                  Q.    But you could not have told him she had  
13          a heart rate of 130 or 140 or 120 at the same time that  
14          she had respiration rates at 8 and 10, because they  
15          weren't taken at the same time?

16                  A.    Yes.

17                  Q.    And at 4:05 specifically, just before  
18          you called him, you did not have a heart rate for that  
19          moment?

20                  A.    No.

21                  Q.    And you did not tell Dr. Schily any  
22          oxygen saturation readings?

23                  A.    No.

24                  Q.    And those weren't taken?

25                  A.    No.

1 Q. On your flow sheet, can you read the  
2 line, please, on the right-hand side, next to the 4:05  
3 number?

4 A. "... Very drowsy, pain service aware of  
5 [arrow down, which means] decreased RR  
6 [which means respiratory rate] and  
7 sedation ..."

8 Q. And underneath that, "increase head of  
9 bed;" is that with respect to 4:05 or 4:15?

10 A. No, that's for 4:15.

11 Q. Okay. So in that line that you just  
12 read, you don't record any specific numbers that you  
13 told Dr. Schily?

14 A. No.

15 Q. I think you may have been here when Dr.  
16 Schily testified, and if not, then I'll tell you what  
17 he said.

18 A. Okay.

19 Q. Mr. Hawkins will correct me if I'm  
20 wrong. Dr. Schily testified that you told him globally  
21 that Lisa Shore's vital signs were all right, or they  
22 were good, that her respiration rate had decreased to  
23 10, but that she was arousable. Do you agree with  
24 that?

25 A. No.

1 Q. Your testimony, as we've heard today, is  
2 that you told him the specific numbers, her respiration  
3 rate had gone down to 8 and to 10 and that her heart  
4 rate was in the range of 120 to 130 and that she was  
5 arousable?

6 A. Yes.

7 Q. Did he ask about any other vital signs  
8 on the phone when you gave him that information?

9 A. No, he didn't ask about any other vital  
10 signs.

11 Q. Now, I'd like you to put yourself in the  
12 place of Dr. Schily here. He's at home, he's placed a  
13 10 or an 11-year-old child on morphine, he gets a call  
14 from you in the middle of the night regarding this  
15 child. Is it not reasonable his automatic reaction is  
16 going to be, "What's up? What's wrong?" Is that a  
17 reasonable response?

18 A. It is.

19 Q. And within this context, you tell him  
20 that the respiration rates have gone down to 8 and to  
21 10, and you tell him there's an increased heart rate.

22 A. Yes.

23 Q. And it's your evidence that Dr. Schily  
24 was not sufficiently concerned to ask you any further  
25 information?

1 A. I'm sorry?

2 Q. It's your evidence that in the context  
3 of that discussion, Dr. Schily was not sufficiently  
4 concerned to ask you any further information about this  
5 child, such as, "What's her blood pressure? What's her  
6 saturation rate?"

7 A. He didn't ask me about any of those  
8 questions.

9 Q. So you say he wasn't concerned enough to  
10 ask you that?

11 A. I can't speak for him and I'm not a  
12 doctor.

13 Q. If he had asked, you couldn't have told  
14 him any further information?

15 A. I couldn't have told him any further  
16 information, but I would have done whatever vital signs  
17 she needed.

18 Q. Fair enough. If he had asked you, "Take  
19 a blood pressure now for me" ---

20 A. Yes.

21 Q. --- you would have done that?

22 A. I would have.

23 Q. But on the phone if he had said, "I hear  
24 what you're saying."

25 A. Right.

1 Q. "The respiration rates are 8 and 10,  
2 she's got increased heart rate. What's her blood  
3 pressure?" You couldn't tell him right then?

4 A. I couldn't have told him.

5 Q. You couldn't have told him the oxygen  
6 saturation rate?

7 A. No.

8 Q. The line that you wrote next to 4:05,  
9 did you write that after you spoke with Dr. Schily?

10 A. Yes.

11 Q. And I think you've already confirmed for  
12 me that during your discussion with Dr. Schily, you  
13 indicated your assessment that the child was stable?

14 A. Yes.

15 Q. Now, in your statement, you've recorded  
16 that, "Pain service," I take it that's Dr. Schily,  
17 "advised you to keep a close eye on Lisa Shore." Was  
18 that said to you by Dr. Schily?

19 A. Yes.

20 Q. And following your discussion with Dr.  
21 Schily at or around 4:05, you checked on Lisa Shore  
22 again at 4:15.

23 A. Yes.

24 Q. And again at 4:20.

25 A. Yes.

1 Q. When you checked on her at 4:15, her  
2 heart rate had increased again to 134.

3 A. Yes.

4 Q. And her respiration rate had decreased  
5 again, now down to the level of 10?

6 A. Yes.

7 Q. Did it cause you any concern?

8 A. I believe at that time I was also  
9 assessing her. I did a respiratory assessment, and I  
10 made sure that her head of the bed was elevated and  
11 that she was breathing okay and she wasn't having any  
12 distress or anything. And at that time, I think I  
13 intended to inform Ruth about what was going on.

14 Q. You didn't feel the need to contact Dr.  
15 Schily at that stage?

16 A. No.

17 Q. Why not?

18 A. Her respirations were within the normal  
19 range.

20 Q. So you checked her again at 4:20, and I  
21 take it you stayed in the room during this period, did  
22 you?

23 A. In and out of the room.

24 Q. So after the 4:15, you left the room and  
25 then you came back again at 4:20?

1 A. Yes.

2 Q. And you stayed with her long enough to  
3 do two respiration rates at that time?

4 A. Yes.

5 Q. And they're 16 and they're 12?

6 A. Yes.

7 Q. And that's within the normal range?

8 A. Yes.

9 Q. You don't do a heart rate at that time?

10 A. No.

11 Q. You don't do a blood pressure?

12 A. No.

13 Q. And why is that?

14 A. I didn't think of doing a blood pressure  
15 at that time.

16 Q. Did you feel it was necessary ---

17 A. No.

18 Q. --- given the information you had?

19 A. No.

20 Q. Did you consider Lisa was stable at that  
21 time?

22 A. Yes.

23 Q. And, again, you didn't consider the need  
24 of calling Dr. Schily back?

25 A. No.

1 Q. At no time did you suggest to Dr. Schily  
2 that Lisa Shore was anything but stable?

3 A. Sorry?

4 Q. At no time during the evening did you  
5 suggest to Dr. Schily that Lisa Shore was anything but  
6 stable?

7 A. I believe I indicated to Dr. Schily her  
8 vital signs and that she was arousable and for me that  
9 she had stabilized.

10 Q. In telling him the vital signs, in your  
11 view ---

12 THE CORONER: No, just let me. Hold on a  
13 minute. "Vital signs" have a specific  
14 meaning, so in truth you told him part of the  
15 vital signs?

16 THE WITNESS: Yes.

17 THE CORONER: You would agree that the total  
18 vital signs, as Nurse Doerksen said, are  
19 temperature ---

20 THE WITNESS: Temperature, heart rate,  
21 respiration and blood pressure.

22 THE CORONER: Okay. So it's true to say you  
23 informed him of part of the vital signs?

24 THE WITNESS: Yes.

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BY MS. POSNO:

Q. And in doing so, were you indicating that she was not stable?

A. No.

Q. So at no time did you suggest to Dr. Schily that Lisa Shore was not stable?

A. I don't seem to understand your question.

Q. That's too bad, because it's an important one.

A. Can you rephrase it?

Q. Yeah, I will. I'll try. You've indicated to me that you told Dr. Schily or indicated to him that she was stable.

A. Yes.

Q. Did you tell him that specifically?

A. No, I didn't use the word "stable."

Q. Did you assure him that you didn't need him?

A. No.

Q. Okay. How did you indicate to him, then, that she was stable?

A. I believe I told him the heart and respirations and that they had stabilized, that they

1 had picked up, giving him the numbers, the information.

