

INQUEST INTO THE DEATH OF

L I S A   S H O R E

CONTINUED EVIDENCE OF ANAGAILE SORIANO

TAKEN JANUARY 31, 2000

BEFORE DR. JAMES CAIRNS, DEPUTY CHIEF CORONER

CORONER'S COURT, TORONTO

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

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

REPORTING PLUS  
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1 THE CORONER: Good morning, ladies and  
2 gentlemen of the jury. Good morning, Ms.  
3 Browne. I think when we broke on Friday the  
4 intention was that you would be examining ---

5 MS. BROWNE: Ms. Soriano.

6 THE CORONER: Yes.

7 MS. BROWNE: I'm just making sure I have all  
8 the correct exhibits. Ms. Soriano, you  
9 should have probably in front of you your own  
10 notes that have been marked as an exhibit,  
11 and I believe that's 44(B). Could you give  
12 Ms. Soriano 44(B), and the flow chart. If  
13 you could put the big flow chart also on the  
14 stand. And, of course, the original file,  
15 Exhibit 3. I'm sorry to give you all that  
16 material, but it's better to get it all now.

17 THE WITNESS: I don't think I have the  
18 handwritten one.

19 MS. BROWNE: Okay. 44(A) then, please.  
20 Thank you. Could we have the CV for Ms.  
21 Soriano, also? I believe that's 43.

22  
23 ANAGAILE SORIANO, RESUMED

24 EXAMINATION IN-CHIEF BY MS. BROWNE:

25 Q. There are a number of things I'd like to

1 cover just to make sure I understand what you testified  
2 to on Friday, and what you were asked. I understand  
3 that you were a nurse of three months, is that correct?

4 A. No, I started in May, end of May, so in  
5 October it would have been five months, I believe.

6 Q. And you started at Sick Kids and then  
7 stayed through Sick Kids?

8 A. Yes, I did.

9 Q. And up till the time of this tragic  
10 incident, can you tell me were you always on Floor 5?

11 A. I was on 5AB.

12 Q. You were there for the entire time of  
13 your stay at the hospital?

14 A. Yes, yes.

15 Q. Now, I know that you have Bachelor of  
16 Science in Nursing from Ryerson. Is that a four-year  
17 course?

18 A. Yes, it's a four-year degree, yeah.

19 Q. And that you were on the Dean's List for  
20 the Faculty of Community Services?

21 A. Yes.

22 Q. And can you tell me, after you have your  
23 Bachelor of Science and you've been hired by a hospital  
24 to become a full-time employee, what arrangements are  
25 made for ongoing education at Sick Children?

1           A.    At Sick Children?  There's a variety of  
2           education opportunities, whether it be at the hospital  
3           or if you want to -- if you have your own interests,  
4           you can take it at other colleges.  Like, for example,  
5           last year I took this Health Assessment Course.  It was  
6           through the Sick Kids Children's Hospital, but it was  
7           also affiliated with Ryerson, so it was both by Sick  
8           Kids and Ryerson that I took this course through.

9           Q.    Your ongoing education is optional, and  
10          you can take a course in whatever you want to and it  
11          can last for one month to two months in length?

12          A.    There are different courses.  Depending  
13          on the course, sometimes it's three months, sometimes  
14          it's a workshop for a weekend.  Sometimes if you want  
15          to take a specialty in a certain area it can go from,  
16          like, a semester, which would be more than three  
17          months.

18          Q.    And you take that right there at the  
19          hospital?

20          A.    Yeah.  Well, the one I took, it was at  
21          the hospital.

22          Q.    What was the one you took?

23          A.    It's a Health Assessment Course.

24          Q.    And what exactly does that focus on?

25          A.    It focuses on assessing pediatric

1 patients.

2 Q. For what?

3 A. It's just a -- sort of like a review on  
4 assessment and looking after children.

5 Q. Would this include instruction in  
6 devices such as the PCA or the Corometric or the  
7 oximeter?

8 A. No. No, this is focused more on anatomy  
9 and physiology.

10 Q. You'd be studying anatomy and physiology  
11 of the patient?

12 A. This is more than, you know, the basic  
13 course that I took in school. It would be more  
14 advanced than that.

15 Q. And would you learn about drugs and  
16 their interaction?

17 A. Not necessarily.

18 Q. Well, did you or didn't you?

19 A. I did in school, but in this particular  
20 course, it just focuses on the whole assessment, and  
21 if, say, you admit a patient what would you assess for.  
22 Say you come in on shift, what would you assess for  
23 and what kind of care would you be giving.

24 Q. And what decides those things, the  
25 assessment? If you came on shift, what would you

1 assessment somebody for? What do you look to? What  
2 are the guidelines that you look to?

3 A. Are you talking about when we were  
4 taught in the course, or just in general?

5 Q. I'm talking about in the course.

6 A. In the course?

7 Q. Yeah.

8 A. We go through different systems. Say,  
9 for example, your chest assessment and whatnot, we look  
10 at infants, we look at older children to the older  
11 adolescent children and the differences in their  
12 respiratory assessment.

13 Q. You look at the difference between  
14 respiratory?

15 A. In infants, when infants go into  
16 respiratory distress, you would see more of the nasal  
17 flaring and the tracheal tug. (ph.) But in older  
18 adults, you wouldn't necessarily see the nasal flaring  
19 right away and the tracheal tug. It is more seen in  
20 infants, you could see it right away.

21 Q. What would you see in a child that is  
22 older than an infant, but younger than an adult, say?

23 A. It depends on -- it really depends on  
24 when they're distressed. They can show decreased  
25 respirations, either shallow or laboured breathing, the

1 colour, their lips, if their mucus membranes are dry,  
2 their nail beds, the capillary refill in their nail  
3 beds and their hands. They have -- they would be cold.

4 They won't be as warm and that would indicate  
5 profusion and whatnot. Those are just, like, the  
6 basics.

7 Q. Okay. I take it that this is based on  
8 anatomy, as you said, this ---

9 A. Yes.

10 Q. --- course you took?

11 A. It wasn't detailed anatomy. It's sort  
12 of just like basic assessment, because in taking this  
13 course, you would have already taken this anatomy  
14 course in school. So this is, sort of, just like a  
15 refresher or review course.

16 Q. I suppose when you were looking at  
17 respiratory problems, you mentioned that you looked at  
18 whether or not the breathing was shallow or laboured?

19 A. Mm-hmm.

20 Q. Any other qualities of breathing that  
21 you examined in this course?

22 A. Clarity, effort, rate, depth of  
23 breathing.

24 Q. Sorry?

25 A. The depth of breathing. Whether it's

1 -- we call it tachpneic (ph), which means if it's  
2 either fast or slow.

3 Q. Can you tell me at what point in your  
4 training, either at Ryerson or the course, this course,  
5 or any other course, are you instructed in the use of  
6 the monitors?

7 A. Instructed in the use of the monitors?

8 Q. Yes.

9 A. I believe it was during the orientation  
10 period that I had when I started at Sick Kids.

11 Q. And how long was the orientation period?

12 A. It was a three-month period with the  
13 preceptor and in-class lectures and whatnot.

14 Q. And when was that?

15 A. That was when I started, so from the end  
16 of May till about the middle of August.

17 Q. So from May till August, you were really  
18 sort of a student there?

19 A. I wouldn't necessarily call it a  
20 student, because we were sort of moving in from an  
21 independent nurse. It was different from being a  
22 student.

23 Q. Well, what exactly was it? You said  
24 that you worked with a preceptor?

25 A. I worked with a preceptor. We had

1 classes, and slowly the preceptor would allow us to  
2 have our own patients and they would be there for  
3 support and whatever we needed them for.

4 Q. All right. Just to follow up, was this  
5 a shift process, this preceptor and the classes? How  
6 did it fit into a day? How did you do it?

7 A. There would be a day with just classes,  
8 and then there'd be another day with just working a 12-  
9 hour shift with the preceptor.

10 Q. And how many of these 12-hour shifts do  
11 you estimate you worked during your orientation?

12 A. It would be 20 shifts.

13 Q. During the three months?

14 A. Yes.

15 Q. And that's May, June, July, up until the  
16 end of July, right?

17 A. Actually, from end of May till the  
18 middle of August, the shifts are scattered around. In  
19 between we would have the classes.

20 Q. Okay.

21 A. Yeah.

22 Q. And you had 20 shifts scattered around  
23 among the classes?

24 A. Yeah.

25 Q. And during those 20 shifts, were they

1 always the same time, or were they night shifts, day  
2 shifts?

3 A. No, it would be a variety of days and  
4 night shifts.

5 Q. And these were always on 5A and 5B?

6 A. Yes.

7 Q. Do you know how many night shifts  
8 approximately you may have worked during your  
9 orientation period?

10 A. I can't remember the exact number.

11 Q. About even with the day shifts?

12 A. It's even.

13 Q. And when you worked with a preceptor,  
14 how does it work out in practice on the ward? How do  
15 you do it?

16 A. How do we do it? We're given a certain  
17 number of patients. We'd go through the care plans,  
18 which would be the Patient Care Summary. We'd pick out  
19 certain issues and what needs to be done and -- for the  
20 patient and how we organize our day, and then she gives  
21 me support and she's there if I need something.

22 And if ever we need a -- if ever I need  
23 instruction on something that I hadn't done, then she  
24 would provide me the time to read over my notes or the  
25 procedures and the policies, and then we'd go through

1 it together, and when I'm comfortable with that certain  
2 procedure, then I'd go do it on my own with her  
3 supervision.

4 Q. Now, I ---

5 A. That's just one of the aspects that  
6 we ---

7 Q. Okay. I understand that. Now, had you  
8 worked with Ms. Doerksen before?

9 A. Yes, I have.

10 Q. Had you by the time of October the 21st?  
11 How long had you worked with Ms. Doerksen?

12 A. I can't tell you the exact number of  
13 shifts that I've worked with her, but since I started  
14 there, I work with different nurses and Ruth was one of  
15 the nurses that I worked with.

16 Q. And you started there doing this full-  
17 time at the middle of August? You were no longer in  
18 orientation, you were now a full-time nurse?

19 A. Yes.

20 Q. And you still would refer to a  
21 preceptor, I suppose?

22 A. They would be there for advice and  
23 support and whatnot. The resource persons, the Charge  
24 Nurses are also there if we needed anything. A lot of  
25 my colleagues are there more -- the senior staff,

1 they're also there if we need support.

2 Q. That brings me to another topic, Ms.  
3 Soriano. Could you just tell me the set-up on the ward  
4 that night, on the night of October the 21st, October  
5 the 22nd? From what you've testified already I  
6 understand that there was you, there was Ms. Doerksen  
7 and there was a Ms. Fitzsimmons?

8 A. Yes.

9 Q. And you said, I believe, or either you  
10 or Ms. Doerksen said -- told the Court that this was  
11 set up by the afternoon Charge Nurse?

12 A. Yes.

13 Q. And why would the afternoon Charge Nurse  
14 have control of setting up who was going to be the  
15 Charge Nurse, et cetera, in the evening?

16 A. They determine the number of staff and  
17 the number of patients that are on for tonight, for the  
18 night shift, and they would also set up the assignment  
19 for the next day. That's the responsibility of the  
20 Charge Nurse during the day.

21 Q. And is it the similar responsibility of  
22 the Charge Nurse at night to set the ---

23 A. The assignment.

24 Q. --- responsibilities for the next day?

25 A. Usually the assignment for the next day

1 is already set up by the day Charge Nurse, but if there  
2 are any adjustments, say there's other patients that  
3 come in in the middle of the night, or any other post-  
4 operative admissions, then they would readjust the  
5 assignment. Or if there is a sick call, then if we  
6 needed an extra nurse, then they would call for that  
7 extra nurse and readjust the assignment again.

8 Q. All right. And generally speaking,  
9 there would be -- well, there's a capacity for 24?

10 A. Yes.

11 Q. For 24 beds on AB -- A and B, right?

12 A. No, 24 on A.

13 Q. Twenty-four on?

14 A. On A.

15 Q. And now many on B?

16 A. About 24 on B.

17 Q. And was 24B looked after by another set  
18 of nurses?

19 A. Sorry. 24B?

20 Q. Sorry. You said there's 24 on each?

21 A. Yeah.

22 Q. So, 48 in total?

23 A. Yeah. So, on 5A, there'd be a set of  
24 nurses, and on 5B there would be another set of nurses.

25 Q. Right. So besides yourself and Ms.

1 Doerksen and Ms. Fitzsimmons, there'd be another three  
2 nurses on the other part of B ward?

3 A. Either three or four, depending on the  
4 number of patients there are on that unit.

5 Q. And would they be covering what -- what  
6 rooms would they be covering?

7 A. They would usually be covering from the  
8 50 -- Room 50 at that hallway where it's divided and  
9 the other side of the unit.

10 Q. Perhaps the chart might help. I'm not  
11 sure of its number. It's right there behind the  
12 picture.

13 MS. BROWNE: If you could put that up just  
14 briefly so that -- I didn't realize that  
15 there were actually six on the floor.

16 CONSTABLE CULLETON: Exhibit 10.

17 MS. BROWNE: Yeah, Exhibit 10. Thank you  
18 very much.

19

20 BY MS. BROWNE:

21 Q. Now, just indicate to me, you said that  
22 there's you, Ms. Doerksen and Ms. Fitzsimmons, and you  
23 were doing your jobs about where; down this wing here  
24 to the left?

25 A. To -- to the -- well, this -- this whole

1 unit here.

2 Q. All right. And the 5B place ---

3 A. They ---

4 Q. --- area, where would that be?

5 A. There would be Room 49 here, that would  
6 have been ours, and then Room 50, 53 and 54 would have  
7 been 5B's. But it's on this -- on this side.

8 Q. You would only have Room 50, 53 and 54?

9 A. Oh, no. Just this hallway, and then  
10 there's another unit that's set up like this, which is  
11 5B.

12 Q. And how many B rooms would there be on  
13 that other hallway?

14 A. About 24.

15 Q. About 24.

16 A. Yeah.

17 Q. Okay. And there were three nurses to  
18 cover that?

19 A. I don't know how many nurses were on  
20 that night, but usually three, four, depending on the  
21 number of patients that are there. There is also a  
22 constant care -- there's also a four-bed Constant Care  
23 Room there.

24 Q. In 5B as well as 5A?

25 A. Yeah. So it's the same set-up as 5A.

1 Q. But you don't know any of the nurses who  
2 were working ---

3 A. No, I wouldn't.

4 Q. --- that night? Would you run into them  
5 at the nurses' desk?

6 A. Sorry?

7 Q. The centre of this hub here ---

8 A. Yes.

9 Q. --- that is the nurses' station?

10 A. That's the nurses' station on 5A.

11 Q. 5A?

12 A. Yeah.

13 Q. So there's another one of those for 5B?

14 A. Yes.

15 Q. And you wouldn't run into them. Okay,  
16 got it. Now, I understand that on your branch, 5A,  
17 there were room for 24 patients ---

18 A. Yes.

19 Q. --- but there were only 12 that night?

20 A. Yes.

21 Q. There were three in the Constant Care,  
22 correct?

23 A. Yes.

24 Q. Are you sure about that, because ---

25 A. Yeah, I'm just counting.

1 Q. --- because I thought you told me four?

2 A. I'm counting. I had four patients, Ruth  
3 had five and there was three in the Constant Care, so  
4 12.

5 Q. You had been working since 7:15 the  
6 evening before?

7 A. The evening, yes.

8 Q. What were your specific duties?  
9 Anything specific, or were you to take orders from Ruth  
10 or -- I mean, who was your supervisor?

11 A. Ruth would be our supervisor that night,  
12 or not supervisor. She's the RP, the Resource Person  
13 that night.

14 Q. And she's also the Charge -- is that  
15 also -- the same as a Charge Nurse?

16 A. Charge Nurse, yeah, that's the same  
17 thing.

18 Q. Did you come on at the same time as Ms.  
19 Doerksen?

20 A. Yes, I did.

21 Q. And did you get a briefing from anybody  
22 about who was on the ward and what duties to be  
23 performed? Did anybody inform you when you came on  
24 shift?

25 A. What duties were on the ward?

1 Q. Right.

2 A. What do you mean duties on the ward?

3 Q. Well, what you were supposed to do?

4 Like, who was on the ward, and who had to be checked  
5 and what orders were there?

6 A. I'm not sure what -- because when I come  
7 on shift, we know who's on there. There's me, Ruth and  
8 Maureen. We have our own patients. Usually, you know,  
9 we look at who else is on there, like, what other  
10 patients are there on the unit and we would go from  
11 there. I'm not sure what orders you were talking  
12 about.

13 Q. Well, when patients -- when you come on  
14 initially ---

15 A. Yes.

16 Q. --- there's patients there already.

17 A. Yes.

18 Q. It's possible that others may arrive?

19 A. Yes.

20 Q. And it's possible that others may be  
21 discharged?

22 A. Yes.

23 Q. So where do you find the information  
24 about each patient that you're looking after?

25 A. There would be information on each

1 patient that I'm looking after in the Patient Care  
2 Summaries, which is the care plan. Now, if there would  
3 be any other information as to admissions in the middle  
4 of the night, then the RP would let us know, or  
5 sometimes nurses from Emerg would call us and let us  
6 know.

7 Q. In Lisa's case, how did you find out  
8 what the orders were?

9 A. In Lisa's case the -- I found out  
10 information about her through the Emerg Nurse when I  
11 took report, and that night, I believe me and Ruth had  
12 looked over the written doctor's notes, because we were  
13 looking at the PCA dosages, if it was right compared to  
14 the one that she had on the PCA pump.

15 Q. All right. Now, when you -- you say  
16 that you had orders written, Patient Care Summaries.  
17 Is the patient -- when Lisa came in, what specifically  
18 came to the ward with her?

19 A. She would have had the written Emergency  
20 Admission Note and Emergency orders.

21 Q. Would they be on a clipboard?

22 A. They wouldn't -- they -- sometimes they  
23 -- they're just a bunch of papers together.

24 Q. Would ---

25 A. They ---

1 Q. --- they be handed to you by the person  
2 who brought Lisa up, or would they ---

3 A. They would be handed to who -- they  
4 would be handed to the nurse taking care of that  
5 patient, and then we would put them in a chart, in a  
6 binder.

7 Q. In a binder?

8 A. Yeah.

9 Q. And where's the binder kept, at the  
10 desk?

11 A. It's at the desk. It's at the nursing  
12 station.

13 Q. What is kept outside the patient's room?  
14 I believe it's a flow chart?

15 A. It's a flow chart. There is a clipboard  
16 and then you put the -- the paper, the flow sheet on  
17 the clipboard, and it just sits outside the door.

18 Q. And the binder with the notes that came  
19 up with Lisa, did you see it when Lisa arrived?

20 A. First of all, there's no binders, it's  
21 just a bunch of papers, and then we would have to take  
22 it apart and put it in a separate binder in -- and it's  
23 kept at the nursing station.

24 Q. And what's usually included in these  
25 papers that come up?

1           A.    History, infectious diseases  
2           questionnaire, Emergency admission notes, any orders  
3           that may have been written and any other significant  
4           information, consults and whatnot, labs.

5           Q.    And do you -- when the papers came up  
6           with Lisa, did you see them?

7           A.    I didn't personally see them when we  
8           transferred her from the stretcher to the bed. I saw  
9           them when we were looking over the morphine orders, the  
10          PCA morphine orders.

11          Q.    All right. When you transferred her  
12          from the stretcher to the bed, you helped her get into  
13          the bed?

14          A.    Yes.

15          Q.    Mrs. Shore was there with her?

16          A.    Yes.

17          Q.    Did you have any conversation with Mrs.  
18          Shore?

19          A.    No.

20          Q.    What was she doing?

21          A.    I believe she had things with her. I'm  
22          not sure what she was exactly doing. I was more  
23          focused on transferring Lisa to the bed.

24          Q.    And where were the papers when you were  
25          transferring Lisa? Where physically did the papers go?

1 A. I don't know.

2 Q. All right. Ruth was with you when you  
3 transferred ---

4 A. Yes.

5 Q. And after Lisa was transferred, what did  
6 you do then?

7 A. I went back to see my other patients,  
8 and then I went back again to see if Ruth needed any  
9 help or anything else.

10 Q. And I believe you said that the first  
11 time you checked with Lisa was 2:30? Was that what you  
12 said on Friday?

13 A. Yes.

14 Q. And what did that consist of, the check  
15 on Lisa?

16 A. It consisted of checking whether she  
17 awake or not. Obviously, I didn't write it down. I  
18 took her respirations, I checked her morphine infusion,  
19 I checked her IV site and I went back to see my other  
20 patients.

21 Q. Now, your patients, were they far away  
22 from Lisa's room? Lisa is 47. Where were your others?

23 A. I had a patient in room 46 and 49, which  
24 would be over here, and I believe I had a patient over  
25 here on this hallway.

1 Q. I believe you testified on Friday that  
2 Lisa was the first one you'd had that was admitted from  
3 Emergency?

4 A. No, I think -- she's the first admission  
5 that I've had who had a PCA morphine that was set up in  
6 Emergency.

7 Q. After you got her into the bed,  
8 whereabouts did you go, which patient did you go to?

9 A. I can't remember where I went, but I  
10 know that I went to see my other patients.

11 Q. And were there -- can you tell me if  
12 there were other PCA's on the ward that night, 5A?

13 A. I don't know.

14 Q. Well, any of the other patients you were  
15 looking after, did they have PCA's?

16 A. I have trouble remembering it.

17 Q. All right. There's nothing that  
18 refreshes your memory, not your notes, not the chart,  
19 not anything?

20 A. If I had looked at the assignment that  
21 night, I probably would pick it out, but it's been over  
22 a year ago.