2 Q. So you didn't express any concern to  
3 him?

4 A. No.

5 Q. You didn't ask him to come back to the  
6 hospital?

7 A. No.

8 Q. Did you express any concern to Nurse  
9 Doerksen regarding Lisa Shore's condition?

10 A. I gave report to Ruth and I believe I  
11 told her that, "We have been told to keep a close eye  
12 on her."

13 Q. Did you indicate that you were concerned  
14 about Lisa Shore's condition?

15 A. I was concerned, but she had stabilized.

16 Q. Okay, so weren't concerned anymore?

17 A. No.

18 Q. At what time were you concerned?

19 A. When her respirations had gone down.

20 Q. So at 2:50?

21 A. Yes.

22 Q. So from 4:00 on, you were not concerned  
23 regarding Lisa Shore's condition?

24 A. No.

25 MS. POSNO: Those are my questions. One

1 second, Mr. Coroner. Thank you. Those are  
2 my questions.

3 THE CORONER: Ms. Browne?

4 MR. BROWNE: Mr. Hawkins mentioned before  
5 that he thought maybe he'd like the timing to  
6 be adjusted today. Am I right, Mr. Hawkins?

7 You wanted to stop after Ms. Posno?

8 MR. HAWKINS: I had suggested to Ms. Browne  
9 that recognizing the hour, we can certainly  
10 keep going, however, I am in the process of  
11 trying to sort out the Kidcom stuff and  
12 answer the questions that Mr. Gomberg had  
13 forwarded, and that it might be of assistance  
14 to have a bit of a time before the end of the  
15 day, but I am in your hands.

16 THE CORONER: I have no objection. It  
17 depends on what Counsel and what the jury  
18 feel. It is Friday afternoon, so ...

19 MR. GOMBERG: I'm happy to keep going. If  
20 we're going to take a break though, it might  
21 be appropriate to take a break, and then we  
22 can continue for an hour, just so we keep  
23 going through.

24 JUROR #1: We're willing to go, continue.

25 THE CORONER: All right, we'll take a ten-

1 minute break.

2

3 --- A BRIEF RECESS

4

5 MS. BROWNE: I indicated to you earlier, Dr.  
6 Cairns, I believe that Mr. Krkachovski could  
7 go ahead and finish today, but if you could  
8 just give -- Ms. Posno agrees. There's one  
9 other question that she forgot to ask.

10 THE CORONER: All right.

11 MS. POSNO: One last question, Mr. Coroner.  
12 I apologize.

13 THE CORONER: No problem.

14

15 BY MS. POSNO:

16 Q. Nurse Soriano, just turning back to the  
17 telephone discussion you had with Dr. Schily just after  
18 4:00. Dr. Schily had testified that near the end of  
19 that discussion, he asked whether you wished him to  
20 return back to the hospital, and he indicated that you  
21 had said no. Did that discussion -- was that question  
22 and answer made during that discussion?

23 A. That discussion didn't take place.

24 Q. That didn't take place?

25 A. That didn't take place.

1 Q. If it had taken place, if Dr. Schily had  
2 asked you if you were concerned enough for him to come  
3 back to the hospital at 4:05, what would your answer  
4 have been?

5 A. I would have said, "Yes, you can" ---

6 Q. Why is that?

7 A. So he can assess the patient himself and  
8 maybe give other treatments.

9 Q. And at that time, at 4:05, you've  
10 already indicated to us you were not concerned with the  
11 stability of the patient.

12 A. Yes.

13 Q. And you wanted the doctor to come back  
14 in the middle of the night, at 4:00 in the morning?

15 A. Yes.

16 Q. Did you indicate to him at that time at  
17 all that you required his assessment for you?

18 A. I didn't speak to him that I required  
19 his assessment.

20 Q. Why not?

21 A. I didn't think of it at that time.

22 Q. Why were you calling him at 4:00 in the  
23 morning?

24 A. I called him to let him know the status  
25 and the condition of this patient. If he wasn't

1 satisfied with my assessment, then he is more than  
2 welcome to come and assess the patient himself.

3 Q. I'm not suggesting that it's your  
4 judgment call. I apologize if that was unclear.

5 A. Okay.

6 Q. I recognize it's Dr. Schily's judgment  
7 call to decide, based on what you have told him,  
8 whether there's medical need for him to return to the  
9 hospital.

10 A. Yes.

11 Q. Okay. Once he's made that judgment  
12 call ---

13 A. Yes.

14 Q. --- based on what you have told him, and  
15 you've already told us you weren't concerned of her  
16 condition at that time.

17 A. Yes.

18 Q. He's decided in his own mind, he  
19 testified ---

20 A. Yes.

21 Q. --- that he wasn't needed, but he still  
22 extended to you the courtesy or the option to have him  
23 return back to the hospital, and you say that did not  
24 happen?

25 A. It didn't happen.

1 Q. And you're telling us now today that if  
2 it had been offered to you, you would have wanted him  
3 to come back, even though you didn't ask him?

4 A. Yes.

5 Q. And even though the patient was stable?

6 A. Yes.

7 Q. And even though you called him with  
8 respect to something that had concerned you an hour and  
9 15 minutes before that, but she was back to a recovered  
10 normal level?

11 A. Yes.

12 Q. You still wanted him to come in?

13 A. Yes. From what I understand, he was the  
14 person on call and whenever we needed him, he was  
15 available to us.

16 Q. Well, he certainly didn't suggest he  
17 wasn't prepared to come back?

18 A. No.

19 Q. So he didn't tell you he wasn't prepared  
20 to come back?

21 A. No.

22 Q. You didn't ask him to come back?

23 A. No.

24 Q. Based on the information you'd given  
25 him, he decided the patient must be stable based on

1 what you told him?

2 A. Mm-hmm.

3 Q. And yet you're telling me you still  
4 wanted him to come back at 4:00 in the morning, in the  
5 middle of the night?

6 A. Yes.

7 Q. Just so it's clear for the jury, as  
8 well, Nurse Soriano, if you wanted him to come back at  
9 that time when you called him an hour and 15 minutes  
10 after the heart rate had gone to 8 and 10 ---

11 A. Yes, the heart rate ---

12 THE CORONER: Respiratory rate.

13 MS. POSNO: Respiration rate. I'm glad  
14 you're here to correct me.

15

16 BY MS. POSNO:

17 Q. Why didn't you ask him to come back at  
18 that time?

19 A. Why didn't I ask him?

20 Q. Right.

21 A. I didn't discuss anything with him with  
22 regards to coming to the hospital.

23 Q. Well, why not, if you wanted him to come  
24 back?

25 A. But that discussion never took place.

1 You said that if that discussion ever took place, would  
2 I have asked him to come. That's what I understand  
3 from what you were asking me.

4 Q. Yes, that was my question.

5 A. Yes.

6 Q. So if he had asked you, you say you  
7 would have wanted him.

8 A. Yes.

9 Q. And you're testifying today ---

10 A. Yes.

11 Q. --- that as of that time you did want  
12 him to come back?

13 A. Yes.

14 Q. So why did you not suggest that? Why  
15 did you not indicate to Dr. Schily that you had  
16 sufficient concern that you needed a physician to  
17 assess the patient at 4:05 in the morning?

18 A. I didn't need him to assess the patient  
19 at that time.

20 Q. Okay. So why are you telling me you  
21 wanted him to come back?

22 A. If he had suggested it. At that time, I  
23 wasn't thinking of it.

24 Q. I'm not sure I've clarified it at all.

25 A. I'm not sure either.

1 Q. Okay, let me start again.

2 A. Okay. You're asking me that if ever a  
3 discussion between me and Dr. Schily had taken place,  
4 and that if he had asked me, "Do you want me to come?"  
5 or whatnot. "Do you need me" or whatnot, then I would  
6 have said yes.