23 Q. Have you had a chance to review anything  
24 since then? Have you gone over your own notes and the  
25 chart, or anything else?

1           A.    I went over my notes and the charts  
2 specifically, but nothing more than that.

3           Q.    Did you have, among the patients that  
4 you were caring for, any other Corometric monitors in  
5 place?

6           A.    Yes.

7           Q.    And how many other Corometric monitors  
8 in place?

9           A.    I can't tell you a specific number.

10          Q.    Did it seem to be many, or few or ---

11          A.    I would say several.

12          Q.    And that's of your patients, the four  
13 that you had?

14          A.    That would be for the whole unit.

15          Q.    The entire 5A?

16          A.    Yeah.

17          Q.    Of the 24 beds on 5A ---

18          A.    Yes.

19          Q.    --- 12 of which were occupied?

20          A.    Yes.  I can't tell you a specific  
21 number.

22          Q.    The person in the Constant Care Unit,  
23 that's Ms. Fitzsimmons, I believe?

24          A.    Yes.

25          Q.    Does she work the same shift as you?

1 A. Yes.

2 Q. And do you know what she -- does she  
3 ever come out of the Constant Care Unit?

4 A. She came out a few times, but we would  
5 have to cover her if she needed to come out of the  
6 room, because someone would need -- would be needed to  
7 stay in there all the time.

8 Q. And I gather that's why early after  
9 -- shortly after 2:00, Ms. Doerksen was covering the  
10 Constant Care?

11 A. Yes.

12 Q. And do you know where Ms. Fitzsimmons  
13 went?

14 A. No.

15 Q. Well, did she have any other patients to  
16 cover, do you know?

17 A. No. She would have gone on break.

18 Q. Yeah, I was going to ask that. Break  
19 would be for a couple of hours?

20 A. More than an hour, an hour to an hour  
21 and a half.

22 Q. And then she, her only duties that night  
23 were the Constant Care Room?

24 A. Yes.

25 Q. And that's where the children are

1 monitored for sleep apnea?

2 A. Yes.

3 Q. Was there any thought at any point of  
4 moving Lisa into Constant Care, seeing there was a bed  
5 available?

6 A. Now that I think about it, I think it  
7 would have been better that she was in the Constant  
8 Care Room. I never thought of it at that time.

9 Q. Nobody discussed it that night?

10 A. I didn't discuss it with anybody that  
11 night.

12 Q. Now, I wonder if you could just put up  
13 the Emergency Care Summary. Let's me see what exhibit  
14 number that is. I don't know if we have a blow-up of  
15 that, so -- Mr. Gomberg, do we have that one marked?  
16 Okay. It's in the chart that you have in front of you.  
17 It's what was entered in Emergency, the chart that was  
18 filled out, the flow chart that was filled out in the  
19 Emergency Ward.

20 A. This one?

21 Q. Yes. Did you have a chance to read that  
22 at all that night?

23 A. No.

24 Q. Was that not included in the papers that  
25 came up?

1 A. Yes.

2 Q. Did you read the chart at -- the entire  
3 chart at all?

4 A. Did I read the entire chart at all? No.

5 Q. What did you read, period, that night at  
6 any time about Lisa?

7 A. I had report from Emerg. Ruth had told  
8 me that she's to be monitored with the PCA morphine,  
9 and right then and there with the pain management, in  
10 the back of my mind, I had the PCA protocol monitoring  
11 guidelines and that's what I went by. I didn't have  
12 any orders to work with.

13 Q. But it's your evidence that you never  
14 saw anything written at all with regard to Lisa?

15 A. The only written orders that I saw was  
16 when I was telling you about the PCA morphine, which  
17 would have been the first.

18 Q. You told us on Friday that you talked to  
19 the Emergency Room Nurse after Ms. Doerksen had spoken  
20 to her?

21 A. Sorry? Talked to ---

22 Q. You told us you spoke to the Emergency  
23 Room Nurse ---

24 A. Yes.

25 Q. --- after Ms. Doerksen had spoken to

1 her?

2 A. Yes.

3 Q. And you recorded in your statement what  
4 you said she told you. Do you have your statement  
5 there?

6 A. Yes.

7 Q. Can we just -- the court's indulgence  
8 for just one moment? I seem to have no instructing  
9 officer today. You put down that, I believe it's at  
10 page 3 of your typed statement.

11 A. Yes.

12 Q. "The night we admitted her, I took a  
13 report from the ER over the phone" and you found out  
14 she was ten, she was known to the floor, she'd had leg  
15 surgery in the past. She was in for chronic pain. She  
16 was known to the pain service, had had a pain  
17 assessment, had PCA morphine and had two morphine bolus  
18 doses in ER and an IV. Do you remember who you spoke  
19 to in the Emergency Room ---

20 A. No.

21 Q. --- that told you all this? Did you  
22 talk to Ms. Doerksen about what she had heard from the  
23 Emergency Ward?

24 A. Yes.

25 Q. Was there any mention at all of any

1 orders ---

2 A. No.

3 Q. --- Kidcom orders?

4 A. No.

5 Q. Now, I believe you testified on Friday  
6 when you were asked by, I think it was Ms. Posno, about  
7 orders, Kidcom orders, you said that they hadn't been  
8 printed out?

9 A. No.

10 Q. Isn't that what you said on Friday?

11 A. Yeah.

12 Q. You didn't get them because they hadn't  
13 been printed out?

14 A. The orders usually print out from a  
15 printer that we have on the floor in the unit, and the  
16 orders spit -- the orders come out of that printer, and  
17 I didn't see any orders that came out from the printer.

18 Q. Did you check to see?

19 A. Did I check to see specifically for  
20 Lisa?

21 Q. For Lisa?

22 A. Usually we can see it when we walk by  
23 the nursing station, and there are no papers that came  
24 out of the printer.

25 MS. BROWNE: I wonder if we could see the

1 suspended orders, please? Page 6 -- Exhibit  
2 6, I believe, and Exhibit 7.

3  
4 BY MS. BROWNE:

5 Q. I'm showing you Exhibit 6 and Exhibit 7.  
6 They're also, I believe, in the chart. Does this look  
7 to you, Ms. Soriano, as the kind of printout that you  
8 would get with the patient? If you just look at what's  
9 on the board, is that the kind of printout you'd get?

10 A. It would be on a yellow paper, first of  
11 all, and it would be similar to that.

12 Q. We've heard from other witnesses that  
13 the hospital has changed its procedures now so that  
14 when orders are entered into the computer in one place,  
15 Emergency, they will automatically print out on the  
16 ward where the patient is being admitted. We heard  
17 that that was a new process and that it was started.

18 A. Yes.

19 Q. At the time that Lisa was taken in, it  
20 wasn't in process, was it?

21 A. No.

22 Q. So how would you expect a printout?

23 A. When doctors enter the orders from  
24 wherever station they're at, they're usually the ones  
25 who activate it and they would usually let us know if

1           there are orders, and when we checked the orders, we'd  
2           usually call them to remind them we need orders.

3           Q.    Can you tell specifically about this  
4           night, to the best of your recollection, Ms. Soriano,  
5           knowing that there was no automatic printout, that  
6           somebody had to activate the orders, and you look back  
7           again, can you tell me what happened?  Who was supposed  
8           to activate the orders with these doctor's notes?

9           A.    The doctors are supposed to activate the  
10          orders.

11          Q.    The doctors aren't there; the doctors,  
12          presumably, may have gone home?

13          A.    They're supposed to activate the orders.

14          Q.    I don't understand what you mean,  
15          "activate?"

16          A.    If they're in the suspended mode,  
17          they're the ones who activate it.  I don't activate the  
18          orders myself.

19          Q.    The doctor is an Emergency doctor.  He's  
20          down on the pain service, correct?

21          A.    Sorry?

22          Q.    The doctor ---

23          A.    The doctor is in the ---

24          Q.    --- in question, Dr. Schily, was in the  
25          pain service, right?

1 A. Yes.

2 Q. He was in Emergency?

3 A. Yes.

4 Q. He received Lisa?

5 A. Yes.

6 Q. He typed in orders to the Kidcom?

7 A. Yes.

8 Q. In suspended mode?

9 A. I didn't know that it was in suspended  
10 mode.

11 Q. Well, how else could he do it? They had  
12 to be suspended until they were activated by persons in  
13 the place where they were sent; is that not correct?

14 A. Yes. And ---

15 Q. Who's supposed to activate it on 5A?

16 A. He's supposed to activate the orders.

17 Q. What if he's not there? What if he is  
18 -- what about a nurse?

19 A. We can activate it if we have permission  
20 to activate it.

21 Q. Well, did you see the written orders of  
22 Dr. Schily?

23 A. No, I -- which orders?

24 Q. The written orders that -- we have an  
25 enlargement for that, I do believe. That's Exhibit 5.

1 I'm sorry, Detective Culleton, the enlargement of the  
2 handwritten orders. You never saw those at all?

3 A. Oh, this one I saw. This is the only  
4 one that I saw.

5 Q. This is coming up so the jury knows what  
6 we're referring to. You saw that?

7 A. This is it, yeah.

8 Q. And can you just tell me, above the  
9 instructions for the PCA, what has he written there?

10 A. Which one are you talking about? This?

11 Q. Yeah, that's what I'm talking about.

12 A. I didn't see that.

13 Q. At what point did you see that chart,  
14 those written orders?

15 A. When me and Ruth were checking the PCA  
16 morphine dosages, and that was the only time that I saw  
17 it.

18 Q. And was that -- that was before the care  
19 of Lisa had commenced?

20 A. Yes.

21 Q. You were both at the desk, the orders  
22 were there at the desk in a piece of paper, right?

23 A. Yes.

24 Q. Around what time was this? Before she  
25 went into Constant Care, I would presume?

1           A.    Yes, before Ruth went into Constant  
2           Care.

3           Q.    And you both were there. Did you talk  
4           about the orders at all?

5           A.    I believe we talked about the PCA. I  
6           don't think we talked about the Kidcom orders, because  
7           I didn't even see it.

8           Q.    How could you miss it, it's right there?

9           A.    I was looking at the morphine orders.

10          Q.    But they are not too many lines there.  
11          I don't mean to push this, Ms. Soriano, but I don't  
12          understand how you could read this, take such care  
13          about the morphine PCA, and see that there's a line  
14          that says there are further orders, and just not read  
15          them?

16          A.    I scanned the page, from what I can  
17          remember, and we went over the PCA morphine orders and  
18          that's what I did.

19          Q.    When did you first become aware of what  
20          was on the Kidcom?

21          A.    Are you talking about the suspended  
22          orders?

23          Q.    Yes.

24          A.    I believe I became aware of it in  
25          January with our first meeting with the lawyer.

1 Q. Between October the 22nd, when Lisa  
2 died, and January, nobody at all in the hospital, and  
3 I'm not talking about Mr. Hawkins, nobody talked to you  
4 about the Kidcom orders and ---

5 A. No.

6 Q. --- you never saw them at all?

7 A. No.

8 Q. Ms. Doerksen never talked to you about  
9 them?

10 A. No.

11 Q. Did you see any Patient Care Summaries,  
12 which I've heard include the Kidcom orders?

13 A. No.

14 Q. Were you at any meetings right after  
15 this terrible thing?

16 A. No.

17 Q. You weren't called to a meeting with Dr.  
18 Roy and with Dr. Wang and Ms. Doerksen and anybody else  
19 to go over what had happened that night?

20 A. No.

21 Q. Your statement, the typed one, indicates  
22 that -- on page 3 again. You covered -- "helped Ruth  
23 move her and set up the room for the new admission,  
24 covered for Ruth for two hours," and you had -- that  
25 meant that you now had nine patients?

1 A. Yes.

2 Q. What kind of checks did you have to do  
3 on your other eight? Do you remember, was there  
4 anybody in a particularly dangerous condition that  
5 night?

6 A. I don't remember.

7 Q. You said you don't remember whether  
8 there was anybody in a PCA pump of the other eight  
9 people besides Lisa that you were now in charge of?

10 A. No, I don't remember.

11 Q. Now, the PCA, we've talked about it  
12 already. The PCA protocol requires certain things, and  
13 I believe that -- yes, you're right. I show you  
14 Exhibit 16, which is the PCA protocol. You had, of  
15 course, dealt with this PCA before?

16 A. Yes.

17 Q. You were familiar with the entire  
18 procedure for ---

19 A. Yes.

20 Q. --- patient-controlled analgesia?

21 A. Yes.

22 Q. And as you had not seen any other  
23 written orders, or hadn't been specifically told  
24 anything by the Emergency Room Nurse about what to do,  
25 you, I presume, relied upon the protocol?

1 A. Yes.

2 Q. And according to the protocol, as you  
3 can see, and you've probably looked at this since,  
4 number 4 says:

5 "... Record the baseline heart rate,  
6 respiration rate, blood pressure,  
7 sedation scale and pain score on  
8 admission to ward when initiating  
9 therapy or if drug dose or infusion rate  
10 increased, then once an hour for four  
11 hours ..."

12 Is that correct?

13 A. Yes.

14 Q. Now, is that something you did as a  
15 natural process, normally, every time somebody came in  
16 with a PCA?

17 A. Usually when we have patients on a PCA  
18 morphine, they would be coming from the recovery room  
19 and the vital signs every hour would have already been  
20 taken then. So when I had patients on PCA morphine, I  
21 would take their vital signs every four hours and would  
22 take their respiratory rate and sedation every hour.

23 Q. So you say that despite this protocol,  
24 you would modify it and do what you thought was right?

25 A. No, I believe I was telling you that

1 when I had patients on a PCA morphine, they would have  
2 been coming from the recovery room, and from the time  
3 when their therapy was initiated in the recovery room,  
4 that's where I would work from.

5 Q. But that wasn't the case in this place?

6 A. No.

7 Q. Lisa was coming from the Emergency Ward?

8 A. Yes.

9 Q. And why didn't you follow the PCA  
10 protocol? I beg your pardon?

11 A. I'm sorry?

12 Q. Why didn't you follow the known PCA  
13 protocol?

14 A. I believe that the admission was sort of  
15 different to me. It didn't come to mind that I needed  
16 to do vital signs every hour.

17 Q. And the admission was different why?

18 A. Her PCA morphine was started in Emerg,  
19 and I believe this was my first experience with a  
20 patient who had chronic pain.

21 Q. And, thus, because of that, you didn't  
22 follow the protocol?

23 A. I didn't follow the protocol line-by-  
24 line, but I did my assessment to the best of my  
25 ability.

1 Q. Well, you didn't follow the protocol  
2 much at all, did you? You didn't record the vital  
3 signs as you were indicated to do ---

4 A. I ---

5 Q. --- as you were mandated to do in this  
6 protocol?

7 A. I did my assessment for her. I didn't  
8 document every single thing that I did for her.

9 Q. I believe that you said that this was  
10 the only one that you had ever seen -- the only patient  
11 who you'd ever seen who had come from Emergency Room  
12 rather than -- I mean for chronic pain, rather than an  
13 acute patient, the ones you usually cared for?

14 A. Lisa was my first patient who I had  
15 admitted from Emergency who had a PCA morphine started,  
16 and who was in for chronic pain management at that time  
17 that I was working Sick Kids.

18 Q. And I believe you testified that the  
19 ones, the patients you normally cared for had to be  
20 kept a special eye on them because they usually had  
21 come from having an anesthetic and an operation?

22 A. Yes.

23 Q. And thus they had to be carefully  
24 watched?

25 A. Yes.

1 Q. I believe you also testified that  
2 persons on -- I could be wrong --that persons who came  
3 from chronic pain onto the ward would probably get more  
4 morphine; is that right?

5 A. Yes.

6 Q. So you knew that this child was getting  
7 more morphine than your normal patients, but you didn't  
8 think it was important to follow the PCA protocol and  
9 monitor the amount of drugs she was receiving?

10 A. I knew that she had two doses of bolus  
11 from Emerg and that she was going to be started on a  
12 PCA morphine. I didn't know the other significant  
13 history that she had had with morphine.

14 Q. What significant history?

15 A. I didn't know that she was on other  
16 medications before. I didn't know any of her past  
17 history, her health history. I didn't take her  
18 history.

19 Q. Did you speak to Ms. Doerksen about any  
20 of this while you were on the ward?

21 A. No.

22 Q. I mean, she was there when Lisa came on,  
23 she was with you.

24 A. Yes.

25 Q. Did you see Ms. Doerksen talk to Mrs.

1 Shore?

2 A. Only when I helped Ruth transfer Lisa  
3 from the stretcher to the bed.

4 Q. Did you see Ms. Doerksen at any point  
5 talk to Mrs. Shore and write some notes ---

6 A. No.

7 Q. --- down on a piece of paper?

8 A. I didn't see.

9 Q. When Ms. Doerksen went into Constant  
10 Care, did you just keep moving around among all your  
11 patients ---

12 A. Yes.

13 Q. --- and checking the flow charts outside  
14 their ---

15 A. Checking the flow charts?

16 Q. The flow charts outside the rooms. You  
17 said the ---

18 A. What do you mean checking the flow  
19 charts?

20 Q. Did you look at them for each patient  
21 that you ---

22 A. Yes.

23 Q. --- were to check on?

24 A. I look at my patients, I assessed them  
25 and I write down things in the flow chart.

1 Q. And would you look ---

2 A. I don't check the flow chart.

3 Q. And would you look at the previous  
4 entries on the flow charts to see ---

5 A. Yes.

6 Q. Yes. Now, with regard to Lisa ---

7 MS. BROWNE: May I have that exhibit? It's  
8 the enlargement of the flow chart. It's  
9 Exhibit 8.

10

11 BY MS. BROWNE:

12 Q. The first entry on the flow chart of  
13 October the 22nd, '98, that's signed by Ms. Doerksen,  
14 is it?

15 A. Yes.

16 Q. And were you there when she did this?

17 A. No.

18 Q. You were with some other patient?

19 A. Yes.

20 Q. So you came along at around 2:30 to  
21 check and you saw what had been written across the top?

22 A. Yes.

23 Q. "Temperature, pulse, respiration and  
24 blood pressure?"

25 A. Yes.

1 Q. And you wrote down respiration?

2 A. Yes.

3 Q. Why didn't you write down her pulse, the  
4 blood pressure?

5 A. It didn't come to mind that she had  
6 needed every hour vital signs.

7 Q. She had a monitor on, did she?

8 A. She did.

9 Q. And that was, as you said on Friday,  
10 facing out so that people could read it in ---

11 A. Yes.

12 Q. Why didn't you write down her heart rate  
13 from that?

14 A. I wanted to check her manually.

15 Q. Well, you did check her manually, but  
16 that didn't get on the flow chart, neither did the  
17 monitor.

18 A. No. I didn't document it.

19 Q. Is there any reason that you didn't? I  
20 mean, why?

21 A. I have no reason.

22 MR. CORONER: Sorry. Could I clarify? I  
23 hear you said you didn't document it. Are  
24 you saying you didn't do it and didn't  
25 document it, or you took the blood pressure

1 and didn't ---

2 THE WITNESS: Oh, I didn't do the blood  
3 pressure. I didn't do the pulse either.

4 MR. CORONER: Okay.

5 THE WITNESS: I did the respirations  
6 manually.

7

8 BY MS. BROWNE:

9 Q. So despite these columns across the top,  
10 everything that you did was just the respiration rate?

11 A. Yes, whatever ---

12 Q. I'm sorry?

13 A. Sorry. The respiration is written on  
14 there.

15 Q. When her respiration rate seemed to go  
16 down quite -- down to 2 -- at 2:50 a.m. to 8 and 10,  
17 explain again why you have two numbers there; 8 and 10  
18 at 2:50?

19 A. Why do I have two numbers?

20 Q. Yes, two numbers.

21 A. I wanted to make sure that it was right.

22 Q. Yes. And so?

23 A. It was right. It was 8 and 10.

24 Q. How can you have a respiration rate of 8  
25 and 10 at the same time?

1           A.    It's not at the same time.  It's one  
2           minute for ---

3           Q.    That's what I'm asking about, then.

4           A.    Yeah, sorry.  It's one minute it was 8  
5           and the other minute it was 10.

6           Q.    So that would be 2:50, 2:51?

7           A.    Yes.

8           Q.    Later on at 4:15, it's 10 again?

9           A.    Yes.

10          Q.    Did this not give you cause for concern,  
11          the fluctuation of the respiration rate?

12          A.    No.

13          Q.    Was there anything at all that concerned  
14          you enough to speak to Nurse Doerksen?

15          A.    No.

16          Q.    But you called the doctor?

17          A.    Yes.  It wasn't only the number of the  
18          respirations I was looking at.  I was also looking at  
19          whether her breathing was shallow or laboured or  
20          whether she was in any distress.

21          Q.    Did you ever see her almost snoring at  
22          any point?

23          A.    No.

24          Q.    Never?

25          A.    No.

1 Q. We've heard some evidence that she was  
2 snoring at some point. Can that be a sign of  
3 respiratory distress?

4 A. If it's regular snoring, sleep snoring,  
5 it's not.

6 Q. But, in any event, you didn't see hear  
7 her snore?

8 A. I didn't see her snoring.

9 Q. What was it -- why did you call the  
10 doctor, Dr. Schily?

11 A. I wanted to inform him that Lisa's  
12 respirations were going down and that her heart rate  
13 was around 120's and 130's already, and what I had  
14 done, that I had taken away the PCA pump from her and,  
15 I believe, I told the doctor that she was rousable.