7 Q. Okay. So when you call a physician at  
8 4:00 in the morning, you don't turn your mind as to  
9 whether or not you want the doctor to come back?

10 A. No.

11 Q. So you didn't turn your mind at that  
12 time whether you wanted a physician to assess Lisa  
13 Shore?

14 A. No.

15 Q. If you had turned your mind, you've just  
16 indicated earlier you didn't need a physician to assess  
17 her at that time?

18 A. No.

19 Q. And presumably if you did need a  
20 physician to assess her, you would have asked Dr.  
21 Schily?

22 A. Yes.

23 Q. Or you would have spoken to Nurse  
24 Doerksen and said, "Can we maybe get a physician in  
25 here to take a look at" ---

1 A. Yes.

2 Q. --- "Lisa Shore?"

3 A. Yes.

4 MS. POSNO: Those are my questions. Thank  
5 you, Mr. Coroner.

6 THE CORONER: I think you have indicated,  
7 Ms. Browne, that Mr. Krkachovski could go  
8 next in his Examination?

9 MS. BROWNE: Yes.

10 MR. KRKACHOVSKI: We've agreed because I  
11 think I can start and finish today, Mr.  
12 Coroner, whereas Ms. Browne can't, so that  
13 makes more sense.

14 THE CORONER: Fine. Okay.

15 MR. KRKACHOVSKI: Thank you.

16

17 CROSS-EXAMINATION BY MR. KRKACHOVSKI:

18 Q. Ms. Soriano, I appreciate we have your  
19 CV, but just a couple of questions. When did you  
20 become a registered nurse?

21 A. May of 1998.

22 Q. All right, and when did you start at  
23 Sick Kids?

24 A. May of 1998.

25 Q. On this particular evening, October the

1 21st, 1998, what time did you come on duty?  
2 A. At 7:15 at night.  
3 Q. And as with Nurse Doerksen, I assume it  
4 was going to be a 12-hour shift?  
5 A. Yes, it was.  
6 Q. Had you worked with Nurse Doerksen  
7 before?  
8 A. Yes, I have.  
9 Q. Can you give us an indication as to the  
10 number of times or frequency?  
11 A. I can't give you an exact number of  
12 times that I've worked with her.  
13 Q. More than five?  
14 A. More than five.  
15 Q. Okay. No problems, I gather?  
16 A. No.  
17 Q. Now, on that night, when was it that you  
18 took your break?  
19 A. It was sometime after 4:30, I believe,  
20 from what I can remember.  
21 Q. All right. And just so that I'm clear,

**REPORTING PLUS**

**(905) 477-0126**

1 is that your first break for the night?

2 A. Yes.

3 Q. Coffee or otherwise?

4 A. Yes.

5 Q. All right. And obviously by that time

6 you would have been on duty for roughly nine hours?

7 A. Yes.

8 Q. Now, is that a typical night that you

9 don't get a chance to take a break for nine hours?

10 A. We take a break when we have a chance.

11 If we're busy and if we're doing things for patients

12 and we need to tend to patients, we take it.

13 Q. Was that happening with some degree of

14 frequency that you couldn't get a break until you were

15 seven hours more, say, into your shift?

16 A. I'm sorry?

17 Q. Was it happening often that you couldn't

18 take a break because of ---

19 A. No, it wasn't.

20 Q. --- the things you had to do a number of

21 hours into your shift?

**REPORTING PLUS**

**(905) 477-0126**

1 A. No.

2 Q. When you spoke with -- I know you didn't  
3 appreciate who it was at the time, but when you spoke  
4 with the person in emergency, I think you said about  
5 1:30 in the morning or thereabouts?

6 A. It was about that time.

7 Q. All right. Was there any discussion  
8 with that person about the type of monitoring equipment  
9 that was being used on Lisa in emergency?

10 A. No.

11 Q. And specifically did the person mention  
12 to you that she had Lisa on a pulse oximeter in  
13 emergency?

14 A. No.

15 Q. Did you make any inquiries yourself of  
16 that person?

17 A. No.

18 Q. So far as you know, did Nurse Doerksen  
19 speak to anyone in emergency before Lisa came up?

20 A. I believe she took report from emergency  
21 from a nurse.

**REPORTING PLUS**

**(905) 477-0126**

1 Q. Directly?

2 A. Yes.

3 Q. All right, over the phone?

4 A. Over the phone.

5 Q. When was that in relation to your  
6 discussion with the person in emergency?

7 A. It was before my discussion with the  
8 person in emergency.

9 Q. All right. And do we know whether it  
10 was Pauline Matthews that Nurse Doerksen spoke to?

11 A. I don't know who that person was from  
12 emergency.

13 Q. And help me understand, why did you have  
14 to have the conversation if Nurse Doerksen spoke to  
15 emergency?

16 A. I believe I was right on the desk and I  
17 answered the phone and I received that call and I took  
18 that report from her.

19 Q. "Her" being the person in emergency?

20 A. The person in emergency.

21 Q. Did Nurse Doerksen take any kind of a

**REPORTING PLUS**

**(905) 477-0126**

1 report when she spoke to the person in emergency?

2 A. She took report from the nurse in  
3 emergency before me and that was the only one call that  
4 she had as far as I know and I had a call from  
5 emergency -- I received that second call from emergency  
6 and that's when I took report for Lisa.

7 Q. Okay. So far as you're aware, was Nurse  
8 Doerksen given any additional or different information  
9 from emergency than what you have testified to?

10 A. Not that I know of.

11 Q. Now, you've testified that while you  
12 were looking after Lisa, it was your intention to  
13 follow the PCA protocol, am I right?

14 A. Yes.

15 Q. And with respect to your four other  
16 patients ---

17 A. Yes.

18 Q. --- did you have orders in place?

19 A. For? Which patients are you talking  
20 about?

21 Q. You're quite right. The four patients

**REPORTING PLUS**

**(905) 477-0126**

1           that were under your charge to begin with?

2                   A.    Yes.

3                   Q.    Did you have orders in place for them?

4                   A.    I have a patient care summary which has  
5 orders and which has things we need to do for the  
6 patient, their history, date of birth and whatnot, the  
7 doctor's name, their weight, any information that we  
8 might need for the patient.

9                   Q.    All right.  When you started to look  
10 after Nurse Doerksen's patients as well, did you come  
11 to learn that her four patients, other than Lisa, also  
12 had doctors' orders?

13                   A.    Yes.

14                   Q.    Now, were you not concerned by the fact  
15 that Lisa was the only patient of the nine who didn't  
16 have doctors' orders?

17                   A.    I believe we were waiting for the  
18 printout from the computer.

19                   Q.    Help me understand that.

20                   A.    Sorry, usually when we either have  
21 patients from recovery room -- from who have had

**REPORTING PLUS**

**(905) 477-0126**

1 surgery or patients who we have had admissions from  
2 emerg, we usually have orders that print out from a  
3 printer in the computer terminal in the nursing  
4 station.

5 Q. And is it your recollection that that's  
6 what you were waiting for for Lisa?

7 A. I wasn't personally waiting for orders.

8 Q. Was Ruth?

9 A. Yes.

10 Q. Did she indicate that to you?

11 A. I don't remember.

12 Q. Well, what gives you the impression that  
13 somebody was waiting for orders concerning Lisa?

14 A. Because she is an admission from  
15 emergency, she would normally have orders from  
16 emergency and then the doctors would write orders for  
17 us on the floor and usually these orders would  
18 automatically print out from this printer.

19 Q. In the normal course, how long after the  
20 patient arrives from emergency does the printer spit  
21 out the orders?

**REPORTING PLUS**

**(905) 477-0126**

1           A.    I don't know.

2           Q.    Have you not had experience?

3           A.    I do.   I don't know the exact time.

4           Q.    No, no, I'm not asking you in hours and  
5 minutes, but help us understand, typically ---

6           A.    Typically ---

7           Q.    --- is it a half hour or an hour, three  
8 hours, what are we talking about?

9           A.    Sometimes within a half hour.

10          Q.    All right.  Were you not concerned that  
11 by 4:20 no orders had come out of the printer for Lisa?

12          A.    I was not paying attention to any  
13 orders.  I was -- the orders that I had in mind were  
14 the PCA orders, PCA protocol.

15          Q.    Well, whose job is it to keep an eye on  
16 the printer and get the orders when they spit out?

17          A.    I was the relieving nurse and I don't  
18 believe that it was my job to wait for the orders.  I'm  
19 doing other things at the same time instead of just  
20 waiting for the orders.

21          Q.    And I don't mean to suggest that you

**REPORTING PLUS**

**(905) 477-0126**

1 should have stood there by the printer waiting for  
2 these orders, but -- well, let me ask you this: other  
3 than by walking by the printer, is there anything else  
4 that alerts you that orders have been printed and they  
5 are waiting there to be picked up?

6 A. No.

7 Q. So do I gather, then, as part of your  
8 rounds, you've got to go by the printer periodically to  
9 see if there are orders there?

10 A. I didn't check any orders.

11 Q. Do you know if Ruth was doing that?

12 A. She was, I believe, in the constant care  
13 room.

14 Q. And just so that I'm clear, it was your  
15 impression that at some point during the night, orders  
16 were going to come for Lisa?

17 A. At some point.

18 Q. All right. But in the meantime, you  
19 were following the PCA protocol?

20 A. Yes.

21 Q. Now, is that something that you

**REPORTING PLUS**

**(905) 477-0126**

1 specifically discussed with Nurse Doerksen that while  
2 we're waiting for these orders, we're going to follow  
3 the PCA protocol?

4 A. No.

5 Q. It wasn't discussed, but that's what was  
6 being attempted?

7 A. Yes.

8 Q. All right. Now, you would agree with me  
9 that, in fact, the PCA protocol wasn't followed?

10 A. Yes.

11 Q. And again just so that I'm clear, did  
12 Nurse Doerksen say anything to you regarding Kidcom  
13 orders that night?

14 A. I don't remember.

15 Q. And did you ask her about Kidcom orders  
16 that night?

17 A. No.

18 Q. Now, as you indicated to Ms. Posno, your  
19 first check on Lisa was at 2:30 a.m. and as indicated  
20 from the flow sheet and you indicated that she was --  
21 there was a Corometric monitor in the room, am I right?

**REPORTING PLUS**

**(905) 477-0126**

1 A. Yes.

2 Q. All right. And specifically was Lisa  
3 attached to the Corometric monitor?

4 A. Yes.

5 Q. And was the Corometric monitor turned  
6 on?

7 A. Yes.

8 Q. And was it showing displays for  
9 respiration and heart rate?

10 A. Yes.

11 Q. Where was the Corometric monitor  
12 positioned?

13 A. It was positioned on a shelf. There's a  
14 door and it's on the left side when you enter in the  
15 room and it's on top of that shelf.

16 Q. Could we get those photos before Ms.  
17 Soriano?

18 CONSTABLE CULLETON: Exhibit 9?

19 MR. KRKACHOVSKI: Actually, if we get the  
20 bristol board, it's just as well.

21 MS. BROWNE: Exhibit 19.

**REPORTING PLUS**

**(905) 477-0126**

1 MR. KRKACHOVSKI: Thank you.

2  
3 BY MR. KRKACHOVSKI:

4 Q. I think we were making reference with  
5 Nurse Doerksen to the bottom, left-hand photo, just to  
6 keep it consistent, there's a Corometric monitor shown  
7 in that photograph?

8 A. Yes.

9 Q. All right. And is that the stand you're  
10 talking about?

11 A. Yes.

12 Q. As we see the Corometric monitor in that  
13 photo, was it positioned the same way?

14 A. Yes.

15 Q. All right, are you certain of that?

16 A. Yes.

17 Q. Now, Dr. Catre and Pauline Matthews  
18 testified that, in fact, when they first observed it,  
19 the Corometric monitor was facing inward; that is,  
20 toward Lisa's bed. Are you saying they're wrong?

21 A. I don't know when they saw the monitor,

**REPORTING PLUS**

**(905) 477-0126**

1 but when I saw it, it was facing that way.

2 Q. All right. And is it, or at the time,  
3 was it common when a Corometric monitor was in use, it  
4 would be put on that table just inside the doorway?

5 A. Yes.

6 Q. And I gather each room is configured  
7 pretty much the same?

8 A. Yes.

9 Q. All right. And would it be facing as it  
10 is normally in that photo?

11 A. Yes.

12 Q. Did you hear any alarms come from Lisa's  
13 room that night?

14 A. I heard alarms that night, but I wasn't  
15 sure if it was from Lisa's room.

16 Q. All right. What time is this?

17 A. I don't remember the time. I believe it  
18 was the same time I heard an intravenous beep, because  
19 I was giving medications at that time. It could have  
20 been around 2:00.

21 Q. Do you recall hearing a series of

**REPORTING PLUS**

**(905) 477-0126**

1 alarms, perhaps, three or four in a very short time  
2 span, five to ten minutes?

3 A. I don't remember that.

4 Q. And, sorry, when you heard this, are you  
5 saying you were in a patient's room?

6 A. I could have been in a patient's room.  
7 I remember hearing an intravenous beep, as I said, and  
8 I answered that beep.

9 Q. Well, did you not answer these alarms?

10 A. I wasn't sure where it was coming from.

11 Q. But does that mean you ignore the alarm  
12 if you're not sure where it's coming from?

13 A. I didn't ignore the alarm, I was -- I  
14 didn't ignore the alarm.

15 Q. Yes.

16 A. I didn't know where it was coming from  
17 and I wanted to answer the intravenous beep, because I  
18 had a medication to give at that time.

19 THE CORONER: May I ask the witness, I'm not  
20 sure, and I want to just clarify, are you  
21 saying you heard a beep and you heard an

**REPORTING PLUS**

**(905) 477-0126**

1 alarm or ---  
2 THE WITNESS: At the same time.  
3 THE CORONER: Sorry?  
4 THE WITNESS: At the same time.  
5 THE CORONER: At the same time, you heard a  
6 IV beep?  
7 THE WITNESS: Yes.  
8 THE CORONER: And at the same time, you  
9 heard a different noise which you recognized  
10 as an alarm?  
11 THE WITNESS: Yes.

12

13 BY MR. KRKACHOVSKI:

14 Q. All right, but just so that I'm clear,  
15 did you hear such an alarm more than once?

16 A. No.

17 Q. Just once?

18 A. I believe so.

19 Q. All right. And I'm sorry, you tended to  
20 the IV beep?

21 A. Yes.

**REPORTING PLUS**

**(905) 477-0126**

1 Q. All right. What was your expectation as  
2 to what was going to happen with respect to the other  
3 alarm?

4 A. I was going to answer the other alarms  
5 after I had given my medication.

6 Q. All right. What happened after you gave  
7 the medication?

8 A. I didn't hear the alarm.

9 Q. So you just ignored it?

10 A. I assumed Ruth would have answered it.

11 Q. Well, how did you know which patient it  
12 was coming from?

13 A. I didn't know where it was coming from  
14 and I didn't hear it any more.

15 Q. We saw a demonstration yesterday or the  
16 day before -- my memory is playing tricks on me -- of a  
17 Corometric monitor and as I recall the demonstration,  
18 if an alarm sounds, a light comes on to tell you that  
19 the alarm sounded.