16 Q. Now, we've heard Dr. Schily's testimony  
17 about the conversation he had with you, and you were  
18 asked about it by Ms. Posno, but I gather that you have  
19 a very different recollection of what was said on the  
20 phone later on at 4:00 ---

21 A. Yes.

22 Q. --- than she does?

23 A. Yes.

24 Q. When you didn't get an answer or you  
25 didn't get through to him, or whatever happened, why

1 didn't you phone back?

2 A. I was waiting for the phone call and --  
3 I was waiting for the phone call. I looked at my other  
4 patients while waiting for the phone call. I didn't  
5 realize that this certain time had already passed  
6 before I needed to call him back again.

7 Q. You didn't realize what time had passed?

8 A. I didn't realize that it was already  
9 around 4:00 and that I needed to call him back again.  
10 I was at Lisa's room again, and I was looking at my  
11 other patients, and I hadn't heard any call from him,  
12 so I decided to call him back again.

13 Q. You had documented her respiration at  
14 ten to 2:00, as you -- sorry -- ten to 3:00, half an  
15 hour later at 3:20, at 4:00, at 4:05, at 4:15 and at  
16 4:20. So you were documenting her respiration quite  
17 frequently?

18 A. Yes.

19 Q. Would that not remind you to re-call the  
20 doctor?

21 A. I did call the doctor.

22 Q. Yes, at 4:00, but I mean ---

23 A. I called him at 2:50 and I called him at  
24 4:00.

25 Q. When you didn't get him at 2:50, did you

1 think of an alternate to call; pain service, the ---

2 A. That is the number for -- that is the  
3 number that we call.

4 Q. What about going to Ms. Doerksen, she's  
5 a preceptor?

6 A. I was waiting for the phone call, and if  
7 I didn't get an answer back, then I called back, and  
8 that's what I did.

9 Q. It didn't occur to you to go to the lady  
10 who was training you or who was your preceptor?

11 A. She was not my preceptor. Ruth was not  
12 my preceptor.

13 Q. She was a preceptor, right?

14 A. She is a preceptor, but I have a  
15 different preceptor who wasn't working that night, and  
16 who wouldn't be working the same shifts as I am,  
17 because I've already been finished my orientation.

18 Q. So if your preceptor is not on the same  
19 shift as you are, you don't think it advisable to talk  
20 to somebody who you know is a preceptor ---

21 A. Yes.

22 Q. --- and is there?

23 A. Yes.

24 Q. Did you not think ---

25 A. It didn't come to mind.

1 Q. It didn't come to your mind, given the  
2 respiratory history there, that perhaps you should have  
3 a word with Ms. Doerksen?

4 A. No, it didn't come to mind.

5 Q. And you didn't remember that the doctor  
6 hadn't called until around 4:00 when you called again?

7 A. I believe I was looking at other  
8 patients at the same time, and I didn't know that that  
9 certain time has already passed before I needed to call  
10 him again.

11 Q. Now, I just want to go briefly to what  
12 you testified on Friday about the alarm. I believe it  
13 was Mr. Krkachovski who was asking you these questions.  
14 You heard an alarm sometime around 2:00-ish?

15 A. Yes.

16 Q. And you heard it while you were giving  
17 somebody an intravenous?

18 A. I wasn't giving somebody an intravenous.  
19 I heard -- it's an intravenous sound, which means an  
20 IV beeping at the same time, and I was giving  
21 medications at that time. I was going to give  
22 medications at that time.

23 Q. All right. Now, the person whose IV was  
24 beeping, what room was that person in, do you know?

25 A. I don't exactly know what room it was.

1 Q. Do you remember whether it was at least  
2 close?

3 A. It's not in Lisa's hallway.

4 Q. Not in Lisa's hallway. So that you're  
5 saying that you -- from the -- that patient's room  
6 where there's a beeping sound from the IV, you heard  
7 another sound?

8 A. Yes.

9 Q. You recognized it as a Corometric alarm?

10 A. Yes.

11 Q. And I think you testified that when you  
12 had finished dealing with the intravenous, that the  
13 alarm had stopped?

14 A. Yes.

15 Q. Is that just one -- you heard it once  
16 and that's it?

17 A. Yes.

18 Q. You heard no other alarms right after  
19 that?

20 A. No.

21 Q. You were here, I guess, for Ms.  
22 Doerksen's testimony when she testified that it went  
23 off about three or four times ---

24 A. Yes.

25 Q. --- shortly after -- you know, once,

1 then it went off again and it went off again?

2 A. Yes.

3 Q. You didn't hear any of that?

4 A. I don't remember hearing any.

5 Q. Did you hear any other Corometric alarms  
6 go off at any other direction that night?

7 A. I don't remember.

8 Q. When you were checking Lisa at the times  
9 when Ms. Doerksen wasn't there, did you look at the  
10 alarm, at the Corometric?

11 A. Which time?

12 Q. Every time you went around to make an  
13 entry on the flow chart?

14 A. Sorry. Can you repeat that again?  
15 Every time ---

16 Q. Every time that you went to check on  
17 Lisa ---

18 A. Yes.

19 Q. --- did you look at the monitor?

20 A. Yes.

21 Q. Was it ever changed in a different  
22 position?

23 A. The monitor, itself, you mean?

24 Q. Yes, the monitor.

25 A. No.

1 Q. Did you check to see that it was working  
2 properly?

3 A. Yes.

4 Q. When did you do that?

5 A. I checked Lisa with her heart rate and  
6 her respirations and it was the same, the monitor had  
7 the same numbers. It correlated as to what I had  
8 counted.

9 Q. And do you remember what time that was,  
10 which visit?

11 A. When I took her heart rate and  
12 respirations at the same time, it's at 3:20.

13 Q. 3:20?

14 A. Yeah.

15 Q. You didn't make any changes in the  
16 monitor? You didn't change any of the settings, did  
17 you?

18 A. No.

19 Q. You didn't turn it off, did you?

20 A. No.

21 Q. We've heard evidence, you're probably  
22 well aware of it, that this monitor was not working, it  
23 didn't alarm.

24 A. It didn't alarm.

25 Q. Yeah. You've heard that?

1 A. Yes, I've heard that.

2 Q. Have you any explanation for that?

3 A. No.

4 Q. Did you see it attached to Lisa?

5 A. Yes.

6 Q. You've heard that in the morning when  
7 Lisa died, that it did not alarm?

8 A. No, I was -- on the second time that I  
9 was helping Ruth, I was actually helping her put the  
10 leads onto Lisa.

11 Q. And when was that?

12 A. That was after we had transferred her  
13 from the stretcher to the bed I left the room, and then  
14 I went back to Ruth and I asked her if she needed help,  
15 and that's when we attached the leads to her, and then  
16 I left after that.

17 Q. So did she already have stickies on her  
18 chest or ---

19 A. Ruth was going to put the stickies on,  
20 the stickers on.

21 Q. Right.

22 A. And we were attaching the leads.

23 Q. Right. To what?

24 A. To the stickers.

25 Q. So you saw Ruth put the stickers on ---

1 A. Yes.

2 Q. --- and you saw ---

3 A. And we would -- we attached the leads  
4 onto that, to those stickers.

5 Q. And that was about what time?

6 A. I don't know about what time that was.

7 Q. And then as soon as that happened, you  
8 left and did something else?

9 A. Yes.

10 Q. And you heard -- you were down -- you  
11 were listening to an intravenous beep and you heard an  
12 alarm around the same time?

13 A. Yes.

14 Q. So there must have been some time passed  
15 before it alarmed?

16 A. Yes.

17 Q. Back to your statement, if you don't  
18 mind, please, and we're back on page 3. You indicated  
19 you phoned the pain service. As you've testified,  
20 there was no answer, call back. You got busy doing  
21 something else and didn't realize that there was no  
22 call back until around 4:00 when you thought, "I better  
23 check again."

24 A. Yes.

25 Q. You went in and you were in there for at

1 least half an hour, but as you testified on Friday, you  
2 didn't mean that, you meant that you were in and out?

3 A. In and out, yes.

4 Q. "She seemed sedated, but slightly  
5 arousable."

6 A. Yes.

7 Q. And how did you figure out that she was  
8 slightly arousable?

9 A. Because when I put my stethoscope on  
10 her, she moved her head, and when I was touching her  
11 fingers, she moved her head.

12 Q. You were told to take -- when you got  
13 the call back from the pain service, you were "told to  
14 take away the PCA, which I had already done." You said  
15 that to Dr. Schily?

16 A. Yes.

17 Q. You were told to keep a close eye on  
18 her?

19 A. Yes.

20 Q. What did you interpret that to mean?

21 A. Just to continue with what monitoring I  
22 had been doing.

23 Q. But did Dr. Schily not ask you further  
24 questions about saturation rate, oxygen rate, heart  
25 rate, blood pressure? Did he not ask you to give him

1 the vital signs?

2 A. No.

3 Q. You were told to keep a close eye on  
4 her. You had your oxygen mask ready beside her just in  
5 case. Why was that?

6 A. That was -- I meant the oxygen set up  
7 beside the bed.

8 Q. Right.

9 A. I checked everything that was there.  
10 It's a safety check.

11 Q. Safety check in case of what?

12 A. A safety check that she would need any  
13 oxygen at that time.

14 Q. Well, you were obviously concerned about  
15 her going into respiratory depression enough to check  
16 there was oxygen to give her to counteract an overdose  
17 or something?

18 A. Checking the equipment at the beside is  
19 what we do at the beginning of the shift when we see  
20 our patients. I didn't do that when I first went in to  
21 see Lisa.

22 Q. You didn't check it at the beginning, so  
23 now you checked after this phone call with Dr. Schily?

24 A. Yes.

25 Q. And you say "just in case"?

1 A. Yes.

2 Q. You gave the report to Ruth about Lisa's  
3 status?

4 A. Yes.

5 Q. That you had taken her morphine away?

6 A. Yes.

7 Q. Checked her again for rounds and went  
8 off to break. Can you tell me exactly when your break  
9 was?

10 A. From what I can remember, it would have  
11 been around 4:30-ish.

12 Q. And you had an hour, two hours?

13 A. An hour to an hour and a half.

14 Q. And do you remember what time you get  
15 back on?

16 A. I believe just before 6:00.

17 Q. I see from the entries at 5:20 and 6:00  
18 on the flow chart, which we have here, that it was Ms.  
19 Doerksen who recorded her vital signs or recorded  
20 anything in the chart?

21 A. Yes.

22 Q. Did she discuss it with you? Did you  
23 discuss it with her?

24 A. No.

25 Q. And I believe -- just one other exhibit

1 here. It's probably you already have it in the chart,  
2 but I'm looking at the progress notes, progress notes  
3 for Lisa.

4 CONSTABLE CULLETON: Exhibit 36 and 37.

5 MS. BROWNE: Thank you very much.

6  
7 BY MS. BROWNE:

8 Q. Now, this progress note is at -- is the  
9 top of the -- the top one-third of that exhibit and the  
10 page in front of you, that's written by Ms. Doerksen?

11 A. Yes.

12 Q. Ms. Doerksen then had to go to Constant  
13 Care and she had to go on her break after that? Where  
14 was the chart, where was this progress note left?

15 A. Where was it left?

16 Q. Yes, where would it be?

17 A. Where would it be? The whole chart you  
18 mean?

19 Q. Well, would the ---

20 A. Well, this would be with all the other  
21 papers that Lisa has with her chart.

22 Q. Are you calling the chart all the papers  
23 that Lisa had?

24 A. Yeah.

25 Q. All right.

1 A. Okay.

2 Q. That note there, the progress note,  
3 would be ---

4 A. Part of ---

5 Q. --- part of that chart?

6 A. Part of the chart, yes.

7 Q. And where was that?

8 A. I don't know where it was. It would  
9 have been with Ruth. It would have been at the desk.

10 Q. Did you ever go to the desk to see if it  
11 was there?

12 A. No.

13 Q. We understand that Ms. Doerksen took it  
14 with her to put -- to make some notes and so on ---

15 A. Yes.

16 Q. --- to the Constant Care.

17 A. Yes.

18 Q. But I believe she indicated she then  
19 left it on the desk for you to look at. Did you not  
20 think that you should perhaps look at it?

21 A. She left it on the desk for me to look  
22 at?

23 Q. For whoever was looking after Lisa to  
24 look at to check.

25 A. I didn't look at the chart.

1 Q. Why not?

2 A. I believe I don't think she told me to  
3 look at the chart specifically.

4 Q. Wouldn't you do it whether or not she  
5 told you?

6 A. Wouldn't I do it? At that night, I  
7 didn't do it.

8 Q. I know you didn't do it. I'm asking you  
9 why you wouldn't do it?

10 A. I have no reason to look at it.

11 Q. That entry, there's one entry on that  
12 chart, and I believe if you can read the time, it's  
13 1:50, is it?

14 A. Yes.

15 Q. There's no other entry.

16 A. Yes.

17 Q. Who was supposed to put it in?

18 A. To put what entry in?

19 Q. Any progress notes, "Checked her,  
20 Corometric monitor on and working fine."

21 A. The primary nurse for Lisa. The primary  
22 nurse for Lisa.

23 Q. But if she's on break, who does it?

24 A. I don't chart when I relieve.

25 Q. Beg your pardon?

1           A.    I don't chart on the other patients when  
2 I relieve.

3           Q.    So that as a matter of habit, if you're  
4 relieving somebody while the primary nurse is gone for  
5 four to five hours, no entry will be made on the chart?

6           A.    The entries ---

7           MR. HAWKINS:   On the progress notes.  You're  
8 asking her about progress notes.  We know  
9 she's made entries on the flow sheet.

10          MS. BROWNE:   Absolutely.  Sorry.

11          THE WITNESS:   That's what I was going to  
12 say.  We document on the flow sheets.  We  
13 don't necessarily write the whole story about  
14 the other patients that we relieve on on the  
15 progress notes, because the only note that  
16 would be significant is the hourly checks  
17 that we write on the flow sheet.  It wouldn't  
18 be accurate if you wrote that in the progress  
19 notes.

20

21          BY MS. BROWNE:

22                Q.    All right.  As you indicated, you wrote  
23 the note to yourself to show your feelings and to  
24 remember what happened.  I gather you were affected by  
25 this?

1 A. Yes.

2 Q. Have you any ideas or recommendations  
3 for anything to avoid this now?

4 A. Yes.

5 Q. Any idea of what went wrong or how it  
6 could be helped?

7 A. I don't know what went wrong. I did the  
8 best that I can. I don't know what else I could have  
9 done. I could have probably done more. I could have  
10 probably checked her more. I could have done more  
11 vital signs. I could have monitored her closely, but I  
12 don't know what else I could have done that night.

13 MS. BROWNE: Okay, thank you. I'm sure  
14 there'll be other questions.

15 MR. CORONER: I'm just looking at the time.

16 I think it's a reasonable time, we'll have a  
17 20- minute recess.

18

19 --- A BRIEF RECESS

20

21 MR. CORONER: Mr. Gomberg?

22 MR. GOMBERG: Thank you, Dr. Cairns.

23

24 CROSS-EXAMINATION BY MR. GOMBERG:

25 Q. Ms. Soriano, before I get into a series

1 of questions that I've prepared, I want to deal with  
2 two points. The first point is this: You took a call  
3 from Emergency at 1:30 in the morning, is that right?

4 A. Yes.

5 Q. Right. And let's just be clear about  
6 this. When you took that call from Emergency at 1:30  
7 in the morning, you were taking a call relative to  
8 someone else's patient, right?

9 A. Yes.

10 Q. You were taking a call referable to Ruth  
11 Doerksen's patient?

12 A. Yes.

13 Q. Why didn't you call Ruth Doerksen to the  
14 phone to talk to Emergency?

15 A. I was at the nursing station at that  
16 time and I took the call anyway.

17 Q. At 1:30 in the morning, that turns out  
18 to be a critical call, doesn't it?

19 A. A critical call?

20 Q. Yeah, a critical call in the sense that  
21 there was information that was conveyed in that call,  
22 right?

23 A. Yes.

24 Q. Right. And we don't know exactly what  
25 information was conveyed in that call, do we?

1 A. Yes.

2 Q. We do? You didn't make extensive notes  
3 of what was conveyed in that call, did you?

4 A. I didn't make extensive notes, but I  
5 wrote down what information I had from that call from  
6 that person and I relayed that information to Ruth.

7 Q. Well, where did you write that  
8 information down?

9 A. In a piece of paper.

10 Q. Where is it?

11 A. I threw it away.

12 Q. You threw it away?

13 A. I had given Ruth a verbal report, and I  
14 was capable of doing that. I was capable of getting  
15 report from Emerg and I gave that information to Ruth.

16 Q. Well, I suppose whether or not you were  
17 capable of doing that is up to the jury. The point is  
18 that we don't have that piece of paper, right?

19 A. Yes.

20 Q. All right. And you were taking a report  
21 on someone else's patient, right?

22 A. Yes.

23 Q. All right. And therefore, you were the  
24 conduit, the information had to pass through you,  
25 right?

1 A. Sorry?

2 Q. The information had to pass through you?

3 A. Yes.

4 Q. And even if Dr. Schily had phoned you at  
5 1:30, that information would -- or had phoned the  
6 floor, that information would have had to have passed  
7 through you?

8 A. Yes.

9 Q. And Dr. Schily could have said,  
10 "Activate Kidcom orders," 25 times, and that  
11 information would have had to have passed through you?

12 A. Yes.

13 Q. Why didn't you activate the Kidcom at  
14 1:30?

15 A. Because I didn't know that there were  
16 orders in Kidcom.

17 Q. Did you ask?

18 A. No.

19 Q. Why didn't you ask, since you were  
20 taking the call?

21 A. It didn't come to mind.

22 Q. It didn't come to your mind. You were  
23 the person taking the call from Emergency at 1:30 in  
24 the morning and they didn't tell you, and you didn't  
25 ask; is that your evidence?

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A. Yes.

Q. All right. Second point, at 2:00 or soon after 2:00, you've heard Ruth Doerksen's evidence, that she was in the critical care -- or the Constant Care Room, right?

A. Yes.

Q. And she came out of the Constant Care Room for a reason, the reason being to look at something, and at that point, she says that she heard an alarm coming from what turned out to be Lisa's room, right?

A. Yes.

Q. Let's just be clear about that, as well. When she went into Lisa's room after 2:00 to turn off an alarm that she says she was listening -- that she heard, she was turning an alarm off on a patient that was under your care; is that right?

A. I'm sorry?

Q. Okay. Let me make it simple.

A. I believe I took care of Lisa at 2:30. That's ---

Q. No, no, no, no, no. No, let's be precise on this. Ruth Doerksen has relieved the nurse in the Constant Care Room.

A. Yes.

1 Q. Okay. And you were here and heard the  
2 evidence. Ruth Doerksen says that she left the  
3 Constant Care Room ---

4 A. Yes.

5 Q. --- unattended, all right, for some  
6 minutes ---

7 A. Yes.

8 Q. --- to go and do something. I can't  
9 remember what it was, but I have her transcript and I  
10 can go through it if you want. She left the room to  
11 pick something up.

12 A. Yes.

13 Q. And at that point, she says she heard an  
14 alarm.

15 A. Yes.

16 Q. And she says that she went and turned  
17 off that alarm.

18 A. Yes.

19 Q. That was your patient that she was  
20 turning the alarm off, wasn't it?

21 A. Lisa was both our patient at that time,  
22 yes.

23 Q. No. Lisa was not Ruth Doerksen's  
24 patient, because Ruth Doerksen was in the Constant Care  
25 Room. Lisa was your patient. You had nine patients

1 and Lisa was one of those nine patients, right?

2 A. All the patients there in that unit are  
3 all our responsibility. All the nurses there in that  
4 unit for that night, I believe, that's all our  
5 responsibility. I don't individualize patients. This  
6 is not my only patient. We don't -- I don't see it as  
7 individualizing. I see it as whoever patients are  
8 there on the unit, it's ours. It's not just Ruth's,  
9 it's not just mine, it's ours.

10 Q. Well, let's just be clear about that.  
11 Ruth was in the Constant Care Room looking after the  
12 three patients there.

13 A. Yes.

14 Q. You were out of the constant -- I'm  
15 talking about just after 2:00 in the morning.

16 A. Yes.

17 Q. You were out of the Constant Care Room  
18 looking after Ruth's five patients and your own four  
19 patients.

20 A. Yes.

21 Q. When Ruth left that Constant Care Room  
22 to turn off an alarm that she says she heard, that  
23 patient was your primary responsibility?

24 A. Yes.

25 Q. Isn't that right?

1           A.    Yes.

2           Q.    And yet you can't say whether you heard  
3           an alarm coming from Lisa Shore's room?

4           A.    Yes.

5           Q.    Am I correct?

6           A.    Yes.

7           Q.    Don't you think that if there was an  
8           alarm coming from the room of a patient who was your  
9           primary responsibility at just after 2:00 in the  
10          morning, that you would have heard it?

11          A.    Yes.

12          Q.    And you didn't hear it?

13          A.    I heard one alarm when I was giving my  
14          medications at that time -- at the same time.

15          Q.    Yeah, but you can't say whether that  
16          came out of Lisa's room or whether it came out of any  
17          room?