20 A. Yes.

21 Q. Were you not concerned to know which

**REPORTING PLUS**

**(905) 477-0126**

1 patient's alarm sounded and for what reason?  
2 A. Yes, I was.  
3 Q. But you didn't do anything about it,  
4 seemingly?  
5 A. No, I believe I was doing something  
6 else.  
7 Q. Did you at any time investigate where  
8 that alarm came from?  
9 A. No.  
10 Q. Did you ask Nurse Doerksen about that  
11 alarm?  
12 A. No.  
13 Q. Did she say anything to you about the  
14 alarm?  
15 A. No.  
16 Q. One of them was an IV. Did you  
17 recognize as to what the other alarm was?  
18 A. Yes.  
19 Q. What was it?  
20 A. It was a monitor alarm.  
21 Q. A Corometric monitor?

**REPORTING PLUS**

**(905) 477-0126**

1 A. Yes.

2 Q. Does the pulse oximeter sound the same  
3 in terms of the alarm as the Corometric monitor?

4 A. No.

5 Q. They're different alarms?

6 A. Yes.

7 Q. All right, so what you heard with  
8 respect to the other alarm was a Corometric alarm?

9 A. Yes.

10 Q. All right. Can you at least indicate  
11 which corridor it was coming from?

12 A. I don't remember.

13 MS. BROWNE: Maybe Exhibit 10 would be of  
14 some assistance, the diagram, she can show  
15 where she was.

16

17 BY MR. KRKACHOVSKI:

18 Q. Take a minute to orient yourself with  
19 respect to that diagram and tell us if that helps your  
20 recollection in terms of where you were when you heard  
21 the alarms. Does that help at all?

**REPORTING PLUS**

**(905) 477-0126**

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A. I can't seem to remember.

Q. And I should ask you, does that help at all in terms of where the alarms were coming from?

A. No.

THE CORONER: Did you hear the alarm at a time in the evening when you were looking after your other four patients?

THE WITNESS: Yes, I was.

THE CORONER: It was my understanding, and correct me if I'm wrong, that your patients were down a corridor that's appearing to the left of that diagram?

THE WITNESS: Yes.

THE CORONER: Is it fair of me to conclude that you were somewhere down that corridor in one of those rooms?

THE WITNESS: This left one here?

THE CORONER: Yes.

THE WITNESS: It could have been, yes.

THE CORONER: Well, where else could it have been that you were?

**REPORTING PLUS**

**(905) 477-0126**

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THE WITNESS: I had patients on this hallway, as well.

THE CORONER: Okay. Well, can you remember then which hallway you were in?

THE WITNESS: I believe I'm in this left -- the west wing hallway.

THE CORONER: Which is the main part of 5A, is my understanding.

THE WITNESS: Yes.

THE CORONER: Is that correct?

THE WITNESS: Yes.

THE CORONER: And that's where your four patients that you were caring for -- or you're saying your four patients were not all in that part?

THE WITNESS: I believe there were two patients that I had here and I had other patients, I'm just not sure which hallway it was.

BY MR. KRKACHOVSKI:

1 Q. Did you hear any other alarms that  
2 night?  
3 A. After?  
4 Q. Either before or after?  
5 A. No.  
6 Q. Just those two?  
7 A. Yes.  
8 Q. And on your last visit to Lisa's room  
9 which was 4:20, according to the flow sheet, was the  
10 Corometric monitor still on?  
11 A. Yes.  
12 Q. Attached and functioning, I gather?  
13 A. Yes.  
14 Q. All right. Now I take it you didn't  
15 turn it off at any time that night?  
16 A. No.  
17 Q. Do you have any knowledge or information  
18 as to who did?  
19 A. No.  
20 Q. Do you have any knowledge or information  
21 as to why anyone would turn off the Corometric monitor?

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**(905) 477-0126**

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A. No.

Q. Other than you and Nurse Doerksen, I gather there was no one else through the night that had reason to be in Lisa's room, in terms of staff from the hospital.

A. No.

Q. That's correct?

A. That's correct.

Q. Now, if I could direct you to the notes that you made, looking at the very first page of the notes, at the very top, it reads, "October 25, 1998, 3:28 a.m."

A. Yes.

Q. That's the time the notes were made?

A. Yes.

Q. Now, were these notes -- I shouldn't presume. Where were these notes made?

A. At home.

Q. You got up at 3:28 in the morning to make these notes?

A. No, I was awake at 3:28.

**REPORTING PLUS**

**(905) 477-0126**

1 Q. What was keeping you awake?

2 A. I believe I had a couple of night shifts  
3 and I was just readjusting to my normal schedule now,  
4 by sleeping during the day, sleeping in during the  
5 night, but I couldn't sleep.

6 Q. Now, were all of the notes that we have  
7 in front of us made at 3:28 and immediately thereafter?

8 In other words, you didn't make some of them at 3:28  
9 and come back an hour or two ---

10 A. No.

11 Q. --- later or the next day?

12 A. No.

13 Q. All right, you started and you finished?

14 A. Yes.

15 Q. Was anyone with you when you prepared  
16 the notes?

17 A. No.

18 Q. And they appear to be fairly detailed,  
19 you would agree with me? They are three pages of  
20 handwritten and they convert into five pages of typed;  
21 is that right?

**REPORTING PLUS**

**(905) 477-0126**

1           A.    Yes.

2           Q.    And you tried to be as detailed as you  
3 could in terms of what happened?

4           A.    As thorough as I could remember what  
5 happened.

6           Q.    All right.  I just want to refer you to  
7 a few of the passages in the notes, starting with the  
8 first page and the very first five or six lines, it  
9 reads:

10                   "... Very shocking experience.  I think  
11 about it all the time.  I can see her  
12 face so clearly in my mind, my dreams,  
13 the events that took place October 21,  
14 LN ..."

15                   -- that's "late night"?

16           A.    That's a long night shift.

17           Q.    "Long night shift, a code blue, 5A, Room  
18 47."  That would be Lisa's room, obviously?

19           A.    Yes.

20           Q.    Right?  "Is still so fresh in my mind."

21           A.    Yes.

**REPORTING PLUS**

**(905) 477-0126**

1 Q. All right. That was correct at the  
2 time?  
3 A. Yes.  
4 Q. Everything was fresh in your mind?  
5 A. Yes.  
6 Q. Okay. And then in the middle of the  
7 page, you go on to say, "There she was, so pale grey,  
8 no movement, unconscious, not breathing." That's your  
9 recollection of the way she was?  
10 A. Yes.  
11 Q. "... I started helping out the residents  
12 by grabbing O2 masks and turning  
13 the O2 on. Residents started  
14 ventilating, initiating an airway  
15 and giving O2 ..."  
16 That's what they were doing immediately?  
17 A. Yes.  
18 Q. "... All I saw was Lisa's body laying on  
19 the bed with no movement, no  
20 response, somewhat shouted, 'Get  
21 the Narcan' ..."

**REPORTING PLUS**

**(905) 477-0126**

1                   That's correct?

2                   A.    Yes.

3                   Q.    Now, what is Narcan?

4                   A.    That's a morphine antagonist.

5                   Q.    Was any consideration given between you

6                   and Nurse Doerksen to giving Narcan before this time in

7                   the morning, which I gather is about 7:15 or so?

8                   A.    I believe that's not my decision to give

9                   Narcan to a patient, I believe it's the doctor's

10                  decision and judgment to give that.

11                  Q.    Was there any discussion with Dr. Schily

12                  about giving Narcan?

13                  A.    No.

14                  Q.    I gather you didn't raise it and neither

15                  did he?

16                  A.    No.

17                  Q.    If I can then turn you to page four?

18                  A.    Page four of the written one?

19                  Q.    Yes, I'm just referring to the typed

20                  version, not the written one.  Have you got it in front

21                  of you?

**REPORTING PLUS**

**(905) 477-0126**

1 A. Yes.

2 Q. And about two-thirds of the way down, it  
3 reads:

4 "... I couldn't sleep when I got home  
5 from work for several days, nights. I  
6 still kept thinking of the events that  
7 took place and what went wrong ..."

8 Correct?

9 A. Yes.

10 Q. All right. And then if you can turn the  
11 page to five, the second paragraph, if you will:

12 "... I assessed, monitored her, asked  
13 for help by calling pain service,  
14 communicated her status. I can't think  
15 of anything that could have led to this  
16 event ..."

17 Was that right?

18 A. Yes.

19 Q. All right. You'll agree with me that  
20 there's no mention of the Corometric monitor anywhere  
21 in these notes?

**REPORTING PLUS**

**(905) 477-0126**

1 A. Yes.

2 Q. That's correct?

3 A. That's correct.

4 Q. Why it didn't alarm?

5 A. Sorry?

6 Q. Why it didn't alarm? There's no ---

7 A. I didn't ---

8 Q. --- question in here as to why the

9 Corometric monitor didn't alarm.

10 A. No, I didn't write that down.

11 Q. And there's no mention in here as to why

12 somebody turned it off?

13 A. No. May I remind you, though, that this

14 note was an expression of my feelings, not ...

15 Q. Well, I understand that, but you say

16 here, "I can't think of anything that could have led to

17 this event." And Nurse Doerksen testified that she

18 asked you ---

19 A. Yes.

20 Q. --- questions about what could have went

21 wrong, what could have happened, why didn't it alarm?

**REPORTING PLUS**

**(905) 477-0126**

1                   A.    Yes.

2                   Q.    Were you not asking yourself these  
3                   questions?

4                   A.    I wasn't asking myself those questions  
5                   because other questions and other feelings and thoughts  
6                   were in my mind at that time.

7                   Q.    Well, you mentioned specifically here  
8                   about you assessed her and you monitored her?

9                   A.    Yes.

10                  Q.    And you called the pain service?

11                  A.    Yes.

12                  Q.    It strikes me that you're going over in  
13                  your own mind ---

14                  A.    Yes.

15                  Q.    --- what went on that night?

16                  A.    Yes.

17                  Q.    And is a logical question not why didn't  
18                  the monitor alarm or why did somebody shut it off?

19                  A.    I didn't -- I didn't think of that.

20                  Q.    I suggest to you the reason you didn't  
21                  think of that is because Lisa wasn't attached to one.

**REPORTING PLUS**

**(905) 477-0126**

1                   A.    No, I didn't think of that because I was  
2                   thinking of other things and Lisa was attached to a  
3                   monitor.

4                   Q.    Did Nurse Doerksen say at any time why  
5                   Lisa was not on a pulse oximeter?

6                   A.    No.

7                   Q.    Did you ask?

8                   A.    No.

9                   Q.    Did you make any effort to get a pulse  
10                  oximeter?

11                  A.    No.

12                  Q.    Now, if I could just direct you to the  
13                  flow sheet again, page 11 in our material? Now, as Ms.  
14                  Posno reviewed with you on the first three visits to  
15                  Lisa's room, you only made notation of the respiration,  
16                  is that correct?

17                  A.    Yes.

18                  Q.    All right. Now, if the Corometric  
19                  monitor was on, why would you not have simply written  
20                  down the reading for the heart rate?

21                  A.    I didn't think of writing down the heart

**REPORTING PLUS**

**(905) 477-0126**

1 rate. I was more concerned of her respirations.

2 Q. Well, is the heart rate not part of the  
3 vital signs?

4 A. Yes, it is.

5 Q. And there's a machine that tells you  
6 what the heart rate is, all you've got to do is write  
7 it down?

8 A. Yes, but I wanted to confirm it with my  
9 own manual reading.

10 Q. Sorry, you what?

11 A. I wanted to confirm it with my own  
12 manual reading by using a stethoscope and that's what I  
13 usually do, I take it physically and manually first  
14 before I verify it with the -- before I write down  
15 whatever is in the Corometric monitor.

16 Q. Why did you do that?

17 A. I believe I was concerned about her  
18 respirations.

19 Q. Well, is the respiration the only sign  
20 of what's going on with this girl?

21 A. No.

**REPORTING PLUS**

**(905) 477-0126**

1 Q. Is the heart rate not some indication?  
2 A. Yes.  
3 Q. And would you not agree with me that the  
4 monitor recording is better than nothing?  
5 A. Yes.  
6 Q. You took away the morphine pump at 2:50.  
7 What protocol were you following to do that for  
8 direction?  
9 A. I believe it's the PCA Morphine  
10 Protocol.  
11 Q. All right, and what does that tell you?  
12 A. It tells you that if a patient has  
13 respiratory depression and is showing signs of any  
14 respiratory depression, one of the things that you  
15 should do is take the morphine PC away -- PCA pump from  
16 her.  
17 Q. And at no time was Lisa put back on the  
18 PCA pump?  
19 A. No.  
20 Q. Now, can we conclude from that, then,  
21 the reason is she was experiencing respiratory

**REPORTING PLUS**

**(905) 477-0126**

1 depression throughout the night?

2 A. Yes.

3 Q. Did you and Nurse Doerksen discuss at  
4 any time putting Lisa in the constant care room?

5 A. No.

6 Q. Was there a room available in the  
7 constant care room?

8 A. I believe there were four patients in  
9 the constant care room at that time.

10 Q. How many beds are there in the constant  
11 care room?

12 A. There's four beds in that room.

13 Q. So does that mean so far as you recall,  
14 there was no room available?

15 A. No.

16 Q. Now, Nurse Doerksen apparently testified  
17 that there were only three people in the constant care  
18 room. Are you certain there were four and it was fully  
19 occupied?

20 A. There could have been four, I don't  
21 remember the exact number of patients, but there are

**REPORTING PLUS**

**(905) 477-0126**

1 four beds in that room.

2 Q. Did you have occasion to go into the  
3 constant care room that night?

4 A. No.

5 Q. All right. So when you say there might  
6 have been three patients, what are you basing it on?

7 A. Memory.

8 Q. From what?

9 A. From the assignment -- from the  
10 assignment board. We have an assignment board at the  
11 nursing station that tells you the name of the patient  
12 and the nurses.

13 Q. All right, and that would indicate how  
14 many people were in the room?

15 A. Yes.

16 Q. Now, during the one hour and 50 minutes  
17 that you were looking after Lisa, you would agree with  
18 me that you were checking her more often than hourly?

19 A. Yes.

20 Q. And, in fact, during that time, you made  
21 a total of eight visits?

**REPORTING PLUS**

**(905) 477-0126**

1           A.    Yes.

2           Q.    All right.  You were obviously concerned  
3           about her?

4           A.    Yes.

5           Q.    And I think you indicated that you  
6           expressed that concern to Nurse Doerksen?

7           A.    Yes.

8           Q.    But despite the concern, you didn't  
9           follow the complete PCA protocol, is that right?

10          A.    Yes.

11          Q.    Now, if I could refer you to page three  
12          of your typed notes, almost in the middle of the page,  
13          it starts off, "Past 3:00 a.m., noticed respiration" --  
14          is that indicating going down?

15          A.    Yes.

16          Q.    "... 8, 10, still have good air entry,  
17          but respiration slowing down.  Heart  
18          rate about greater than 100's ..."

19          A.    Yes.

20          Q.    "She was arousable."  Is that right?

21          A.    Yes.

**REPORTING PLUS**

**(905) 477-0126**

1 Q. Now, let me just pause there. You'll  
2 agree with me that the word "arousable" doesn't appear  
3 on the flow sheet anywhere?