18          A.    No, I can't say that.

19          Q.    All right. And yet, Lisa's room was  
20          your responsibility?

21          A.    Lisa and all the other patients were my  
22          responsibility.

23          Q.    And you can't testify whether an alarm  
24          was alarming in Lisa's room that morning at just after  
25          2:00 in the morning?

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A. I heard that one alarm.

Q. You can't testify whether there was an alarm alarming that morning, just after 2:00 in the morning, coming out of Lisa's room?

A. I heard that one alarm when -- and the intravenous beep, and that was the alarm that I heard.

Q. Well, let me ask the question a third time, and I'll keep asking it until I get an answer. You can't testify whether there was an alarm coming out of Lisa Shore's room just after 2:00 in the morning on October 22nd, 1998?

A. I believe I said I heard an alarm with an intravenous beep at the same time.

MR. CORONER: No, the question is -- it's a straightforward, clear question, and all it needs is a "yes" or "no" answer.

THE WITNESS: Yes, there is an alarm that I heard at the same time with the intravenous beep.

MR. GOMBERG: Well, I'm going to keep asking it.

MR. CORONER: No, no, listen.

MR. HAWKINS: She doesn't know where that alarm was coming from.

MR. CORONER: The question was a valid

1 question and all that the witness has to do  
2 is answer the question that Mr. Gomberg has  
3 put. And if you just listen to the question,  
4 it's clearly a "yes" or "no" answer.

5 THE WITNESS: I said, yes, I heard an alarm.

6 MR. GOMBERG: Let me ask it yet again.

7  
8 BY MR. GOMBERG:

9 Q. You can't testify whether an alarm was  
10 alarming on the Corometric monitor in Lisa Shore's room  
11 at 2:00, or soon thereafter, on October 22nd, 1998?

12 A. I can't say for sure that it was coming  
13 from Lisa's room.

14 Q. Thank you. And Lisa was your patient at  
15 the time?

16 A. Yes.

17 Q. Now, let's turn to your handwritten  
18 notes. Is there a first draft of these handwritten  
19 notes, or is this the first draft?

20 A. This is the only handwritten notes I  
21 have.

22 Q. All right. Well, let me ask the  
23 question again. This may be the only handwritten notes  
24 that you have, but that's not the question. The  
25 question is, was there a first draft of these

1 handwritten notes?

2 A. No, there isn't any other drafts of this  
3 note.

4 Q. All right. Well, there isn't any other  
5 draft. We're ---

6 A. This is the only note that I have  
7 written and this is the only note that I wrote that  
8 night.

9 Q. All right. Is this the only note that  
10 you ever wrote, ever, ever about that incident?

11 A. Yes.

12 Q. Now, these notes were made on October  
13 25, 1998?

14 A. Yes.

15 Q. Is that right?

16 A. Yes.

17 Q. Where did these notes go on October 25?

18 A. This went in an envelope and I sealed it  
19 and I kept it with me.

20 Q. All right. And why did you do that?

21 A. This was my personal note.

22 Q. Well, I understand that. I have a lot  
23 of personal things, too. I don't seal them in  
24 envelopes.

25 A. I didn't want anybody else to read it.

1 Q. You didn't want anybody else to read it.  
2 Weren't you curious to know what had happened and what  
3 had gone wrong?

4 A. Yes.

5 Q. Wouldn't you want everybody else to read  
6 it?

7 A. From my understanding, this is my  
8 personal note.

9 Q. Wouldn't you want everybody else to read  
10 it?

11 A. No.

12 Q. You wouldn't want Nurse Doerksen to read  
13 it?

14 A. No.

15 Q. You wouldn't want Dr. Reeder to read it?

16 A. No.

17 Q. You wouldn't want Dr. Wright to read it?

18 A. No.

19 Q. Or Marianne Stevens?

20 A. No.

21 Q. Or Dr. Roy?

22 A. No.

23 Q. Why not?

24 A. I don't like writing notes when I  
25 express my feelings and other people have to read it,

1 and that's just my opinion.

2 Q. You agree with me that these notes have  
3 a lot in them aside from your feelings. They have a  
4 lot of ---

5 A. Yes.

6 Q. --- fairly technical information; don't  
7 they?

8 A. Yes.

9 Q. All right. Certainly it would have been  
10 helpful to figure out what was going on ---

11 A. Yes.

12 Q. --- if that technical information had  
13 been shared with some of the people that I just named?

14 A. Yes.

15 Q. And it would have been very helpful to  
16 the investigation that the Coroner's office was  
17 conducting for the Coroner to have some of that  
18 technical information ---

19 A. Yes.

20 Q. --- right? Right. And yet, you sat on  
21 those notes and Counsel and the Coroner first saw those  
22 notes in January of the year 2000?

23 A. Yes. Sorry. January of 2000?

24 Q. January, 2000. January 17th or 16th or  
25 15th, to be precise.

1                   A.    I believe I gave these notes to our  
2                   Counsel.

3                   Q.    Well, when did you give him the notes?  
4                   A.    In January of 1999.  
5                   Q.    Of what year?  January, 1999?  
6                   A.    Yes.  So other people would have read it  
7                   by then.

8                   Q.    Well, did you say to your lawyer, "Turn  
9                   those notes over to everybody?"

10                  A.    I didn't know what the procedures was.  
11                  Q.    All right.  So those notes sat around  
12                  for a year before we saw them?

13                  A.    I didn't know that.  
14                  Q.    Now, did Ruth Doerksen show you the  
15                  Nursing Care Plan that she saw on October 22nd, 1998?  
16                  A.    No.  
17                  Q.    Did she discuss that Nursing Care Plan  
18                  with you between October 22nd and October 27th, 1998?  
19                  A.    No.  
20                  Q.    Did she tell you that when she was  
21                  looking for answers to what had happened, that she had  
22                  printed up that Nursing Care Plan and taken it home?  
23                  A.    No.  
24                  Q.    Didn't she tell you about the Kidcom  
25                  orders after Lisa's death when she found out about

1           them?

2                   A.    No.

3                   Q.    Do you not find that surprising in  
4           hindsight that you didn't know about the Kidcom orders?

5                   A.    No.

6                   Q.    You don't find it surprising?

7                   A.    I didn't know about the Kidcom orders up  
8           until January when I first saw it.

9                   Q.    Well, how did it come about that you  
10          first saw the Kidcom orders in January?

11                  A.    How did it come about?  What do you  
12          mean?

13                  Q.    How did you find out about the Kidcom  
14          orders in ---

15                  A.    When we had that first meeting with our  
16          lawyer, that's when I first saw the suspended Kidcom  
17          orders.

18                  Q.    Well, I don't want to get into the  
19          discussion with your lawyer, but is it your evidence  
20          that your lawyer ---

21                  A.    But that's the first time I saw it.

22                  Q.    Just hang on.  Just hang on.  I don't  
23          want the who said what to who.  I just want to know  
24          whether you first found out about those Kidcom orders  
25          from your lawyer?

1 A. Yes.

2 Q. So Ruth Doerksen knew about those Kidcom  
3 from October 22nd from the Nursing Care Plan, and then  
4 she printed them up again on October 27th, and she had  
5 no discussions with you, and she had no discussions  
6 with anybody who in turn had a discussion with you to  
7 tell you about the Kidcom?

8 A. No.

9 Q. So you agree with that statement?

10 A. Yes.

11 Q. Do you agree that Nurse Doerksen ought  
12 to have told you when she went into the Constant Care  
13 Room to check the Kidcom?

14 A. Yes.

15 Q. And if she had done that, I suggest to  
16 you that you would have checked the Kidcom?

17 A. Yes.

18 Q. Did it occur to you at 2:00, without  
19 Nurse Doerksen having said anything to you, that you  
20 should check the Kidcom?

21 A. Sorry, can you repeat that again,  
22 please?

23 Q. Yes. I'm talking about 2:00 or around  
24 2:00 when you took over and she went into the Constant  
25 Care Room, right?

1 A. Yes.

2 Q. All right. Did it occur to you at  
3 roughly 2:00, when you took over, seeing as though you  
4 weren't responsible for that patient until 2:00, "Hey,  
5 I should check the Kidcom." Did that occur to you?

6 A. No.

7 Q. Did it occur to you at 2:00 when you  
8 took over from Nurse Doerksen, that Ruth Doerksen had  
9 not herself checked the Kidcom?

10 A. No.

11 Q. Did it occur to you, seeing as though  
12 you continued to take care of Lisa, at 3:00 as you're  
13 doing this charting, that you should check the Kidcom?

14 A. No.

15 Q. Did it occur to you at that time that  
16 Ruth Doerksen hadn't checked the Kidcom? That's 3:00.

17 A. No.

18 Q. Do you agree that she should have  
19 checked the Kidcom, or she should have thought of  
20 checking the Kidcom while she was in the Constant Care  
21 Room?

22 A. Yes.

23 Q. Did it occur to you at 4:00 that you  
24 should check the Kidcom?

25 A. No.

1 Q. Did it occur to you at 4:00 that Ruth  
2 had not checked the Kidcom?

3 A. No.

4 Q. Did it occur to you at 5:00 that you  
5 should check the Kidcom?

6 A. No.

7 Q. Did it occur to you at 5:00 that Ruth  
8 had not checked the Kidcom?

9 A. No.

10 Q. Did it occur to you at 6:00 that you had  
11 not checked the Kidcom?

12 A. No.

13 Q. Did it occur to you at 6:00 that Ruth  
14 hadn't checked the Kidcom?

15 A. No.

16 Q. Ought Ruth to have checked the Kidcom at  
17 those times?

18 A. I can't answer that.

19 Q. Ought you to have checked the Kidcom at  
20 those times when you were in charge of Lisa?

21 A. I should have checked it.

22 Q. Now, let's talk about the chart that's  
23 in back of you with Dr. Schily's orders. The child  
24 comes up from Emergency and there's a phone call for  
25 Ruth, or for the nurse, for the Charge Nurse that you

1           took at 1:30, right? That's the background, right?

2           A.    Yes.

3           Q.    All right. And we've already  
4 established that it really didn't matter who phoned you  
5 at 1:30, because you spoke to whoever phoned and you  
6 were going to pass on the information to Ruth?

7           A.    Yes.

8           Q.    Right? All right. By the way, when  
9 that information was passed onto you and you wrote it  
10 down on a piece of paper, you didn't have a chart for  
11 Lisa because she hadn't yet come up.

12          A.    Yes.

13          Q.    Why didn't you, when she came up, write  
14 the notes that you'd taken into the chart?

15          A.    What notes, from the Emerg -- the report  
16 that I got from Emergency?

17          Q.    Sure.

18          A.    I just wrote it on a piece of paper. It  
19 doesn't -- it's not part of the chart. It's just a  
20 piece of rough paper that I had written down ---

21          Q.    No, but you see, these are now word  
22 problems. It's not part of the chart because you  
23 didn't put it into the chart when the chart came up.

24          A.    No, because it was just my rough notes.

25          Q.    Your rough notes of what they told you

1 from Emerg.

2 A. Yes.

3 Q. Your rough notes that the jury would  
4 like to know what it is, but they can't because you  
5 didn't do anything to preserve those notes.

6 A. Because those things that were written  
7 on those notes, I had passed on to Ruth. I had given  
8 those information to Ruth.

9 Q. Why didn't you write those notes --  
10 clearly you had no chart to write them on?

11 A. No.

12 Q. Right? But you had a piece of paper?

13 A. Yes.

14 Q. Right. Then the chart comes up with the  
15 patient.

16 A. Yes.

17 Q. Why wouldn't you write those notes back  
18 into the chart so we know what they are?

19 A. Because this was just a verbal report  
20 that I had taken from Emerg. I didn't -- I threw out  
21 those rough notes and I didn't keep it.

22 Q. Well, the only thing that we have from  
23 Emerg, because we don't have your recollection or your  
24 notes, rather, of what Emerg told you, right? We don't  
25 have that?

1                   A.    Whatever was written on my notes here  
2                   and my memory, that's what it is.

3                   Q.    We don't have your handwritten notes of  
4                   what Emerg told you?

5                   A.    No.

6                   Q.    All right.  But what we do have is we  
7                   have handwritten orders from Emerg?

8                   A.    Yes.

9                   Q.    Right?  And those are part of the  
10                  hospital records?

11                  A.    Yes.

12                  Q.    All right.  And smack in the middle of  
13                  the exhibit that's sitting on the easel behind you, it  
14                  says, "See Kidcom orders."

15                  A.    Yes.

16                  Q.    Well, how do we know they didn't tell  
17                  you to see the Kidcom orders when they phoned you from  
18                  Emerg?

19                  A.    They didn't tell me about Kidcom orders  
20                  from Emerg.

21                  Q.    Right.  And how do we know that?

22                  A.    I just told you, they didn't tell ---

23                  Q.    So I have your word that they didn't  
24                  tell you to see the Kidcom orders?

25                  A.    Yes.

1 Q. But we do know that they told you in  
2 writing to see the Kidcom orders, right?

3 A. They told me in writing, or it was  
4 written in there?

5 Q. It's written in there.

6 A. It was written in there and I didn't see  
7 it.

8 Q. And Ruth didn't see it?

9 A. Yes.

10 Q. Now, when you took over the care of Lisa  
11 Shore at roughly 2:00 when Ruth went in to the Constant  
12 Care Room, why didn't you read her whole chart line-by-  
13 line? It's not that long.

14 A. I didn't read her chart.

15 Q. I'll ask the question again. When you  
16 took over ---

17 A. Why didn't I read it?

18 Q. That was the question. You see, you did  
19 understand it.

20 A. I'm just making sure it was the right  
21 question ---

22 Q. No.

23 A. --- and I'm thinking of ---

24 Q. You're making sure that it's the right  
25 answer. The question is ---

1 A. I'm thinking about the question.  
2 MR. HAWKINS: Mr. Gomberg has to give the  
3 witness an opportunity to answer rather than  
4 interrupt.  
5 MR. GOMBERG: Yeah, it's my fault.  
6 MR. CORONER: Do you want to ask the  
7 question again?  
8 MR. GOMBERG: Sure.

9

10 BY MR. GOMBERG:

11 Q. We have a chart that takes about three  
12 minutes to read. Why didn't you read it when the chart  
13 came into your possession at roughly 2:00, when the  
14 patient came into your possession?

15 A. I don't have an answer.

16 Q. Did somebody give you orders at 2:30 not  
17 to take Lisa's pulse?

18 A. No.

19 Q. Did somebody give you orders at 2:45 not  
20 to take her pulse?

21 A. No.

22 Q. Did somebody give you orders at 2:50 not  
23 to take her pulse?

24 A. No.

25 Q. Now, you were in the room to take her

1           respiration rate, weren't you, at those times?

2                   A.    Yes.

3                   Q.    And you paged Dr. Schily at 2:50 for a

4           reason ---

5                   A.    Yes.

6                   Q.    --- right? Right. And the reason

7           wasn't to tell him that the Yankees had just won the

8           World Series. You paged him for a reason ---

9                   A.    Yes.

10                  Q.    --- that had something to do with your

11           concern about Lisa.

12                  A.    Yes.

13                  Q.    And yet you hadn't taken any pulses?

14                  A.    Yes.

15                  Q.    Well, what's your explanation for that?

16                  A.    I made that phone call, and while

17           waiting for that phone call I would have done a full

18           assessment on her.

19                  Q.    Well, a full assessment, you didn't take

20           her temperature.

21                  A.    I didn't take her temperature, I didn't

22           take her heart rate, I didn't take her blood pressure.

23           I did my respiratory assessment on her.

24                  Q.    Well, that's not a full assessment, is

25           it?

1 A. No.

2 Q. As a matter of fact, it's a very, very  
3 substandard assessment, isn't it?

4 A. Sorry?

5 Q. That's a very, very substandard  
6 assessment ---

7 A. I don't know what you mean by "very  
8 substandard assessment."

9 Q. --- isn't it? You didn't take her  
10 temperature, right?

11 A. Yes.

12 Q. You didn't take her pulse?

13 A. Yes.

14 Q. You didn't take her blood pressure?

15 A. Yes.

16 Q. You didn't do a pain scale?

17 A. No.

18 Q. You didn't do a sedation scale?

19 A. No.

20 Q. That's a very substandard assessment,  
21 isn't it?

22 A. Yes.

23 Q. Now, you paged Dr. Schily at 2:50  
24 because you were concerned, right?

25 A. Yes.

1 Q. Now, you didn't re-assess Lisa five  
2 minutes later at 2:55, did you?  
3 A. No.  
4 Q. You were still concerned, weren't you?  
5 A. Yes.  
6 Q. You didn't assess Lisa at 3:00, five  
7 minutes later?  
8 A. No.  
9 Q. You were still concerned, weren't you?  
10 A. Yes.  
11 Q. You didn't re-assess Lisa at 3:05 or  
12 3:10 or 3:15, did you?  
13 A. Yes.  
14 Q. You did?  
15 A. I didn't.  
16 Q. You didn't?  
17 A. I didn't.  
18 Q. And you were still concerned?  
19 A. I had taken the PCA morphine away from  
20 her already.  
21 Q. You were still concerned, I suggest, at  
22 those times and didn't go back to record any vital  
23 signs for half an hour.  
24 A. Yes.  
25 Q. Why was that?

1 A. I have no answer.

2 Q. You didn't page Dr. Schily at 2:55 or  
3 3:00 or 3:05 or 3:10 all the way through to 4:05, did  
4 you?

5 A. No.

6 Q. Why not?

7 A. I paged him at 2:50 and I called him  
8 again at 4:00. In between those times, I went into  
9 Lisa's room. I was taking care of the other patients  
10 on the floor.

11 Q. Why didn't you page Dr. Schily again in  
12 that time frame?

13 A. When?

14 Q. From 2:50, when you paged him, to 4:05  
15 when you paged him again.

16 A. I believe I said I paged him at 2:50. I  
17 checked on Lisa, I checked on my other patients. I  
18 didn't realize it was already 4:00 and I had to call  
19 him again.

20 Q. So you didn't realize that the time had  
21 gone by?

22 A. Yes.

23 Q. And yet you were back in seeing Lisa at  
24 3:20 and she had a respiration rate of 12 and a heart  
25 rate of 120?

1                   A.    Yes.

2                   Q.    Why didn't you page him at 3:20 when you  
3 were in the room?

4                   A.    I was waiting for the call back from Dr.  
5 Schily.

6                   Q.    Well, he'd already -- you'd already not  
7 gotten a call back for, as I do the arithmetic, from  
8 2:50 to 3:20, that's 30 minutes. Why didn't you pick  
9 up the phone if you had to right in the room and page  
10 him?

11                  A.    Right in the room?

12                  Q.    Right in Lisa's room.

13                  A.    The phone that I was using was at the  
14 nursing station.

15                  Q.    I know that, but at 3:20 in the morning  
16 when you were in the room, she was the only patient on  
17 your mind when you were in the room dealing with her,  
18 wasn't she?

19                  A.    Yes.

20                  Q.    All right. Why didn't you page Dr.  
21 Schily right then and there?

22                  A.    I don't usually use the phones in the  
23 patients' rooms.

24                  Q.    Why didn't you leave the room and go to  
25 the nursing station and page Dr. Schily right then and

1           there?

2                   A.    I don't know.

3                   Q.    After not having paged Dr. Schily again  
4           in that time frame, you didn't do a detailed  
5           respiratory assessment.  Let me define that:  Listening  
6           to the chest, determining whether it's clear, checking  
7           the depth of respiration, checking the air entries in  
8           all lobes of the lungs, checking the rhythm.  You  
9           didn't do that, did you?

10                   A.    Yes, I did.

11                   Q.    Where's that noted on ---

12                   A.    I didn't document it.

13                   Q.    You didn't document it.  Why not?

14                   A.    Her breathing wasn't shallow, it wasn't  
15           laboured.  Her chest was clear.  She had adequate air  
16           entry and her skin was warm.  She had good capillary  
17           refill, and I didn't document that.

18                   Q.    Why didn't you add -- why didn't you do  
19           a progress note?

20                   A.    I probably should have done a progress  
21           note.

22                   Q.    All right.  Well, I think that Ms.  
23           Browne was asking you about that and the implication  
24           was that you weren't the primary nurse, so that's why  
25           you didn't do progress notes.

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A. Yes.

Q. But that's not right, is it? I mean, that's not right. If you're a nurse and you're taking care of the child, you're perfectly entitled and, in fact, encouraged, to write progress notes.

A. I'm entitled to write an incident progress note.

Q. You're entitled to write progress notes just as if that was your patient ---

A. Yes.

Q. --- from the word go.

A. Yes.

Q. Isn't that the case?

A. Yes.

Q. All right. And, of course, that makes good common sense, because you're now looking after nine patients and Ruth Doerksen is in the Constant Care Room.

A. Yes.

Q. All right. So the only way to have any progress notes for the time that you're looking after her five patients is if you write them, right?

A. Yes.

Q. All right. And surely the hospital protocol would be when you're looking after Doerksen's

1 patients, you're supposed to write progress notes?

2 A. Not necessarily progress notes. We  
3 write on the flow sheet when we're relieving.

4 Q. We're going around in circles now. I'm  
5 not talking about the flow sheet, and I thought I made  
6 it very clear that I'm talking about progress notes.

7 All right?

8 A. But I don't write progress notes when I  
9 relieve unless ---

10 Q. Well, who ---

11 A. Sorry?

12 Q. Yes.

13 A. I don't write progress notes on every  
14 other patient. On the patients that I relieve on, I  
15 don't write whole progress notes on them. I write on  
16 the flow sheet. That's my note.

17 Q. What's the policy of the hospital?  
18 Let's just establish that for a minute. If you take  
19 over Ruth's patients ---

20 A. Yes.

21 Q. --- and she goes into the Constant Care  
22 Room ---

23 A. Yes.

24 Q. --- isn't it hospital policy that if  
25 there are progress notes to be made, in other words, if

1 in the clinical judgment of the nurse ---

2 A. Yes.

3 Q. --- something should be written down,  
4 then that should be written down by the relieving  
5 nurse?

6 A. Yes.

7 Q. We can get the policy.

8 A. Yes.

9 Q. Yes. All right. So, therefore, if  
10 progress notes were to be made, from the time that you  
11 took over at 2:00 ---

12 A. Yes.

13 Q. --- until the time that Ruth took the  
14 patient back at -- I can't remember, 5:30, those  
15 progress notes were to be made by you?

16 A. Yes.

17 Q. Now, Mr. Krkachovski asked you a  
18 question about the pulse of 120 at 3:20 in the morning.  
19 Do you remember that?

20 A. Yes.

21 Q. And you indicated, I think, I have the  
22 transcript and we can check it, that one of the  
23 explanations for that is that she was in pain.

24 A. Yes.

25 Q. How much pain was she in?

1           A.    I don't know.

2           Q.    Why not?

3           A.    I didn't ask her.

4           Q.    One of the two explanations for a pulse  
5 rate of 120 is that she was in pain ---

6           A.    Yes.

7           Q.    --- and you didn't go to check out the  
8 pain?

9           A.    No.

10          Q.    Well, I guess that explanation would  
11 have to fly out the window as far as your consciousness  
12 was concerned, then, because you didn't check for it?

13          A.    Yes.

14          Q.    Now, the other explanation is a cold  
15 stethoscope. That's not really an explanation for a  
16 heart rate jumping 50 beats per minute, is it?

17          A.    No.

18          Q.    So there's no explanation that we know  
19 of for why that heart rate was up from 72 to 120?

20          A.    I don't know that.

21          Q.    You don't know -- well, let's not get  
22 bogged down in semantics now. You know, you know, as  
23 you sit here in front of this Coroner and this jury, of  
24 no explanation for that heart rate going from 72 to  
25 120?

1           A.    My possible explanation was that I  
2           thought it was -- she was having pain and that she was  
3           feeling the coldness of my stethoscope.  Those were the  
4           things that came to mind at that time.

5           Q.    Well, let's talk about that again.  I  
6           thought we just talked about it, but we can talk about  
7           it again.  In terms of pain being an explanation, you  
8           can't say whether it was or it wasn't because you  
9           didn't check it out.

10          A.    Yes.

11          Q.    And in terms of the coldness of the  
12          stethoscope, your stethoscope was as cold for other  
13          patients as it was for Lisa?

14          A.    Yes.

15          Q.    All right.  So presumably everybody  
16          else's heart rate would be jumping like crazy, too, if  
17          you were applying a cold stethoscope to their chests?

18          A.    I don't know that.

19          Q.    Oh, you don't know that.  All right.  
20          But you can't say now that the heart rate jumped 48  
21          beats per minute as a result of pain because you didn't  
22          take the pain scale, right?

23          A.    No, I didn't take the pain scale.

24          Q.    So you had no idea that night, forget  
25          about now, that night, when you were caring for Lisa,

1 that night, as you were in the room, you had no  
2 explanation by way of pain, no definitive explanation  
3 for the heart rate having jumped 48 heart beats per  
4 minute?

5 A. Increased heart rate is an indication of  
6 pain.

7 Q. Well, we're going around in circles now.  
8 You didn't take a pain scale.

9 A. I didn't take a pain scale.

10 Q. So you had no idea whether she was in  
11 pain or she wasn't in pain?

12 A. I said that an increased heart rate  
13 could be an indication of pain.

14 Q. The morphine had been taken away from  
15 her, the PCA pump at 2:50 ---

16 A. Yes.

17 Q. --- when you didn't get through to Dr.  
18 Schily, right?

19 A. Yes.

20 Q. All right. And she was sleeping?

21 A. Yes.

22 Q. Isn't it logical to assume that she  
23 wasn't in a lot of pain?

24 A. Some patients could sleep through their  
25 pain.

1 Q. Right. And the only way to find out is  
2 to wake them up and find out if they're in pain?

3 A. Yes.

4 Q. And you didn't do that?

5 A. No.

6 Q. And the cold stethoscope really is not a  
7 very good explanation for a 48 -- for the increase of  
8 48 beats per minutes, is it?

9 A. No.

10 Q. No?

11 A. No.

12 Q. If it's not a good explanation, why did  
13 you offer it before when you were asked?

14 A. I didn't know how to explain the  
15 situation.

16 Q. So you came up with the cold stethoscope  
17 theory?

18 A. No, I didn't come up with the  
19 stethoscope theory. Sometimes when I put the  
20 stethoscope on another kid, they would wake and jump  
21 because of my stethoscope. I've seen that happen  
22 before.

23 Q. Did you know that she was in  
24 excruciating pain in the Emergency room?

25 A. No.

1 Q. Well, why didn't you know that?  
2 A. I didn't know that information.  
3 Q. Well, why didn't you know that  
4 information?  
5 A. I have no answer for that.  
6 Q. Well, you had the chart, right?  
7 A. I didn't see that in the chart. I  
8 didn't read the chart.  
9 Q. You had the chart, but you didn't read  
10 the chart?  
11 A. I didn't read the chart.  
12 Q. So you didn't know what was in the  
13 chart?  
14 A. I didn't know what was in the chart.  
15 Q. And if it said in the chart in the  
16 Emergency notes that she was moaning in pain, or  
17 whatever the wording is, you didn't know about it?  
18 A. I didn't know about it.  
19 Q. Did they tell you about that when  
20 they ---  
21 A. No.  
22 Q. Did they tell you about that when they  
23 called you at 1:30 from the Emergency Room?  
24 A. No.  
25 Q. Did you know that at 23:50, that's at

1 ten to 12:00, in the Emergency Room, her pulse, even  
2 though she was in pain, was stable at 88?

3 A. No.

4 Q. Did you know that 50 minutes later, at  
5 40 minutes past midnight, in the Emergency Room her  
6 pulse was stable at 90?

7 A. No.

8 Q. Did you know that at 1:45, by looking at  
9 the flow sheet, that her pulse had dropped to 72?

10 A. I believe I saw the 1:45 reading when I  
11 went in -- when I had written down my 2:30 check.

12 Q. Well, did you see it, or did you not see  
13 it, or do you know?

14 A. I saw it.

15 Q. So you knew that when she was sleeping  
16 at 1:45, her pulse was 72?

17 A. Yes.

18 Q. And I suggest to you that because she  
19 was sleeping and in less pain, that explained the drop  
20 in the pulse to 72. Does that make sense?

21 A. Yes.

22 Q. Now, with that in mind, why didn't you  
23 take her pulse at 2:30 or 2:45 or 2:50?

24 A. I don't know why I didn't take her  
25 pulse.

1 Q. Now, you did take her pulse at 3:20 and  
2 it was 120.

3 A. Yes.

4 Q. Well, I think that Ms. Browne asked you  
5 about that. Why didn't you call Nurse Doerksen? Why  
6 did you take it upon yourself to interpret that? And  
7 by "interpret that," I mean interpret a rise from 72 to  
8 120?

9 A. I don't know why I didn't.

10 Q. Why didn't you call Dr. Schily back at  
11 that point?

12 A. I was waiting for Dr. Schily's call back  
13 to me and I was doing other things at the same time. I  
14 didn't realize I had to call him back again at 4:00.

15 Q. Why didn't you put an oxygen saturation  
16 monitor on her?

17 A. It didn't come to mind that I needed an  
18 oxygen saturation monitor on her.

19 Q. It didn't come to mind?

20 A. No.

21 Q. Well, the PCA protocols deal with oxygen  
22 saturation monitors.

23 A. Yes, I'm aware of that.

24 Q. All right?

25 A. I'm aware of that.

1 Q. Did the PCA monitor protocol come to  
2 mind?

3 A. Yes.

4 Q. Well, did you consider the fact that the  
5 PCA protocol calls for the -- at the doctor's  
6 discretion for the attachment?

7 A. Yes, I'm aware of that.

8 Q. Well, I know you're aware of that. Were  
9 you aware of that on October 22nd, early in the  
10 morning?

11 A. It didn't come to mind at that time.

12 Q. So if you were aware of it, it didn't  
13 come to your mind?

14 A. No.

15 Q. And you didn't phone anybody to ask for  
16 help?

17 A. No.

18 Q. Why didn't you do a detailed respiratory  
19 assessment at 3:20 or 4:00 or 4:05 or 4:15 or 4:20?

20 A. I believe I was using my stethoscope to  
21 check her and that's my respiratory assessment.

22 Q. Where's that in a ---

23 A. I didn't document that.

24 Q. It's not documented?

25 A. No.

1 Q. Have you heard the expression, "If it's  
2 not documented, it wasn't done?"

3 A. Yes.

4 Q. That's a standard sort of saying in the  
5 nursing profession?

6 A. If would I chart everything that I do in  
7 those times that I went into Lisa's room, I wouldn't  
8 have any nursing care done. I would just be writing  
9 all night.

10 Q. Yeah, and Lisa might still be with us.

11 A. I would just be writing all night.

12 Q. You took care of Lisa for about two and  
13 a half hours and you wrote no notes at all, not one in  
14 the hospital record; is that right?

15 A. Yes.

16 MR. HAWKINS: She wrote on the flow sheet.

17 That's part of the hospital record.

18  
19 BY MR. GOMBERG:

20 Q. Well, aside from the flow sheet, you  
21 didn't ---

22 A. Aside from the flow sheet, I don't have  
23 any other written notes.

24 Q. There's not one note in handwriting  
25 other than your initials and these notes on the flow

1 sheet; is that right?

2 A. Yes.

3 Q. And you did not add an added nurse's  
4 note to the hospital record as your colleague Doerksen  
5 did?

6 A. No.

7 Q. Why not?

8 A. I don't know.

9 Q. When did you see Nurse Doerksen's added  
10 nurse's note?

11 A. When we had that meeting with the  
12 Counsel.

13 Q. Well, that added nurse's note is part of  
14 the hospital record. Is it your evidence that you only  
15 saw that in January of 1999, three months later?

16 A. Yes.

17 Q. Did you ever suggest to Nurse Doerksen  
18 that she fix the added nurse's note to reflect the fact  
19 that she turned the apnea alarm off?

20 A. No.

21 Q. You knew about that in January, didn't  
22 you?

23 A. About?

24 Q. About what Nurse Doerksen said about  
25 having turned the apnea alarm off.

1 A. Yes.

2 Q. Well, did you tell anybody about that?

3 A. No.

4 Q. Now, at 2:50 in the morning when you're  
5 paging Dr. Schily, you know that the breathing is down  
6 to 8 to 10 respirations per minute?

7 A. Yes.

8 Q. Didn't you check the apnea alarm setting  
9 at that time?

10 A. No.

11 Q. Why not?

12 A. I don't know why I didn't check it.

13 Q. Well, you concerned enough about the  
14 breathing problem to page Dr. Schily. Weren't you  
15 concerned enough to take a look at the machine to  
16 figure out why it possibly wasn't alarming?

17 A. No.

18 Q. No. I suggest to you that you didn't  
19 check the apnea alarm setting ---

20 A. I didn't check the alarm setting. I  
21 said earlier, I didn't ---

22 Q. Well, I'm not finished the question, so  
23 I'm going to finish it now. I suggest that you didn't  
24 check the apnea alarm setting because there was no  
25 machine attached to Lisa Shore at that time?

1           A.    There was a machine attached to Lisa  
2           Shore at that time.

3           Q.    At 4:05, you say that you told Dr.  
4           Schily that she is arousable.

5           A.    Yes.

6           Q.    Well, you'd agree with me that  
7           "arousable" is not exactly the same as "very drowsy"?

8           A.    When I first saw her, she seemed very  
9           drowsy. I wokened (sic) her up with my stethoscope,  
10          she turned her head and I whispered "Lisa" and she  
11          turned her head and she was arousable.

12          Q.    So "arousable" and "very drowsy" can  
13          mean the same thing?

14          A.    No, very drowsy was my first assessment  
15          on her, yet she was arousable when I did try to  
16          stimulate her.

17          Q.    Where did you write that she was  
18          arousable ---

19          A.    I didn't write "arousable" on the flow  
20          sheet.

21          Q.    You didn't write "arousable" on the flow  
22          sheet?

23          A.    No.

24          Q.    Why not?

25          A.    I don't know why I didn't write it down.

1 Q. And you didn't do a sedation scale at  
2 that time?

3 A. No, I didn't write a sedation scale.

4 Q. And if you'd done a sedation scale then  
5 we would know numerically what the number is?

6 A. Yes.

7 Q. At 4:15 in the morning, how much pain  
8 was she in?

9 A. I don't know.

10 Q. Why don't you know?

11 A. I didn't ask her.

12 Q. You didn't ask her?

13 A. I didn't ask her.

14 Q. You didn't do a pain scale?

15 A. I didn't do a pain scale.

16 Q. And her heart rate, you were aware of  
17 the fact that at that time, at 4:05, her heart rate was  
18 134?

19 A. Yes.

20 MR. CORONER: Sorry, 4:15.

21 THE WITNESS: 4:15.

22 MR. GOMBERG: 4:15. I'm sorry.

23

24 BY MR. GOMBERG:

25 Q. So at 4:15, her heart rate is 134.

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A. Yes.

Q. Did you consider the fact that the heart rate had gone up almost -- well, just under double, from 72 to 130, so that's 58 beats per minute, from 1:45 to 4:15?

A. Yes.

Q. No.

A. Oh, sorry.

Q. Did you consider what the possible causes of that would have been?

A. No.

Q. Did you call Ruth Doerksen to talk to her about the possible reason for the heart rate going up 72 (sic) beats per minute?

A. I talked to her about the respiratory depression.

Q. Sorry. Right.

A. Sorry.

Q. Go ahead.

A. Sorry. Oh. I talked to her about the respiratory depression and that I had taken her PCA away, and that I had called pain service.

Q. You talked to her about -- but you didn't talk to her about that at 4:15?

A. No.

1 Q. Well, I'm asking you about 4:15.

2 A. No, I didn't.

3 Q. The heart rate's up 72 -- or 62 beats

4 per minute, right?

5 A. Yes.

6 Q. Did you tell Doerksen about that at

7 4:15?

8 A. No.

9 Q. Why not?

10 A. I didn't tell her at 4:15 when I gave a

11 report. I believe I told her what Lisa's condition was

12 at that time.

13 Q. When you gave a report?

14 A. Yes.

15 Q. When did you give a report?

16 A. About -- after 4:20, after my last

17 check.

18 Q. All right. But you didn't go in to see

19 Doerksen in the Constant Care Room ---

20 A. No.

21 Q. --- to tell her the respirations are

22 down to 10 and the pulse is up to 134?

23 A. I believe she was on break at that time.

24 Q. Just a minute now. So Ms. Doerksen is

25 on a break ---

1                   A.    She went to the Constant Care Room and  
2                   then she went to break after that.

3                   Q.    Right. All right. So at that point,  
4                   the only nurse who has any -- I want to see if I  
5                   understand this now -- is when Ms. Doerksen went into  
6                   the Constant Care Room ---

7                   A.    Mm-hmm.

8                   Q.    --- she knew something about Lisa.

9                   A.    Yes.

10                  Q.    And you knew something about Lisa for  
11                  two reasons; number one, you took a call at 1:30?

12                  A.    Yes.

13                  Q.    And number two, Doerksen spoke to you  
14                  about Lisa ---

15                  A.    Yes.

16                  Q.    --- before Doerksen went into the  
17                  Constant Care Room?

18                  A.    Yes.

19                  Q.    All right. Now, Nurse Doerksen at some  
20                  point, you're saying, goes on her break ---

21                  A.    Yes.

22                  Q.    --- and Maureen goes into the Constant  
23                  Care Room?

24                  A.    Yes.

25                  Q.    Well, Maureen knows nothing about Lisa,

1 right?

2 A. Yes.

3 Q. All right. So the only person who knows  
4 anything at all about Lisa is you?

5 A. Yes.

6 Q. And you'd been a nurse for less than six  
7 months?

8 A. Yes.

9 Q. Did you see Lisa's Nursing Care Plan ---

10 A. No.

11 Q. --- on October 22nd?

12 A. No.

13 Q. Did you see Lisa's Nursing Care Plan on  
14 October 23rd?

15 A. No.

16 Q. Did you see Lisa's Nursing Care Plan  
17 between October 23rd and October 27th when your  
18 colleague, Ruth Doerksen, printed it up and took it  
19 home?

20 A. No.

21 Q. Did Nurse Doerksen discuss the Nursing  
22 Care Plan with you ---

23 A. No.

24 Q. --- at any time while she was trying to  
25 figure out what had gone so horribly wrong?

1 A. No.

2 Q. Did you call Dr. Reingold, the Coroner,  
3 to discuss the treatment during the night with Dr.  
4 Reingold?

5 A. No.

6 Q. Did you ever discuss the treatment that  
7 you rendered to Lisa during the night with Dr. Wright?

8 A. No.

9 Q. Dr. Hedon?

10 A. No.

11 Q. Dr. Reeder?

12 A. Sorry. Who?

13 Q. Reeder?

14 A. No.

15 Q. Dr. Roy?

16 A. No.

17 Q. Marianne Stevens?

18 A. No.

19 Q. Mary Douglas?

20 A. No.

21 Q. Bill Kreutzweiser?

22 A. No.

23 Q. Now, I think you indicated on Friday,  
24 but we can check the transcript, that you had some  
25 concern that nobody came to you to talk to you about

1 what was doing on in terms of the investigation.

2 A. Nobody came to me?

3 Q. Were you concerned that as time went by,  
4 nobody came to you to ask you what was going on in the  
5 interval during the night when you were looking after  
6 this child?

7 A. Yes.

8 Q. All right. So, you were concerned that  
9 as part of the investigation, you had not been  
10 contacted?

11 A. Yes.

12 Q. Well, did you ever consider going to Mr.  
13 Strofolino, the head of the hospital, to say to him,  
14 "I'm here. I'm happy to give you all of this  
15 information that I have?"

16 A. No.

17 Q. Did you consider going to the Coroner's  
18 office to say, "I'm here, I have this information?"

19 A. No.

20 Q. "I'd be happy to help you." Why not?

21 A. I believe I went to my colleagues and  
22 asked them what I should do.

23 Q. You went to your colleagues, to which  
24 colleagues and asked them what you should do?

25 A. My colleagues from work.

1 Q. Well, who are they?  
2 A. Who are they?  
3 Q. Right.  
4 A. All the colleagues at work?  
5 Q. All the colleagues that you spoke to and  
6 asked them what you should do.  
7 A. I believe I spoke to one of my close  
8 friends, Faith, and I asked her what I should do.  
9 Q. Was she a nurse at the hospital?  
10 A. Yes.  
11 Q. What's her last name?  
12 A. Keakos. (ph)  
13 Q. Right. And you told her -- when was  
14 this?  
15 A. I don't remember when I told her.  
16 Q. You don't remember. Was it within a  
17 month of the death?  
18 A. Yes, it was.  
19 Q. All right. So sometime in the month  
20 after the death, that means, say, up to the end of  
21 November, you had a discussions with one of your  
22 colleagues, a nurse by the name of Faith ---  
23 A. Yes.  
24 Q. --- and you asked her, "What should I  
25 do?"

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A. Yes.

Q. All right. And I take it that you were concerned because you wanted to be as helpful as you could in terms of providing information that would be of assistance in doing an investigation?

A. Yes.

Q. All right. And you spoke to Faith, and what did she tell you?

A. Well, at the same time I remember speaking to Marianne Stevens, as well, and that's when I came to her and I told her my involvement.

Q. So you spoke to Marianne Stevens, and your belief is that you spoke to Marianne Stevens and this is sometime in the month after this event?

A. I don't remember when it was.

Q. Well, let's just back up then, because I think it's important. You spoke to Faith within a month of the event.

A. Yes.

Q. All right. Well, what did Faith tell you?

A. What did Faith tell me?

Q. Yeah, what did she tell you?

A. She was there for support.

Q. Well, you spoke to her to get some

1 advice about what you should do; isn't that what you  
2 said?

3 A. Yes.

4 Q. All right. Well, what advice did she  
5 give you?

6 A. That maybe I should ask the people  
7 directly involved.

8 Q. Right. The people directly involved  
9 being who?

10 A. Being Ruth.

11 Q. Right. Right. And did you do that?

12 A. I remember speaking to Ruth about the  
13 incident.

14 Q. In November?

15 A. I don't know if it was November.

16 Q. Well, did Faith suggest to you that  
17 maybe you should go to Mr. Strofolino, the head of the  
18 hospital, or to Ms. Reeder, Dr. Reeder, the head of  
19 nursing, and discuss it with them?

20 A. No.

21 Q. Did Faith suggest to you that you go to  
22 the Coroner's office and discuss it with them?

23 A. No.

24 Q. Did you consider doing that?

25 A. No.

1 Q. Now, in Ruth Doerksen's statement, I  
2 take it that you've now read Nurse Doerksen's  
3 statement?

4 A. Which statement?

5 Q. The statement that she gave about the  
6 events of that evening. The typewritten -- both the  
7 handwritten statement and the typewritten statement.