4 A. Yes.

5 Q. I'm sorry?

6 A. Yes, it doesn't appear on the flow  
7 sheet.

8 Q. And what is the next notation?

9 A. There's an arrow going up, which means  
10 either high or increased, "HOB" means "Head of the bed  
11 elevated."

12 Q. "... Took PCA morphine away from her.  
13 Made sure O2 and other equipment ready ..."

14 A. Yes.

15 Q. All right. Because of your concerns ---

16 A. Yes.

17 Q. --- that something might happen to her?

18 A. As a safety check.

19 Q. "Phoned pain service, no answer, call  
20 back." What does that mean, "No answer/call back?"

21 A. That means that I didn't receive an

**REPORTING PLUS**

**(905) 477-0126**

1 answer or a call back, a phone call back from the  
2 physician.

3 Q. Right.

4 "... At around 4:00 a.m. or past 4:00  
5 a.m. checked her again. This time I was  
6 in there for at least half an hour ..."

7 A. Yes.

8 Q. Now, the way I read that, you were in  
9 her room for half an hour, but I think you didn't  
10 indicate that to Ms. Posno?

11 A. No.

12 Q. You indicated you were in and out?

13 A. I was in and out.

14 Q. So this is wrong when you say you were  
15 in there for half an hour?

16 A. I roughly estimated half an hour that I  
17 was assessing her, in and out of the room.

18 Q. And is that covering roughly 4:00 to  
19 4:30?

20 A. Yes.

21 Q. Or 4:20, anyway?

**REPORTING PLUS**

**(905) 477-0126**

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A. Yes.

Q. Okay. And just to finish it off,  
"... Resps still at 10, 12, 16, it  
varied, she felt warm, she seemed  
sedated but slightly arousable, called  
pain service again ..."

Now, again the words "slightly  
arousable" don't appear anywhere in the flow sheet?

A. Yes.

Q. Is that correct?

A. That's correct.

Q. What I would like to refer you to is Dr.  
Schily's notes that we just marked as an exhibit, if we  
can get those in front of the witness, please? The  
pages aren't actually numbered, I'm referring to the  
second page ---

CONSTABLE CULLETON: Exhibit 42.

BY MR. KRKACHOVSKI:

Q. The second page starting with the last  
paragraph at the bottom?

1                   A.    Yes.

2                   Q.    "At about 4:00" -- I gather that would  
3                   be 4:00 a.m.?

4                   A.    Yes.

5                   Q.    "... I was phoned from 5A.  The nurse  
6                   reported that Lisa's respiratory rate was just above 10  
7                   per minute ..."  Is that correct?

8                   A.    No, I believe it was 8 and 10 per  
9                   minute.

10                  Q.    All right.  "The nurse reported that all  
11                  vital signs are good."  Correct?

12                  A.    No.

13                  Q.    What did you report to him?

14                  A.    I reported him the heart rate and the  
15                  respirations.

16                  Q.    But you didn't say as written here,  
17                  "vital signs are good"?

18                  A.    No.

19                  Q.    All right.  That Lisa is arousable?

20                  A.    Yes.

21                  Q.    You told him that?

**REPORTING PLUS**

**(905) 477-0126**

1 A. Yes.

2 Q. All right. Now, why would you use the  
3 word "arousable" to Dr. Schily but nowhere on the flow  
4 sheet?

5 A. I didn't write it down on the flow  
6 sheet, but I was assessing her level of consciousness.

7 Q. All right. The only comment that I see  
8 -- well, that's not fair to you. "Asleep," I gather,  
9 is a type of sedation assessment?

10 A. That was my assessment of her  
11 wakefulness and level of consciousness.

12 Q. All right. Apart from that, the only  
13 notation that I see is "very drowsy," which appears at  
14 4:05 on the flow sheet?

15 A. Yes.

16 Q. Now, what does "very drowsy" correlate  
17 to the sedation scale?

18 A. I believe that would have been a 2 for a  
19 sedation scale.

20 Q. A 2 or a 3? I'm sorry, I didn't hear  
21 your answer.

**REPORTING PLUS**

**(905) 477-0126**

1                   A.    Sorry, I would -- it would have been a 2  
2                   from a sedation scale.

3                   Q.    How do you know it's not a 3?

4                   A.    She was only drowsy at that one time  
5                   that I assessed her.

6                   Q.    How do you know it's not 1?

7                   A.    She was -- I tried to wake her up once  
8                   and she didn't answer and I touched her again and she  
9                   moved her head, so she was arousable, yet it seemed to  
10                  me that she was drowsy.

11                  Q.    You would agree with me that by looking  
12                  at your chart, no one reading it would know which of  
13                  these designations you meant to say?

14                  A.    Yes.

15                  Q.    And did Dr. Schily specifically ask you  
16                  to attribute a number to the arousable comment?

17                  A.    He didn't speak to me about a number or  
18                  sedation scale.

19                  Q.    And just continuing with Dr. Schily's  
20                  notes:

21                               "... When I asked if she needs me to

**REPORTING PLUS**

**(905) 477-0126**

1                   come to 5A to assess Lisa, the nurse  
2                   said that there was no need for  
3                   coming ..."

4                   Is that right?

5                   A.    I believe there was no discussion of him  
6                   asking me if I needed him to come.

7                   Q.    "Again, I reminded the nurse to look up  
8                   saturation." Did he say that?

9                   A.    No.

10                  Q.    "And carefully check the sedation."

11                  A.    No.

12                  Q.    "Respiration."

13                  A.    No.

14                  Q.    "And all other vital signs."

15                  A.    No.

16                  Q.    "... I informed her that any further  
17                  deterioration especially problems with saturation or  
18                  sedation and respiration should be reported immediately  
19                  to me ..."

20                  Did he say that?

21                  A.    No.

**REPORTING PLUS**

**(905) 477-0126**

1 Q. "... I asked the nurse to make sure that  
2 the PCA is off and to remove it from the  
3 patient's bed ..."

4 A. He asked me to take the PCA morphine  
5 away and I had told him that I already done so.

6 Q. "And follow up vital signs."

7 A. No.

8 Q. "Check the saturation."

9 A. No.

10 Q. "And respiratory rate," sorry.

11 A. No.

12 Q. "... And inform me of any further  
13 deterioration or need for  
14 reassessing of Lisa would be ..."

15 A. No.

16 Q. "... I received no further calls during  
17 this night ..."

18 So you didn't call him again, did you?

19 A. My calls were in -- were at 2:50 and at  
20 around 4:00.

21 Q. You're not aware of any calls from Nurse

**REPORTING PLUS**

**(905) 477-0126**

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Doerksen, I gather?

A. No.

Q. I gather when you expressed your concern to Nurse Doerksen after she came off her break, again there was no discussion about getting a pulse oximeter?

A. No.

Q. Was there a discussion about increasing the level of monitoring in any way?

A. I remember telling Ruth that Dr. Schily or whoever that doctor that I had spoken to was to keep a close eye on Lisa.

Q. Anything more than that?

A. No.

Q. I'm not sure of the Exhibit number. Could we get Nurse Doerksen's notes? I'm just referring to the typed version. It looks to be 38A on the chart. All right, I'm referring to the typed version ---

CONSTABLE CULLETON: 38(B).

MR. KRKACHOVSKI: Thank you.

1           BY MR. KRKACHOVSKI:

2                   Q.    If you could turn to the very bottom of  
3           the second page, it reads "October 24th." Do you see  
4           that?

5                   A.    Yes.

6                   Q.    "... October 24th, spoke with Anagaile  
7           today ..."

8                   A.    Yes.

9                   Q.    Do you recall having a discussion with  
10          Nurse Doerksen?

11                  A.    I recall having a discussion with her.  
12          I don't remember the exact date.

13                  Q.    "... She stated she paged anaesthesia  
14          two times ..."

15                  A.    Yes.

16                  Q.    "The first time, did not respond."

17                  A.    Yes.

18                  Q.    "Did not ask about O2 SATs."

19                  A.    Yes.

20                  Q.    Now, Nurse Doerksen testified that that  
21          means that Dr. Schily did not ask you about O2 SATs.