8 MR. GOMBERG: I think they've been marked as  
9 exhibits, Deputy Chief Coroner.

10 MR. CORONER: Perhaps, Constable, you could  
11 show them to the witness, please?

12  
13 BY MR. GOMBERG:

14 Q. Now, Nurse Doerksen says in the  
15 statement that she turned the Corometric on. Do you  
16 see that?

17 A. Oh. Which paragraph are you referring  
18 to?

19 Q. I'll find it for you. It's towards the  
20 bottom of the first page of the typewritten statement,  
21 about ten lines up, and I'll read it to you.

22 "... I left the room again and returned  
23 with the Corometric monitor, which I  
24 placed on Lisa and turned on ..."

25 A. Yes.

1 Q. All right. Now, you weren't in the room  
2 when that happened, were you?

3 A. I was in the room with her when we were  
4 placing the leads to Lisa. When she turned it on, I  
5 think that's when I was leaving the room.

6 Q. Okay. Well, I want to see if I  
7 understand this. First of all, there's nothing in your  
8 statement about a Corometric monitor?

9 A. No.

10 Q. And there's nothing in your statement  
11 about leads?

12 A. No.

13 Q. And there's nothing in your statement  
14 about patches?

15 A. No.

16 Q. All right. Now, we now have Nurse  
17 Doerksen, in her statement, saying that she turned the  
18 Corometric monitor on.

19 A. Yes.

20 Q. Right?

21 A. Yes.

22 Q. Well, did you hear that Corometric  
23 monitor go through its cycling noises?

24 A. Yes.

25 Q. You heard that?

1 A. Yes, that's when I was leaving the room.

2 Q. Right. Well, then you were in the room

3 when it went through the cycling noises?

4 A. I was leaving the room.

5 Q. You were leaving the room?

6 A. So -- by the door towards outside the

7 hallway.

8 Q. No, I understand what leaving the room

9 means, but I take it that you heard the cycling noises?

10 A. Yes.

11 Q. All right. And there's nothing about

12 that ---

13 A. Sorry?

14 Q. There's nothing about that in your

15 notes?

16 A. No.

17 Q. There's nothing about that in the

18 hospital records?

19 A. No.

20 Q. There's nothing about that in the flow

21 sheet, about the Corometric being put on?

22 A. No.

23 Q. All right. And you'd agree with me that

24 it's good practice to mark in the flow sheet when a

25 Corometric is put on?

1           A.    I don't usually write down "Corometric  
2 monitor on" in my flow sheets.

3           Q.    No, but some nurses do, right?

4           A.    Yes.

5           Q.    Well, it wouldn't surprise you to know  
6 that when Lisa was a patient in March of 1998 at your  
7 hospital, on your ward, that it said "Corometric on?"

8           A.    I have never seen that document.

9           Q.    I'm showing you Exhibit 18, which is a  
10 blow-up of a chart, of a flow sheet for Lisa Shore on  
11 March 5, 1998.  And it says at the top -- what does it  
12 say?

13          A.    "Corometric on."

14          Q.    All right.  So that nurse felt that it  
15 was significant enough to mark it down?

16          A.    Yes.

17          Q.    And that nurse felt it was significant  
18 enough to do a sedation scale?

19          A.    Yes.

20          Q.    And that nurse felt that it was  
21 significant enough to mark down pain scales?

22          A.    Yes.

23          Q.    Now, I want to try and see if I  
24 understand where you were exactly when Nurse Doerksen  
25 says that she turned the apnea alarm off, all right?

1 First of all, we've established Lisa was your patient  
2 at that time.

3 A. Yes.

4 Q. All right. Now, let's just back up a  
5 minute. When the alarm -- when Nurse Doerksen says the  
6 alarm went off once or twice or three times or four  
7 times, all right, and I think she was unsure about  
8 whether it went off three times or four times, where  
9 were you?

10 A. I was in another patient's room or I was  
11 in the hallway.

12 Q. All right. But as you sit here today,  
13 you cannot say that you heard any of those alarms? I'm  
14 talking about the earlier ones now.

15 A. Which earlier ones now?

16 Q. Well, she said that she heard three of  
17 them.

18 A. I only heard that one alarm that I was  
19 telling you earlier.

20 Q. You only heard one alarm?

21 A. Heard one alarm with the same sound from  
22 the intravenous pump.

23 Q. I understand. The intravenous and the  
24 alarm ---

25 A. Yes.

1 Q. --- went off ---  
2 A. So that's ---  
3 Q. --- at the same time?  
4 A. Yes.  
5 Q. Well, what's your explanation for not  
6 having heard these three earlier alarms that Nurse  
7 Doerksen says she heard?  
8 A. I don't know.  
9 Q. I suggest to you there were no three  
10 earlier alarms.  
11 A. I don't know.  
12 Q. I suggest to you that Lisa was never  
13 attached to a Corometric monitor that was turned on.  
14 A. There was a Corometric monitor. I  
15 helped Ruth put the leads on and it was on, the monitor  
16 was on all night while I was checking Lisa.  
17 Q. What do you mean by "on"? I'm talking  
18 about turned on.  
19 A. Yes, it was turned on.  
20 Q. Well, you didn't turn it on?  
21 A. I didn't turn it on.  
22 Q. Now, is it your evidence that you knew  
23 nothing until January about Nurse Doerksen having  
24 turned off the apnea alarm on your patient?  
25 A. I might have heard that statement the

1 morning of that incident when she was talking to Mary,  
2 but there was so many things going on that I can't  
3 remember the details of that morning.

4 Q. Well, just let me see if I understand  
5 this now. You may have heard in the morning on October  
6 22nd, after the death ---

7 A. Yes.

8 Q. --- that Nurse Doerksen said that she  
9 turned the apnea alarm off?

10 A. Yes.

11 Q. Did you discuss that with anybody?

12 A. No. I was so upset that I blocked it  
13 off and I was just so shocked with what happened that  
14 morning.

15 Q. Did you discuss that with anybody the  
16 next day?

17 A. No.

18 Q. Or the next day?

19 A. No.

20 Q. Or the next day?

21 A. No.

22 Q. Or the next week?

23 A. No.

24 Q. Or the next month?

25 A. No.

1 Q. So the first time that you discussed  
2 that with anybody ---  
3 A. Yes.  
4 Q. --- was in January?  
5 A. Yes.  
6 Q. And you didn't put it in your notes?  
7 A. No.  
8 Q. Doesn't it go against hospital policy  
9 and protocol to turn an alarm off a machine like a  
10 Corometric monitor? I'm talking about an apnea alarm.  
11 A. Doesn't it go against hospital policy  
12 that ---  
13 Q. To turn it off.  
14 A. To turn it off?  
15 Q. Right.  
16 A. It's the nurse's judgment or discretion  
17 to do that.  
18 Q. It's the nurse's judgment or  
19 discretion ---  
20 A. To do that.  
21 Q. --- to disable 50 percent of the  
22 machine?  
23 A. Whether that nurse wants to turn it off  
24 or not, that's up to her. That's to her judgment.  
25 Q. Well, why didn't she tell you about it,

1 seeing as though you were taking over from her?

2 A. I don't know.

3 Q. Why didn't you tell anybody in the  
4 administration of the hospital or the Coroner's office,  
5 that that had been done when you knew about it the next  
6 morning?

7 A. I wasn't paying attention to it. I  
8 heard it and I was shocked and that experience was just  
9 -- got me upset.

10 Q. Well, did you go to Ruth Doerksen and  
11 say, a week later, two weeks later, "Hey, I think I  
12 heard you say this. Am I right?"

13 A. No.

14 Q. Well, why not?

15 A. It didn't come to mind.

16 Q. Now, let's just talk about your notes  
17 for a minute. Your notes were made on October 25th,  
18 right?

19 A. Yes.

20 Q. In the middle of the night. And you  
21 said that because of the shifts you were on, you  
22 weren't sleeping at that time because you wanted to  
23 regularize your sleeping pattern.

24 A. Yes.

25 Q. All right. Now, at that time, we know

1 that you'd spoken to Ruth Doerksen because she says so  
2 in her note of October 24th.

3 A. Yes.

4 Q. What possible explanation is there for  
5 not including in your notes this business about the  
6 Corometric monitor ---

7 A. I don't know.

8 Q. --- particularly, since we know you had  
9 a discussion with Ruth Doerksen?

10 A. I didn't think of it at that time. I  
11 didn't think of writing that.

12 Q. All right. But you did have a  
13 discussion with Nurse Doerksen on October 24th in which  
14 -- a discussion she, apparently, asked you whether Dr.  
15 Schily had said anything about oxygen saturation.

16 A. Yes.

17 Q. That was a very important point, wasn't  
18 it?

19 A. Yes.

20 Q. Yes? And that's why you made a note of  
21 it?

22 A. Yes.

23 Q. Disabling a Corometric alarm is equally  
24 important, isn't it?

25 A. Yes.

1 Q. And you didn't make a note of that?

2 A. No.

3 Q. When you spoke to Ruth Doerksen on  
4 October 24th and she told you about this discussion, or  
5 she asked you, rather, about the discussion that you  
6 had with Dr. Schily, if any, about an oxygen saturation  
7 reading, did she tell you that she had made extensive  
8 notes of what had happened that night?

9 A. Yes.

10 Q. Did she go through those notes with you?

11 A. No.

12 Q. Did she tell you about the Nursing Care  
13 Plan?

14 A. No.

15 Q. I suggest to you that your notes were  
16 honestly made by you, and that they don't refer to a  
17 Corometric monitor because there was none.

18 A. I didn't refer to the Corometric monitor  
19 because it didn't come to mind for me to write it down.

20 These were my personal notes. Whatever came to mind  
21 that night, whatever I needed to express, I wrote it in  
22 here, and there was a Corometric monitor on that night.

23 Q. Now, let's just back up to the 1:30  
24 telephone conference that you had with the Emergency  
25 Department. They told you that she had a pain

1 assessment, didn't they?

2 A. She had a pain assessment from pain  
3 service, yes.

4 Q. Well, they told you what had been done  
5 in the Emergency Department, didn't they? Told you  
6 about the drugs she was on, told you about the  
7 monitoring they were doing there?

8 A. No. They told me that she had had two  
9 morphine boluses and that she was going to be on PCA  
10 morphine and that she'll be in for pain management, and  
11 that in the morning she will be receiving epidural  
12 analgesia.

13 Q. Right. Well, they told you she was on a  
14 PCA?

15 A. Yes.

16 Q. All right. In any event, they didn't  
17 have to tell you that, because when she came up you saw  
18 the PCA.

19 A. They told me she had a PCA, yes.

20 Q. Well, did they tell you that they --  
21 what monitoring they were doing?

22 A. No.

23 Q. Did you ask?

24 A. No.

25 Q. Why not?

1                   A.    I don't know why I didn't ask.

2                   Q.    And when she came to the floor at 1:45,  
3                   or around 1:45, where physically were you?

4                   A.    I don't remember.

5                   Q.    Well, you were sufficiently close to  
6                   participate in the undressing ---

7                   A.    Yes.

8                   Q.    --- of the child.  And you were  
9                   sufficiently close to hear the cycling of the  
10                  Corometric monitor?

11                  A.    Yes.

12                  Q.    Well, why didn't you activate the Kidcom  
13                  at that point?

14                  A.    I didn't know there were Kidcom orders  
15                  at that time.

16                  Q.    Now, in your note, it's probably easiest  
17                  to refer to the typewritten version, you say that her  
18                  heart rate was greater than 100.

19                  A.    Yes.

20                  Q.    But you'd agree with me that 130 and 134  
21                  is a lot greater than 100?

22                  A.    Yes.

23                  Q.    You didn't put that in your notes?

24                  A.    No.

25                  Q.    Now, you testified earlier that these

1 notes were made without the chart, and I wanted to ask  
2 you about that because it seems to me that the notes  
3 are very, very detailed. Are you sure that you didn't  
4 have a chart with you when you made those notes?

5 A. I didn't have the chart. I wrote this  
6 down at home.

7 Q. Well, did you make -- did you write  
8 anything down on separate pieces of paper from the  
9 chart which you took home and used to help you when you  
10 made your notes?

11 A. No.

12 Q. So you made detailed notes about times,  
13 respirations, heart rates at home without the chart?

14 A. Yes.

15 Q. And you did that, notwithstanding the  
16 fact that you were very upset?

17 A. Yes.

18 Q. Dr. Schily, and my friend Ms. Browne  
19 asked about this, "told you to keep a close eye on Lisa  
20 Shore."

21 A. Yes.

22 Q. What did you do to keep a close eye on  
23 her?

24 A. I continued monitoring Lisa.

25 Q. Well, you didn't take her temperature at

1 4:05, you didn't take her pulse, and you didn't do a  
2 pain scale or a sedation scale, and that was right  
3 after you spoke to Dr. Schily, right?

4 A. Yes.

5 Q. All right. And at 4:15, ten minutes  
6 later, you didn't take her temperature, you didn't take  
7 her blood pressure and you didn't do a pain or a  
8 sedation scale?

9 A. Yes.

10 Q. And the same thing at 4:20?

11 A. Yes.

12 Q. All right. And at that point, the  
13 patient goes back to Nurse Doerksen?

14 A. Yes.

15 Q. And Nurse Doerksen has the same advice  
16 that you got from Dr. Schily, which is, "Keep a close  
17 eye on her?"

18 A. Yes.

19 Q. And Nurse Doerksen doesn't do -- a  
20 temperature is done at 5:00, but no temperature is done  
21 at 6:00, no blood pressure is done at 5:00 or at 6:00,  
22 and no pain or sedation scales are done?

23 A. Yes.

24 Q. You'd agree with me that that's not  
25 keeping a close eye on her?

1           A.    I can't judge her on her nursing care.

2           Q.    No, I'm asking about you.  I'm asking  
3           about you.  I'm not asking about her.

4           A.    I monitored my patient.

5           Q.    You didn't keep a close eye on her in  
6           terms of those things that we talked about; that's a  
7           pain scale, sedation scale, blood pressure, at the  
8           times that I just put to you?

9           A.    No.  But I did monitor her respirations.

10          Q.    Well, you didn't monitor her any more  
11          carefully after he told you to keep a close eye on her  
12          than you did before ---

13          A.    No.

14          Q.    --- did you?

15          A.    No.

16          Q.    So when he told you to keep a close eye  
17          on her, you didn't change your behaviour at all?

18          A.    No, I assessed her, she was stable.  I  
19          didn't have any concern with her.

20          Q.    Dr. Schily says that he told you to look  
21          up the saturation, right?

22          A.    No.

23          Q.    That's what Dr. Schily says.  You say  
24          that he didn't tell you that?

25          A.    He didn't tell me that.

1 Q. All right. So one of you is wrong about  
2 that; either you or him?

3 A. He didn't tell me that.

4 Q. You'd agree with me that doing  
5 saturation -- having an O2 SAT monitor on or an  
6 oximetry monitor would be part of keeping a close eye  
7 on her?

8 A. Yes.

9 Q. Dr. Schily says he told you to  
10 carefully, and I quote, "Check after sedation,  
11 respiration and other vital signs." You say he didn't  
12 tell you that?

13 A. No.

14 Q. But that, too, would be consistent with  
15 keeping a close eye on her, wouldn't it?

16 A. Yes.

17 Q. Dr. Schily says that any further  
18 deterioration, especially problems with saturation or  
19 sedation and respiration, should be reported to him.  
20 Did he say that to you?

21 A. No.

22 Q. And that, too, would be consistent with  
23 keeping a close eye on her?

24 A. Yes.

25 Q. And this was referred to earlier.

1 Having an oxygen mask ready is consistent with you  
2 having some concern, isn't it?

3 A. Yes.

4 Q. But you didn't have enough concern to do  
5 a blood pressure ---

6 A. No.

7 Q. --- or a formal sedation scale at that  
8 time?

9 A. No.

10 Q. Or an oxygen saturation?

11 A. No.

12 Q. I guess it would have been helpful to  
13 have the Kidcom orders?

14 A. Yes.

15 Q. But in a way, you really didn't need  
16 them, did you, because you had the protocol?

17 A. Yes.

18 Q. And you didn't follow that either?

19 A. Yes.

20 Q. In your note you say, "So many questions  
21 unanswered." You see that?

22 A. Yes.

23 Q. Do you think that we have some of the  
24 answers now in terms of all of the things that I've  
25 been talking about for the last half an hour?

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A. No.

Q. No?

A. No.

Q. So you don't think that taking blood pressures at the times that I asked you about would have been helpful?

A. Yes, it would have been helpful.

Q. Well, that's one answer I suggest to you. Don't you think that doing sedation scales and pain scales would have been helpful?

A. Yes.

Q. Don't you think that having an oxygen saturation monitor attached to Lisa would have been helpful?

A. Yes.

Q. Don't you think that disabling the apnea alarm, if there was even a machine there in the first place ---

A. First of all, there is a machine there, and, yes.

Q. That disabling it wasn't a smart idea. Do you agree with that?

A. Yes.

Q. Now, your next shift was the next night, right?

1           A.    Yes.

2           Q.    In terms of discussions and the  
3           acquiring of information, didn't you want to know,  
4           didn't you want details?

5           A.    Yes.

6           Q.    Didn't you want to follow through with  
7           the issue of the apnea alarm ---

8           A.    Yes.

9           Q.    --- to find out why a child had died on  
10          your last shift?

11          A.    Yes.

12          Q.    And yet you didn't discuss the apnea  
13          alarm with anybody in the hospital?

14          A.    No.

15          Q.    And you'd agree, I take it, that Ward 5A  
16          is a ward that has particular enhanced expertise in  
17          dealing with patients on PCA pumps, PCA morphine?

18          A.    Yes.

19          Q.    Now, I take it that whether a patient is  
20          on PCA morphine for acute pain, chronic pain or post-  
21          operative pain, that really shouldn't matter, should  
22          it?

23          A.    What shouldn't matter?

24          Q.    It shouldn't matter in terms of  
25          monitoring the patient whether the patient is there for

1 acute pain, chronic pain or post-operative pain?

2 A. It depends on the situation.

3 Q. Well, it may depend on the situation,  
4 but the PCA monitor, or the PCA nursing manual doesn't  
5 appear to make a distinction, does it?

6 A. No.

7 Q. And I guess if a distinction was to be  
8 made, it would be made in the manual?

9 A. Yes.

10 Q. So they're all to be treated the same,  
11 right?

12 A. It depends on the patient's condition  
13 and the circumstances.

14 Q. Well, in this case the patient's  
15 circumstances are, for example, at 4:00 in the morning,  
16 her heart rate was 130 and her respiration was 12. She  
17 should have been treated as well as a patient who was  
18 post-op with those same vital signs, right?

19 A. Yes.

20 Q. Now, I made a note of this, and we have  
21 the transcript, so I just want to make sure that you  
22 agree with this, that any orders that you got from Ruth  
23 Doerksen at about -- the only orders that you got from  
24 her at 2:00 were, number one, assess her pain ---

25 A. Yes.

1 Q. --- and number two, make sure she's  
2 sleeping comfortably?

3 A. Yes.

4 Q. Did you ask her for more details?

5 A. No.

6 Q. Why not?

7 A. I don't know why I didn't ask her for  
8 more details.

9 Q. Well, in terms of assessing her pain,  
10 didn't you look at the flow sheet?

11 A. Yes.

12 Q. Didn't you see that at 1:45 in the  
13 morning, Ruth Doerksen did not do a formal pain  
14 assessment?

15 A. Yes.

16 Q. Didn't you say to her, "You're telling  
17 me to assess her pain. What is her pain?"

18 A. I didn't assess her pain because she was  
19 sleeping.

20 Q. No, no, just a minute. Ruth Doerksen  
21 filled in this thing at 1:45 in the morning, the flow  
22 sheet that the jurors have.

23 A. Yes.

24 Q. And she didn't have a pain score ---

25 A. Yes.

1 Q. --- or scale. All right. Now, Ruth  
2 Doerksen gave you two pieces of advice. Make sure  
3 she's sleeping comfortably ---  
4 A. Yes.  
5 Q. --- I suppose could be interpreted in a  
6 lay sense, too.  
7 A. Yes.  
8 Q. I walk in, look at my son, he looks like  
9 he's sleeping comfortably. So what we're left with is,  
10 assess the pain?  
11 A. Yes.  
12 Q. All right. Did you ask Ruth Doerksen  
13 what she meant by that?  
14 A. No.  
15 Q. Well, one of the things that she didn't  
16 mean by that was do a pain scale, right?  
17 A. Yes, yes.  
18 Q. Because she didn't do a pain scale,  
19 right?  
20 A. I don't know if she did a pain scale or  
21 not.  
22 Q. Well, take a look at the chart. It's  
23 right behind you.  
24 A. She didn't do a pain scale at 1:45.  
25 Q. She didn't do -- well, that was the only

1 time that she filled in the flow sheet, right?

2 A. Yes.

3 Q. All right. So forget about the resting  
4 comfortably for a minute. She tells you, "Monitor her  
5 pain," right?

6 A. Yes.

7 Q. And you, of course, looked at the flow  
8 sheet?

9 A. Yes.

10 Q. But you didn't see a pain scale?

11 A. Yes.

12 Q. Well, did you say to her, "Where's the  
13 pain scale?"

14 A. No.

15 Q. Why not?

16 A. I don't know.

17 Q. I guess that would have been a good  
18 idea, right?

19 A. Yes.

20 Q. Did you go to the manual and say, "Hey,  
21 Doerksen didn't do a pain scale. Maybe I should do  
22 one?"

23 A. No.

24 Q. Why not?

25 A. I don't know.

1 Q. Well, why did Nurse Doerksen have to  
2 give you any instructions at all at 2:00 when you'd  
3 taken instructions from Emergency at 1:30?

4 A. Why did Ruth ---

5 Q. Why did she have to tell you anything at  
6 2:00? Certainly the information that she gave you at  
7 2:00 wasn't particularly helpful, was it?

8 A. She told me what I needed to do while I  
9 was covering for her.

10 Q. Right. She told you assess the pain and  
11 make sure she's sleeping comfortably?

12 A. Yes.

13 Q. Right?

14 A. Yes.

15 Q. Well, what information did you have at  
16 1:30? Surely you had more information than that  
17 yourself ---

18 A. Yes.

19 Q. --- because you took the call at 1:30?

20 A. Yes.

21 Q. Well, what information did you have?

22 A. That report that I got from Emerg.

23 Q. Well, what was it?

24 A. That the ten-year-old, Lisa, was coming  
25 up to the floor, she has chronic pain, she's known to

1 pain service and she had a pain assessment. She had  
2 morphine in Emerg, and that she was going to come up  
3 with PCA morphine.

4 Q. Right. But they didn't tell you  
5 anything about Kidcom?

6 A. No.

7 Q. Now, the next morning you were, I take  
8 it, shocked that Lisa had passed away?

9 A. Yes.

10 Q. And you knew it was a Coroner's case,  
11 didn't you?

12 A. I had an idea.

13 Q. Well, didn't somebody tell you that the  
14 Coroner was either at the hospital or was coming?

15 A. Yes, I heard.

16 Q. So you had more than an idea, you had a  
17 certainty that it was a Coroner's case?

18 A. Yes.

19 Q. Didn't you ask anybody what the  
20 protocols were for you in terms of co-operating with  
21 the Coroner's office?

22 A. No.

23 Q. Why not?

24 A. I didn't think of it at that time. I  
25 was so upset.

1 Q. Well, how about the next day? Didn't  
2 you ask anybody at the hospital what the protocols were  
3 for co-operating with the Coroner's office?

4 A. No.

5 Q. And how about the day after that?

6 A. No.

7 Q. The week after that?

8 A. No.

9 Q. The month after that?

10 A. No.

11 Q. Well, why not?

12 A. I don't know.

13 Q. And in terms of the jury making  
14 recommendations, that's surely an area that they can  
15 make recommendations in, isn't it?

16 A. Yes.

17 Q. Why didn't you suggest to anybody, since  
18 there was a Corometric there, according to you and Ruth  
19 Doerksen, that it be segregated and handed to Dr.  
20 Reingold?

21 A. I believe I'm not responsible for that.

22 Q. Well, you were responsible for the  
23 Corometric monitor, if there was one there. I know you  
24 say there was from 2:00 until roughly 6:00, because you  
25 were the nurse.

1                   A.    Yes, but I don't go out handing the  
2                   Corometric monitor to the Coroner.

3                   Q.    Well, why not?

4                   A.    That's not my responsibility.

5                   Q.    Well, whose is it?

6                   A.    I don't know.

7                   Q.    Well, apparently it was nobody's.  Did  
8                   you know that?

9                   A.    I didn't know that.

10                  Q.    Now, in terms of discussions with Mrs.  
11                  Shore, all right, I think that you said you didn't have  
12                  any discussions with Mrs. Shore.

13                  A.    I didn't have any discussions with Mrs.  
14                  Shore.

15                  Q.    Well, she says, and she'll testify that  
16                  she had discussions with you, and the discussions were  
17                  about the pillow and some small talk and about not  
18                  covering her daughter's leg.

19                  A.    That wasn't ---

20                  Q.    Do you deny that?

21                  A.    That wasn't me.

22                  Q.    That wasn't you?

23                  A.    That was Ruth.

24                  Q.    Now, just so I don't have to go through  
25                  this one-by-one, have we heard -- you had a meeting

1 with Mr. Hawkins. When was that?

2 A. That was in January of 1999.

3 Q. All right. Now, were there any internal  
4 meetings, other than meetings with Mr. Hawkins, of any  
5 kind, any kind of all, from when you found out that the  
6 child died, these are meetings that you're at, until  
7 today's date?

8 A. No.

9 Q. So the only meetings were meetings with  
10 Mr. Hawkins?

11 A. Yes.

12 Q. And no meetings with any of the people  
13 that I've talked about before ---

14 A. No.

15 Q. --- like, Dr. Reeder and Dr. Wright ---

16 A. No.

17 Q. --- and people like that?

18 A. No.

19 Q. Did you ever have a discussion with Dr.  
20 Schily after this ---

21 A. No.

22 Q. And it's your evidence, I just want to  
23 make sure about this now, that you found out about the  
24 Kidcom for the first time sometime in January of 1999?

25 A. Yes.

1 Q. Well, I want to talk to you about  
2 something that we haven't talked about before.

3 MR. GOMBERG: Mr. Coroner, it's Exhibit 6,  
4 and for the jurors, it's the Kidcom, but it's  
5 page 1 of the Kidcom and not page 2. We've  
6 been talking up to now, sir, about -- Mr.  
7 Coroner, page 2.

8 MR. CORONER: Thank you.

9  
10 BY MR. GOMBERG:

11 Q. Dr. Lobo, you know who Dr. Lobo is?

12 A. Yes.

13 Q. All right. And, of course, you know Dr.  
14 Lobo because he's an orthopaedic surgeon?

15 A. Yes.

16 Q. And 5A is an orthopaedic ward?

17 A. Yes.

18 Q. Did you have any discussion with Dr.  
19 Lobo that night about Lisa Shore?

20 A. No.

21 Q. Have you ever had any discussion with  
22 Dr. Lobo about Lisa Shore?

23 A. No.

24 Q. Now, I take it that -- if you look at  
25 Order Number 234. Do you see that?

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A. Yes.

Q. Can you read that, please, and explain it?

A. "... (Suspended) peripheral line IV intravenous, two-thirds and a third ..." That's the solution infusion that's going into the patient.

"... Rate at 75 mls per hour. Pain medications will be entered and managed by anesthesia pain service as per agreement between Dr. Wright and anesthesia staff on call tonight ..." And there's a bracket, "JLF" and a bracket again.

Q. All right. So, just to be clear, that order deals with a couple of things, but one of the things it deals with is the solution of -- the intravenous solution.

A. Yes.

Q. And it also deals with the flow of the intravenous solution.

A. Yes.

Q. The flow being how much is going through the veins of the patient?

A. Every hour, yes.

1 Q. Every hour. Right?

2 A. Yes.

3 Q. And those were important things, right?

4 A. Yes.

5 Q. Now, can you tell the Court when you had

6 care of the patient, whether that order had been

7 implemented?

8 A. The peripheral line intravenous?

9 Q. No, the ---

10 A. Which one?

11 Q. --- two-thirds, one-third solution

12 flowing at 75 millilitres?

13 A. Yes, that's what I was referring to.

14 Q. Right.

15 A. Was that implemented?

16 Q. Right.

17 A. She had a solution of normal saline

18 together with her morphine infusion.

19 Q. She had a normal saline solution, which

20 is not two-thirds, one-third, right?

21 A. Yes.

22 Q. And it was flowing at 20 millilitres per

23 hour and not 75?

24 A. Yes.

25 Q. So, that order, as well, wasn't

1 implemented?

2 A. Yes.

3 Q. All right. And the reason that that  
4 order wasn't implemented is for the same reason that  
5 the others weren't implemented; and that is, you didn't  
6 know about it?

7 A. Yes.

8 MR. GOMBERG: May I have the Court's  
9 indulgence just for a minute?

10 MR. CORONER: Yes. If it's of any help, Mr.  
11 Gomberg, I was thinking of recessing for  
12 lunch at this time anyway.

13 MR. GOMBERG: Yes, I'm almost finished. I  
14 think it would be helpful, because it'll  
15 prevent me from having to go through this  
16 stuff and waste your time, sir, and the  
17 jury's time.

18 MR. CORONER: We'll recess for lunch until  
19 2:00 p.m.

20

21 --- LUNCHEON RECESS

22

23

24 MR. CORONER: I think, Mr. Gomberg, you  
25 still had a few questions from the recess?

1 MR. GOMBERG: Yes, thank you. It was very  
2 helpful because it permitted me to figure out  
3 what I wanted to do, and I won't be very  
4 long.

5  
6 ANAGAILLE SORIANO, RESUMED

7 CONTINUED CROSS-EXAMINATION BY MR. GOMBERG:

8 Q. I wanted to get back to something that  
9 you were talking about earlier, which I had some  
10 confusion about, and maybe the jurors did as well, and  
11 that is this business about doctors activating orders.  
12 Remember that?

13 A. Yes.

14 Q. All right. I take it that you agree  
15 that it's the responsibility of the nurse on the floor  
16 to activate the orders?

17 A. We would be able to activate the orders  
18 if we had permission to activate the orders.

19 Q. No, let me back up. My suggestion to  
20 you is that it's mandatory that you activate the orders  
21 and that, in fact, you don't need permission to  
22 activate the them.

23 A. No, my understanding is we need  
24 permission to activate those orders in a suspended  
25 mode.

1 Q. Well, all orders are in suspended mode  
2 until they're activated, isn't that right?

3 A. Yes.

4 Q. So is it your evidence that every single  
5 order, you need permission to activate every order  
6 that's put on the Kidcom?

7 A. Yes.

8 Q. And how do you get that permission?

9 A. Through verbal from a doctor, through --  
10 by talking to a doctor on the phone and ---

11 Q. And what does the doctor hypothetically  
12 say to clue you in to give you permission to activate  
13 the orders?

14 A. There's two ways. It's either, "Can we  
15 activate these orders?" Or the second way would be,  
16 "Could you activate these orders?"

17 Q. Well, "Could you activate the orders?" I  
18 take it the answer to that is, sure you can activate  
19 them. Surely you're supposed to activate them when  
20 they're placed on the system by the doctor downstairs  
21 upon the arrival of the patient on the ward?

22 A. Yes.

23 Q. All right. And you're supposed to  
24 activate them whether the doctor phones or doesn't  
25 phone?

1                   A.    No.  To my understanding, we can  
2                   activate the orders if we have permission from the  
3                   doctors.

4                   Q.    Well, I'm showing you a blow-up of  
5                   something that comes out of the nursing PCA manual.  
6                   All right?  So let's just take a look at that.  It  
7                   says, "Admissions From Emerg, Kidcom Orders."  The  
8                   jurors have this in their material.  All right?  It  
9                   says:

10                   "... Note, if a patient arrives from Emerg  
11                   and you did not receive a call from the  
12                   resident ..."

13                   MR. KRKACHOVSKI:   Mr. Coroner, perhaps the  
14                   jury could be told, that's 196 I understand.

15                   MR. GOMBERG:    Yes, thank you, Mr.

16                   Krkachovski.

17                   MR. CORONER:    Thank you.

18  
19                   BY MR. GOMBERG:

20                   Q.    "... If a patient arrives from Emerg and  
21                   you did not receive a call from the  
22                   resident, check under suspended orders  
23                   to see if the orders are there ..."

24                   A.    Yes.

25                   Q.    Right?

1 A. Yes.

2 Q. All right. So you don't need permission  
3 to do that, right?

4 A. No.

5 Q. All right. So you're supposed to check  
6 to see if they're there?

7 A. Yes.

8 Q. And if they're there, you're supposed to  
9 activate them?

10 A. Activate them -- activate them when you  
11 get permission from the doctors to activate these  
12 orders.

13 MR. GOMBERG: Yes. May this be the next  
14 exhibit, Dr. Cairns?

15 MR. CORONER: Yes.

16 CONSTABLE CULLETON: Exhibit 45.

17

18 --- EXHIBIT NO. 45: Enlargement of admission from Emerg  
19 Kidcom orders

20

21 BY MR. GOMBERG:

22 Q. I just want to make sure I understand  
23 this, because I really am confused. The patient comes  
24 up, and in this case the patient comes up with a chart,  
25 right?

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A. Yes.

Q. Okay. And part of the chart includes Exhibit Number 5, which is the doctor's order, right?

A. Yes.

Q. Now, you've already testified you didn't read every line on Exhibit 5.

A. Yes.

Q. And you certainly didn't read the line that says, "Kidcom orders."

A. I didn't read the line, "See Kidcom orders."

Q. Well, let's assume that you had read the line that said "See Kidcom orders." Is that permission to activate the Kidcom orders, or is ---

A. No. I would have to call the doctor first and let him know that I will be activating the orders, or if it's okay for me to activate the orders.

Q. So your evidence, which we're hearing now for the first time in this inquest, is that regardless of whether you read that or you didn't read it, it wouldn't have mattered very much, if at all, because unless you had a discussion with Dr. Schily, a discussion dealing with Kidcom orders, they were not to be activated?

A. Yes.

1 Q. Well, would it surprise you to know that  
2 that evidence is completely contrary to the evidence  
3 that's been testified to by all of your colleagues  
4 here? And you heard it. Would that surprise you?

5 A. Yes.

6 Q. Well, who's right, you or them?

7 A. That's what I was taught in orientation,  
8 that I am not to activate orders unless I have  
9 permission from the doctor.

10 Q. Just to be clear, you didn't phone Dr.  
11 Schily or Emerg, you didn't phone Dr. Schily in Emerg,  
12 and you've heard evidence that certainly after 1:30  
13 that your colleague, Nurse Doerksen, didn't phone Dr.  
14 Schily?

15 A. Yes.

16 Q. And even if Dr. Schily had phoned you  
17 and said, "See Kidcom orders," that wouldn't be enough?

18 A. I would need a statement that -- saying  
19 we can activate these orders because they were in -- if  
20 they were in suspended mode.

21 Q. All right. Now, let's talk about the  
22 Exhibit 45 for a minute. Let's read this:

23 "... Emergency patient type. The orders  
24 have been legally entered and signed  
25 electronically on the system. They are

1 not the suspended orders of a clinical  
2 clerk. Nursing does not need any  
3 further authority to activate these  
4 orders in the same way, that no extra  
5 authority is needed to act on orders  
6 written on a paper accompanying a  
7 patient admitted from Emerg ..."

8 That's different from what you have just  
9 testified ---

10 A. Yes.

11 Q. --- isn't it?

12 A. Yes.

13 Q. Which is right, you or this?

14 A. What I know is what I -- is what I've  
15 been taught in orientation.

16 Q. Well, then, I guess your ---

17 A. I've ---

18 Q. --- your orientation manuals conflict  
19 with what's on Exhibit 45?

20 A. I've never had to activate orders on my  
21 own without a doctor's permission.

22 Q. Do you perceive that you're somewhat  
23 confused on this issue?

24 A. No. I've never had to activate orders  
25 on my own. I've always had to ask permission from a

1 doctor to activate orders.

2 Q. You've been working at the Hospital for  
3 Sick Children for 14 months since Lisa Shore died.

4 A. Yes.

5 Q. Have you clarified this?

6 A. No.

7 Q. No. Do you think you might want to  
8 clarify this tonight?

9 A. Yes.

10 Q. Now, I want to ask you something that  
11 deals with the Corometric monitor, and I just want to  
12 read you something from the testimony of Nurse  
13 Doerksen, all right, and then I have a couple of  
14 questions to ask you. It starts at page 25 of the  
15 Cross-Examination of Ms. Doerksen by Mr. Krkachovski.

16 This is Nurse Doerksen. The Coroner  
17 says:

18 "... Can I just clarify? At the time  
19 that you eventually turned the apnea  
20 alarm off, you had left and were in the  
21 Constant Care Room?

22 Ms. Doerksen: Right.

23 And heard an alarm from there?

24 Witness: No, I didn't hear the alarm.

25 I stepped out to pick up some papers

1 from the desk.

2 The Coroner: And heard an alarm then?

3 The Witness: Heard the alarm, yes.

4 So at the desk you heard the alarm and  
5 at that stage you went in and turned it  
6 off? [is the question that the Coroner  
7 asks.]

8 Answer: Yes ..."

9 We move down the page. Mr. Krkachovski  
10 then picks up his Cross-Examination.

11 "... You left the Constant Care Room,  
12 sorry, to get some paperwork or  
13 something when you heard the alarm?

14 Answer: Yes.

15 Question: All right. You then went to  
16 deal with the alarm?

17 Answer: Yes.

18 Question: Were you supposed to leave  
19 the Constant Care Room?

20 Answer: No.

21 Question: At all?

22 Answer: No, I was not.

23 Question: Did you tell Ms. Soriano that  
24 maybe she should look after the monitor  
25 while you stayed in the Constant Care

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Room?

Answer: Well, generally what we do is say, 'Keep an eye on the -- or listen, keep an eye, an ear out for the Constant Care Room while I go and do something quickly.'

Did that happen? [is the question.]

Answer: If it takes a few seconds.

Question: I'm sorry. What did?

Answer: I believe I did, yes.

Question: Before leaving the Constant Care Room to deal with the monitor, did you tell Ms. Soriano to keep an eye out for the patients in the Constant Care Room?

Answer: I think Anagaile was probably at the desk, and I would have said to Anagaile, 'Could you keep your ear out for monitors in the Constant Care Room while I go and do this?' ..."

That was Ms. Doerksen's testimony. Did that happen?

MR. HAWKINS: I think, in fairness, read the next question.

1 BY MR. GOMBERG:

2 Q. Right.

3 "... You used the word 'would' and  
4 'probably.' I gather you don't  
5 specifically remember?

6 Answer: Well, I can't recall  
7 specifically, no.

8 Question: I gather you decided you were  
9 going to turn off the alarm because you  
10 grabbed a pair of scissors? ..."

11 Ms. Doerksen believes that you were  
12 sitting at the desk when that alarm went off. That's  
13 what she believes. Is that correct?

14 A. I don't remember specifically if I was  
15 sitting at the desk. I don't think I was at the desk.  
16 I was around the area near the desk, but I wasn't  
17 sitting at the desk.

18 Q. Well, if you were around the area  
19 sitting at the desk, I suggest to you that you would  
20 have heard the alarm, if there was an alarm coming out  
21 of the Shore room.

22 A. If I was sitting at the desk, but I  
23 wasn't sitting at the desk.

24 Q. Well, if you were around the desk, then  
25 you would have heard the alarm coming out of the Shore

1 room if there was an alarm coming out of the Shore  
2 room?

3 A. Yes.

4 Q. And you didn't do anything to go to the  
5 Shore room to check out the alarm?

6 A. No. I wasn't at the desk.

7 Q. You were around the desk?

8 A. I was around the desk, but I wasn't  
9 physically in there.

10 Q. In where?

11 A. In that -- in the nursing station.

12 Q. I don't care whether you were in the  
13 nursing station. You were around the nursing station.

14 A. Yes.

15 Q. And you didn't go in to check the alarm  
16 that was allegedly going off in the Shore room?

17 A. No, I didn't check the alarm that was  
18 going off.

19 Q. Nurse Doerksen did that after coming out  
20 of the Constant Care Room.

21 A. Yes.

22 Q. And you didn't go to the Constant Care  
23 Room to watch the patients there ---

24 A. No, I ---

25 Q. --- while Ms. Doerksen did this in the

1 Shore room?

2 A. I was outside the Constant Care Room.

3 Q. All right. Now, turning to the evidence  
4 that you gave on Friday, page 16. Question -- this is  
5 again by Mr. Krkachovski.

6 "... All right. What was your  
7 expectation as to what was going to  
8 happen with respect to the other alarm?  
9 [The other alarm being the Corometric  
10 alarm.]

11 Answer: I was going to answer the other  
12 alarms after I had given my medication.

13 Question: All right, what happened  
14 after you gave the medication?

15 Answer: I didn't hear the alarm.

16 Question: So you just ignored it?

17 Answer: I assumed Ruth would have  
18 answered it.

19 Question: Well, how did you know which  
20 patient it was coming from?

21 Answer: I didn't know where it was  
22 coming from, and I didn't hear it  
23 anymore ..."

24 All right, now, we move down.

25 "... Question: Were you not concerned

1 to know which patient's alarm sounded  
2 and for what reason?

3 Answer: Yes, I was.

4 Question: But you didn't do anything  
5 about it, seemingly?

6 Answer: No, I believe I was doing  
7 something else.

8 Question: Did you at any time  
9 investigate where that alarm came from?

10 Answer: No.

11 Question: Did you ask Nurse Doerksen  
12 about that alarm?

13 Answer: No.

14 Did she say anything to you about the  
15 alarm?

16 Answer: No ..."

17 Now, I suggest to you that that's highly  
18 unusual, that there's an alarm going off in the room of  
19 a patient of yours, Ms. Doerksen's coming out of the  
20 Constant Care Room and you're either at the desk or  
21 near the desk and you don't go and do anything about  
22 the alarm? Isn't that unusual?

23 A. I don't know if I have an answer for  
24 that.

25 Q. And I suggest it's highly unusual that

1 when an alarm is alarming or allegedly alarming in a  
2 room of a patient who is on a PCA morphine pump, a  
3 patient that is under your care, I suggest that it's  
4 highly unusual that you don't even engage Ruth Doerksen  
5 in a discussion to find out what room that alarm is  
6 coming out of?

7 A. I can't answer that question.

8 Q. Those are my questions, sir.

9 THE CORONER: Thank you. Mr. Hawkins?

10  
11 CROSS-EXAMINATION BY MR. HAWKINS:

12 Q. Ma'am, Mr. Gomberg was just asking you  
13 about the alarms that were going off. When the alarm  
14 was going off, you were doing something else?