**REPORTING PLUS**

**(905) 477-0126**

1           A.    There was no discussion with me and the  
2           doctor about O2 SATs.

3           Q.    And her evidence was the O2 SATs means  
4           the use of a pulse oximeter?

5           A.    Yes.

6           Q.    There was no such discussion?

7           A.    No.

8           Q.    It must have been a concern to Nurse  
9           Doerksen for her to raise it at all. Did she seem  
10          concerned about the fact that Lisa was not on the pulse  
11          oximeter?

12          A.    I don't remember that -- her reactions  
13          at that time, if you're asking me, or her concern.

14          Q.    But do you recall any type of expression  
15          of relief on her part when you told her that Dr. ---

16          A.    No.

17          Q.    Let me finish, please -- when you told  
18          her that Dr. Schily did not mention a pulse oximeter to  
19          you?

20          A.    I'm sorry, can you repeat that, please?

21          Q.    When you told her that Dr. Schily did

**REPORTING PLUS**

**(905) 477-0126**

1 not mention a pulse oximeter to you ---

2 A. Yes.

3 Q. --- did you note an expression of relief  
4 on her part?

5 A. A relief on her part?

6 Q. Yes.

7 A. Are you talking about the night itself  
8 or October 24?

9 Q. I'm talking about when you were having  
10 this conversation with Nurse Doerksen, irrespective of  
11 the date ---

12 A. Mm-hmm.

13 Q. --- and you say to her, no, Dr. Schily  
14 never said anything about a pulse oximeter ---

15 A. Mm-hmm.

16 Q. --- did she appear relieved to hear  
17 that?

18 A. I can't tell you that. I don't  
19 remember.

20 Q. And when you said, "did not ask about O2  
21 SATs," were you answering a question from her?

**REPORTING PLUS**

**(905) 477-0126**

1                   A.    Yes.

2                   Q.    I'm sorry to be jumping around, but if I  
3                   can again go back to the flow sheet, at 4:15 -- do you  
4                   have it in front of you?

5                   A.    Yes, I have.

6                   Q.    At 4:15, the respiration is noted to be  
7                   10?

8                   A.    Yes.

9                   Q.    I think it was Dr. McLeod who questioned  
10                  whether that was an accurate reading.  Can we assume  
11                  that's an accurate reading?

12                  A.    That was my manual reading, using a  
13                  stethoscope.

14                  Q.    It would have been accurate?

15                  A.    Yes.

16                  Q.    Did you have any conversations with Mrs.  
17                  Shore during the night?

18                  A.    No.

19                  Q.    Did you see her at all that night?

20                  A.    I saw her when we had transferred Lisa  
21                  from the stretcher to the bed, when they were admitted.

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1 Q. Was there a discussion at that point  
2 between you and she?

3 A. No.

4 Q. Any further contact between you and she?

5 A. No.

6 Q. Were you involved in any meetings within  
7 the hospital after Lisa's death in which the  
8 circumstances of Lisa's death was discussed?

9 A. The first meeting I had was, I believe,  
10 with Marianne Stevens and our lawyer, Patrick.

11 Q. Don't tell me about that. Were you  
12 involved in any meetings where Mr. Hawkins or legal  
13 counsel was not present?

14 A. No.

15 Q. I apologize if you were asked this  
16 already, but did you see Dr. Schily's Kidcom orders at  
17 any time?

18 A. Any time from when?

19 Q. Up until today?

20 A. The only time I saw it was, I believe,  
21 in January, the first meeting with the lawyer.

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1 Q. January of '98, I gather?

2 A. No, '99. 1999.

3 Q. '99?

4 A. Yeah.

5 Q. I apologize, you're right, thank you.

6 All right, that was the first time?

7 A. Yeah, that was the first time.

8 Q. Did you have any conversation with Nurse  
9 Doerksen after Lisa's death about the Kidcom orders?

10 A. No.

11 Q. In any way, shape or form?

12 A. No.

13 Q. Did Nurse Doerksen ever indicate to you  
14 as to why she didn't access the Kidcom orders?

15 A. No.

16 Q. Thank you very much.

17

18 CROSS-EXAMINATION BY THE CORONER:

19 Q. Nurse, just before you leave the stand,  
20 I just want to check one or two things that may help me  
21 over the weekend. My notes indicate that since there

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1 were no orders as such for monitoring, that you knew  
2 she was on a PCA pump and you were familiar with the  
3 standard monitoring for a PCA pump?

4 A. Yes, I was.

5 Q. And that didn't vary irrespective of the  
6 reason you were on a PCA pump?

7 A. Yes.

8 Q. And I think it was your evidence that  
9 the standard orders were that you must do a respiratory  
10 rate, a heart rate, a blood pressure, sedation scale  
11 and a pain scale every hour for the first four hours?

12 A. Every hour for the first four hours.

13 Q. And that's not something that you have  
14 discretion, that is the protocol that must be followed?

15 A. To my understanding, that four hour span  
16 was from the start of PCA morphine therapy.

17 Q. That's fine. The time interval, I'm not  
18 particularly interested in because certainly it would  
19 cover the first time that you saw the patient.

20 A. Yes.

21 Q. Even if we argue as to whether it's on

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1 admission to the ward or from initiation. When she  
2 went to the ward and without other orders, there was  
3 mandatory protocol that had to be followed?

4 A. Yes.

5 Q. And it's also my understanding from your  
6 own evidence that you agree that you did not follow the  
7 mandatory monitoring that was required by that  
8 protocol?

9 A. Yes.

10 Q. My only question to you is why did you  
11 not follow the mandatory protocol?

12 A. I believe this was my first experience  
13 with an admission from emergency with a child who had a  
14 PCA morphine. It didn't occur to me right away because  
15 usually I would get patients from the recovery room who  
16 have had surgery, post-operatively, they would have had  
17 PCA morphine, they would have had anaesthetic and when  
18 we receive them in the ward, this would have been the  
19 critical time. It just didn't come to mind that this  
20 was a different situation.

21 Q. But it wasn't different, the patient was

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1           on a ---

2                   A.    Yes, it was.

3                   Q.    --- PCA pump.

4                   A.    Yes.

5                   Q.    And therefore irrespective of where they

6           came from ---

7                   A.    Yes.

8                   Q.    --- it was mandatory to follow?

9                   A.    Yes.

10                  Q.    So your reason for not following is?

11                  A.    I just didn't think of those.

12                  Q.    Okay. I would remind the witness that

13           we are adjourning for the day and you are on the stand

14           so you should not discuss your evidence with anyone

15           over the weekend. We will adjourn until 9:30 Monday

16           morning, and at that time I know, Ms. Posno, you'll not

17           be here but I understand that Ms. Crain will be filling

18           in for you during that time?

19                   MS. POSNO:   Monday and Tuesday.

20                   THE CORONER:   Thank you. And since no one

21                   else has got a particular time frame for

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1 Monday, we will go to Ms. Browne next,  
2 followed by Mr. Gomberg, followed by Mr.  
3 Hawkins and the jury.

4 MR. GOMBERG: Yes, sir.

5 THE CORONER: Thank you, ladies and  
6 gentlemen of the jury, I appreciate you  
7 staying.

8 MS. BROWNE: Dr. Cairns, I wonder, could  
9 Counsel and yourself remain just for a few  
10 minutes after the jury is excused? I just  
11 wanted to bring up one little matter.

12 THE CORONER: Yes, we don't we meet in the  
13 small boardroom?

14 MS. BROWNE: Okay, that's fine.

15

16

17 --- ADJOURNED

18

19

20

21 THIS IS TO CERTIFY that the foregoing

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1 is a true and accurate transcription of  
2 my recordings and notes, to the best of  
3 my skill and ability.  
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