15 A. Yes.

16 Q. What were you doing?

17 A. From what I can remember, I'm in my  
18 patient's room or around that hallway, the hallway on  
19 the left. This hallway right here.

20 Q. Okay. And your assumption was that  
21 someone else was attending to that alarm?

22 A. Yes.

23 Q. And when the alarm stopped ringing ---

24 A. Yes.

25 Q. --- did you feel that you needed to

1 investigate that further?

2 A. No.

3 Q. You indicated when Lisa arrived on the  
4 floor, you assisted her in the transfer to the bed?

5 A. Yes.

6 Q. Can you describe her level of  
7 consciousness or her level of sedation at that stage?

8 A. She was asleep on the stretcher. Me and  
9 Ruth had helped her transfer from the stretcher to the  
10 bed and she moved herself to the bed and she was awake  
11 and alert.

12 Q. And after that transfer, I think you  
13 said you went and checked on your other patients?

14 A. Yes.

15 Q. And you came back to the room at some  
16 point?

17 A. Yes.

18 Q. When you came back to the room, what did  
19 you do or what was going on?

20 A. I asked Ruth if she needed any more help  
21 and at that time, we were putting some leads on from  
22 the Corometric monitor and some stickers onto Lisa.

23 Q. Was there a Corometric in the room at  
24 that point?

25 A. Yes.

1 Q. Did the Corometric get turned on?  
2 A. As I was leaving the room, Ruth turned  
3 it on.  
4 Q. And did you hear the audible self-test?  
5 A. I heard the audible self-test.  
6 Q. And for the rest of your care of the  
7 patient that night, was the Corometric still turned on  
8 and functioning?  
9 A. Yes, it was on and functioning.  
10 Q. And you said something about correlating  
11 your manual checks with the monitor. What did you mean  
12 by that?  
13 A. I meant that when I was taking her heart  
14 rate and respirations, the numbers that I had taken  
15 manually were the same as the numbers that were showing  
16 up on the Corometric monitor.  
17 Q. So when you take heart rate and  
18 respirations, you do that manually?  
19 A. Yes.  
20 Q. And is that what you did that night?  
21 A. Yes.  
22 Q. How do you manually or what is your  
23 practice for taking a respiratory rate?  
24 A. There's two ways. I can either look at  
25 the chest rise up and down, I can use my stethoscope

1 and listen to breath sounds and the air entry and how  
2 many times a person breaths per minute.

3 Q. Did you do one or the other or both that  
4 night?

5 A. I did my manual respiratory assessment  
6 using the stethoscope.

7 Q. Is that your practice or your general  
8 practice?

9 A. That's my usual practice.

10 Q. And is that what you did that night?

11 A. Yes.

12 Q. Now, if we look at the flow sheet, we  
13 can see that you took the respiratory rate on 11  
14 occasions between 2:30 and 4:20. Are each of those  
15 times that you have noted the respirations, is that you  
16 actually taking the respirations?

17 A. Yes.

18 Q. Did you do it manually?

19 A. Yes.

20 Q. And those 11 times, would you have done  
21 it manually with your stethoscope?

22 A. Yes.

23 Q. And is that of necessity, then, I guess  
24 that involves listening to the chest?

25 A. Yes.

1 Q. And how was Lisa's chest when you  
2 listened to it?

3 A. Lisa's chest was clear. She wasn't in  
4 any distress. Her respirations weren't shallow, they  
5 weren't laboured. She had good colour. I didn't hear  
6 any other abnormal noise in her chest.

7 Q. A number of questions were asked of you  
8 about the call you made to the pain service at 2:50 and  
9 the fact that you didn't call him back until 4:05.  
10 What were you doing in that hour and 15 minutes?

11 A. I have -- I checked on Lisa and I was  
12 doing patient care with the other nine patients that I  
13 was covering for within that hour, and by the time I  
14 went to the nursing station to call the doctor again, I  
15 didn't realize it was already 4:00.

16 Q. What sort of patient care within that  
17 time are doing for your other patients?

18 A. If a patient needed pain medications or  
19 any sort of intravenous medications, assisting children  
20 go to the bathroom if the need to go to the bathroom in  
21 the middle of the night, a baby who needs to be fed, if  
22 a mother needs assistance for a child who is awake, if  
23 they need anything, they can't sleep and those are just  
24 the basic patient care that may come up.

25 Q. Is caring for nine patients a fairly

1 busy time?

2 A. Yes.

3 Q. The discussion with the pain service at  
4 4:05 in the morning, we've heard that there is a  
5 significant difference between what you say and what  
6 Dr. Schily says about that conversation. Can you go  
7 over once again what you told Dr. Schily?

8 A. I told Dr. Schily her heart rate from  
9 120's to 130's, her respirations had gone down to 8 and  
10 10, her respirations had picked up, she was rousable  
11 and that I had taken the PCA morphine away from her.

12 Q. Are you sure you told Dr. Schily the  
13 number?

14 A. Yes.

15 Q. Dr. Schily, in the letter to his lawyer  
16 or his insurance company that has been made an exhibit,  
17 says you told him the respirations were just above 10?

18 A. No, I told him 8 and 10 and they had  
19 gone up, picked up later on in the night.

20 Q. In his testimony, he said you either  
21 told him the respirations were 10 or 11, but he wasn't  
22 sure which. Did you tell him respirations were 10 or  
23 11?

24 A. No, I didn't tell him 10 or 11.

25 Q. He also indicates in his letter in his

1 testimony that you told him that all vital signs were  
2 either "good" or "normal." Is that something you told  
3 him?

4 A. No.

5 Q. Is it your practice to tell physicians  
6 that vital signs are "good" or "normal?"

7 A. No.

8 Q. What is your practice?

9 A. I usually use my flow sheets and tell  
10 them the numbers on the vital signs and the condition  
11 of the patient.

12 Q. So your practice is to tell physicians  
13 the numbers?

14 A. Yes.

15 Q. Why do you tell physicians the numbers  
16 as opposed to saying "good" or "normal," something like  
17 that?

18 A. "Good" or "normal" could mean anything  
19 and it doesn't really say much about a patient's status  
20 or vital signs.

21 Q. Did you have any discussion with Dr.  
22 Schily about oxygen saturations?

23 A. No.

24 Q. Did he ask you something like "check the  
25 oxygen saturation" or "look up the oxygen saturations"?

1 A. No.

2 Q. Did he ask you "What are the oxygen  
3 saturations?"

4 A. No.

5 Q. If he had asked you to check oxygen  
6 saturations, what would you have done?

7 A. I would have gotten myself an oxygen  
8 saturation monitor and called the RT and hooked it up  
9 and put it on Lisa.

10 Q. You were also asked quite a few  
11 questions about the events after Lisa's death. Have  
12 you, in your experience as a nurse, have you ever had a  
13 patient die before?

14 A. No, this was my first time.

15 Q. And have you ever seen a patient,  
16 particularly one of yours, but any patient pronounced  
17 dead on your floor?

18 A. No.

19 Q. Your note on October 25 talks a little  
20 bit about your feelings that day or three days later.  
21 Can you tell me, what is going through your mind that  
22 morning?

23 A. I was confused, I was shocked with what  
24 had happened, I didn't know exactly what had happened  
25 and what had gone wrong and I was thinking if I could

1 have done more or if I should have done more or what  
2 else I could have done to prevent it or anything.

3 Q. And were you still feeling that way  
4 three days later when you made your note?

5 A. Yes.

6 Q. If we read that note, at the start, "...  
7 Very shocking experience, I think about it all the  
8 time. I can see her face so clearly in my mind, in my  
9 dreams. It was very scary, I was so nervous and scared  
10 ..."

11 Is that how you were feeling the night  
12 of October 25th?

13 A. Yes.

14 Q. And down towards the end of the note:  
15 "... I couldn't say anything after she  
16 was pronounced dead, burst into tears, I  
17 couldn't sleep when I got home from work  
18 for several days, nights. I still keep  
19 thinking of the events that took place  
20 and what went wrong. The next night I  
21 was working, I was very nervous and her  
22 face and the whole turn of events was so  
23 distracting. Every time I walked by the  
24 room, I feel like crying and my heart  
25 beats increase ..."

1                                   Is that how you were feeling three days  
2 later?

3                                   A.    Yes.

4                                   Q.    And why did you write that note, or  
5 what's the -- why are you putting all your feelings  
6 like that in a note?

7                                   A.    It was the only -- one of the ways that  
8 I could express myself.

9                                   Q.    And at that day, had you ever  
10 participated in a Coroner's case before?

11                                  A.    No.

12                                  Q.    Did you know anything about the  
13 Coroner's system and how it worked?

14                                  A.    I briefly knew about it.

15                                  Q.    Did you know how the process worked?

16                                  A.    No.

17                                  Q.    Had anyone from the hospital told you  
18 about a Coroner's case and how it worked?

19                                  A.    There was some information session by  
20 Marianne Stevens. I don't remember when exactly it  
21 was, educational purposes about a Coroner's inquest.

22                                  Q.    And other than that, you had never  
23 actually worked through one before?

24                                  A.    No.

25                                  Q.    And did you know that you were supposed

1 to go and talk to somebody about it?

2 A. No.

3 Q. And Mr. Gomberg asked you, but would it  
4 be fair to say you were waiting for someone to come and  
5 talk to you?

6 A. Yes.

7 Q. And can you tell me as a general  
8 question how Lisa's death has affected you, affected  
9 the way you practice nursing?

10 A. I find that I get nervous and I second-  
11 guess myself. I find myself to have better nursing  
12 care and better assessment and I find myself to  
13 document a lot more and to check on my patients very  
14 closely. I've participated in certain in-services and  
15 continuing to educate myself more and helping out the  
16 newer staff in usual practice and my experience. I --  
17 whenever I work a night shift, I still remember the  
18 event, and ... I wish I could have done more. I  
19 don't know what else I could have done.

20 Q. Thank you, those are my questions.

21 THE CORONER: Does the jury have questions  
22 of this witness.

23 JUROR #1: Could we take recess, sir, a  
24 short recess?

25 THE CORONER: Certainly. Ten or 15 minutes,

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which would you like?

JUROR #1: Fifteen would be great.

THE CORONER: Fifteen minutes, fine.

--- A BRIEF RECESS

THE CORONER: Is the Jury ready now to ask some questions?

CROSS-EXAMINATION BY THE JURY:

BY JUROR #2:

Q. Just a couple of questions in regard to your discussion with Mr. Hawkins. You were saying that you would have felt good, assuming that someone was dealing with the alarm that you heard going off, when the alarm went off, but I guess my question to you is at that point, the only person who would be available to give you assistance was in the Constant Care Room, so wouldn't it be more appropriate that you would have felt a need to respond to that alarm? You wouldn't be able to make the assumption that someone was available to deal with it ---

A. Yes.

Q. --- for you, so the assumption really should have been that you would want to find out what

1 happened with the alarm after it had gone off?

2 A. Looking back at it now, I should have.

3 Q. I just wanted to clarify that. And the  
4 other thing was -- sorry, Mr. Hawkins -- but Mr.  
5 Hawkins asked a question regarding reporting to a  
6 doctor, how you would typically report to a doctor and  
7 you said that typically you would respond in a  
8 statistical response, giving the data ---

9 A. Yes.

10 Q. --- that fit the vital signs, et cetera.  
11 I'm just curious at that point of the incident, had  
12 you had occasion to report to a doctor at that point?

13 A. Had I a -- sorry?

14 Q. Had you had any occasion yet in that  
15 point in your career to report to a doctor?

16 A. Yes.

17 Q. You had?

18 A. Yes.

19 Q. And so you had had experience with  
20 giving the report, okay. I have some questions for you  
21 just regarding your education. First of all, just to  
22 satisfy our curiosity, when you graduated from your  
23 nursing and applied for the position at the Hospital  
24 for Sick Children, was it a posting at the college or  
25 at the university that you responded to?

1           A.    There were two postings that I responded  
2           to, one was on the internet and one was from the  
3           newspaper.

4           Q.    Okay.  At that point, were they -- did  
5           they give any qualifications as far as experience was  
6           concerned?

7           A.    One of the qualifications was that you  
8           have a four-year degree or were working towards a  
9           Bachelor's degree.

10          Q.    Right.

11          A.    And clinical experience, which I had  
12          from pediatrics was sufficient enough.

13          Q.    Okay, so they weren't looking for any  
14          kind of special experience or qualifications to be  
15          working with the PCA pump, in particular?

16          A.    No.

17          Q.    Or working with children who were on  
18          morphine?

19          A.    From what I remember in the posting, I  
20          think it said experience would be preferred.

21          Q.    Okay.  So, in essence, you went over and  
22          started working there.  When you got to the floor and  
23          you realized -- we've heard testimony from people who  
24          have said that the ward is considered to be an area  
25          where they have -- they're highly, highly experienced

1 in dealing with dangerous drugs, if you would. So when  
2 you got there and you realized that you were dealing  
3 with children on PCA pumps and children who would have  
4 combinations of medications, did you feel that there  
5 was a need for you to further your education or further  
6 your experience or expertise so that you would be able  
7 to work with these kids?

8 A. Mm-hmm.

9 Q. Did you have a plan ---

10 A. Yes.

11 Q. --- that you were working towards?

12 A. I had an orientation for three months,  
13 which would include the PCA monitoring and whatnot and  
14 procedures. There are in-services that the hospital  
15 provides. It's usually whenever they are scheduled and  
16 I go to these in-services when I'm not working and we  
17 have our educators, if there is a need to find out more  
18 information or if we needed more education.

19 Q. Did your manager or anyone suggest to  
20 you that there would be an appropriate series of  
21 courses that you should take to further yourself?

22 A. Courses regarding to ---

23 Q. Regarding the care of children who are  
24 on this type of medication? I'm just -- what I'm  
25 trying to establish is if they were in any way trying

1 to raise your level of expertise ---

2 A. Yes.

3 Q. --- to the level that they deem is ---

4 A. Yes.

5 Q. Okay. As a nurse, just one other  
6 question in that regard, as a nurse in this field, what  
7 did you see as your absolute priority in dealing with  
8 the children?

9 A. I'm sorry?

10 Q. Your absolute priority in dealing ---

11 A. What is my absolute priority?

12 Q. --- in dealing with the children.

13 A. I'm not sure.

14 Q. When you're administering the care to  
15 the children? I guess what we're trying to tie that to  
16 is how effectively you would want to implement orders  
17 and whatnot.

18 A. Implement orders?

19 Q. Yeah.

20 A. First of all, I base my care on the  
21 patient's condition and the age, the condition that  
22 day, the history, if the family is there and I would  
23 get my orders from the patient care summary. I would  
24 prioritize and organize my day through the needs of the  
25 patient or the family, knowing in mind, as well, that

1 certain unpredictable things may come up in the middle  
2 of the day or maybe the patients, some condition may  
3 change during the day, so then I would have to modify  
4 it, you know, the events of the day, as well, depending  
5 on their needs, really.

6 Q. In your work history, up to the point of  
7 the incident, had you ever activated a Kidcom order?

8 A. I've activated a Kidcom order with the  
9 permission from the doctor.

10 Q. So you do know the pathway that you have  
11 to take?

12 A. Yes.

13 Q. And you do know, okay. If you had been  
14 aware at the time of the fact that Lisa had already  
15 been on a number of drugs, there was a combination of a  
16 few drugs, along with morphine, would this have meant  
17 anything to you? Would your studies have provided you  
18 with the knowledge to know that there could be some  
19 kind of interaction, and would you have been aware of  
20 what you were looking for?

21 A. Yes, I would have researched on certain  
22 drugs and interactions and I would have asked the more  
23 senior people who have dealt with patients like Lisa or  
24 dealt with drugs like that and the interactions they  
25 might have had.

1 Q. But at the time that it happened to  
2 Lisa, that Lisa was in the hospital, did you have the  
3 knowledge?

4 A. No, I wasn't aware of her history.

5 Q. No, but did you have the knowledge of  
6 what you could anticipate might happen with that kind  
7 of combination of drugs?

8 A. I think with the certain drugs that she  
9 had, I wasn't aware of.

10 Q. And then you gave -- I believe you gave  
11 testimony to say that there are 24 beds on that floor?

12 A. Yes.

13 Q. So am I correct in assuming that at any  
14 given time, you could be responsible for eight children  
15 at a time, as well as relieving for 16, is that what  
16 I'm hearing with that?

17 A. If there were more than five patients  
18 per night, we would have to get another nurse.

19 Q. So after five patients per nurse, they  
20 -- so at the point where there's 15 patients, they  
21 would bring in another nurse?

22 A. Yes.

23 Q. Is that what happens? Okay. And you  
24 were saying that in orientation, you were taught that  
25 you would have to have doctor's permission to activate

1 orders. Do you recall who taught you the orientation?

2 A. I don't know which part of the  
3 orientation section it was.

4 Q. Could you find that out?

5 A. I'll try and find out.

6 Q. Okay, because we would like to know  
7 that. I have another question, you were working with a  
8 child who you did not have any orders for. Was that  
9 the first time you had ever worked in a situation like  
10 that, where you had no orders at all?

11 A. Yes.

12 Q. That was the very first time?

13 A. Yes.

14 Q. And at that time when you were working,  
15 knowing that you didn't have orders, did you feel you  
16 had confidence in your level of knowledge and expertise  
17 to handle that situation?

18 A. I had prioritized and I know that I  
19 needed to assess her pain and needed to monitor her  
20 according to the medication that she was on, but  
21 thinking about it now, maybe I should have, you know,  
22 looked into it more and maybe should have done more.

23 Q. And just an observation, just one last  
24 question is in looking at the chart, which is page 11,  
25 and timing the intervals in between your assessments,

1 it takes on a slight note of frenzy, where you go from  
2 a 15-minute interval, a five-minute interval, 40  
3 minutes, 40 minutes, 5 minutes, 10 minutes, five  
4 minutes, and there's almost an air of frenzy to it, as  
5 if you were perhaps a little bit anxious. Did you feel  
6 that at the time?

7 A. Looking back at it, yes.

8 Q. You did? But you still didn't feel --  
9 did you feel that you could have knocked on the door of  
10 Constant Care and said, "Help?"

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

12 Q. You didn't think of it or you just  
13 didn't feel that you could?

14 A. I didn't think of it.

15 Q. Okay, so those are my questions, thank  
16 you.

17 THE CORONER: Do other jury members have  
18 questions?

19  
20 BY JUROR #1:

21 Q. I might have a couple of questions. I'd  
22 like to know from you what happened during the arrest,  
23 after the arrest and where you were at all these times?

24 I know that you called the code. Could you take it  
25 from there?

1           A.    Yeah, I'll try.  I remember Ruth told me  
2           to call the code.  I ran into the room and pressed the  
3           red emergency button.  From what I remember, the  
4           residents were already starting to resuscitate her, to  
5           help them with the oxygen and somebody had shouted or  
6           somebody needed narcan, so I think there were two of us  
7           running for it.  I took it and I gave it and there were  
8           already a lot of people at the scene doing things.  The  
9           crash cart was there and I was outside the door of the  
10          room, helping to get the equipment ready or --  
11          intravenous bags and whatnot and pass things along.

12          Q.    Is that how that works, someone is out  
13          in the hallway, passing equipment through?

14          A.    Whatever we can help with with it, yeah.

15          Q.    And what did you do after that?

16          A.    After the event was finished?

17          Q.    Not after it was finished.

18          A.    Oh, sorry.

19          Q.    As it was in progress.

20          A.    As it was in progress?  I was still  
21          passing things on and from what I can remember, they  
22          were trying to resuscitate her and they had started  
23          cleaning up and realized that the thing was over and I  
24          went to one of my colleagues and started crying and we  
25          went in the back room and ...

1 Q. So you were there during the entire  
2 code?

3 A. Yes.

4 Q. Until completion? And then you went  
5 into a back room?

6 A. Yes. It's a conference room.

7 Q. A conference room?

8 A. Yeah. It's what we call a "conference  
9 room."

10 Q. And you were with colleagues in that  
11 room?

12 A. Yes.

13 Q. And who were you with?

14 A. I remember Mary Douglas was there,  
15 Lynette Avery was there, Ruth was there. I don't  
16 remember the other people who were in there.

17 Q. Were there many other people there,  
18 or ---

19 A. Outside the room, there were. Inside, I  
20 can't tell how many people exactly.

21 Q. Okay, now, after -- and then what did  
22 you do? Did you back into Lisa's room?

23 A. Yes, and she was already set up, she  
24 was all covered up and spoke to a few more colleagues  
25 and ---

1 Q. Colleagues that were in the room with  
2 Lisa?

3 A. Yes.

4 Q. Mm-hmm. Who were they?

5 A. I don't exactly remember who they were  
6 or how many people there were.

7 Q. Do you remember any of them?

8 A. It's hard to tell. I know Lynette was  
9 with me, Lynette Avery was with me and sort of just  
10 giving us support on what had happened. There was a  
11 lot of confusion, a lot of things going on and ---

12 Q. Was Ms. Doerksen there?

13 A. Outside the room?

14 Q. Well, inside the room at this time we're  
15 speaking of, now.

16 A. She was inside, yeah, she was inside the  
17 conference room.

18 Q. Inside the conference room?

19 A. Yes.

20 Q. So she wasn't there in Lisa's room at  
21 that time? You were there?

22 A. Yes. I remember after that, I think I  
23 had gone home, I needed to go back home so I could get  
24 back the same night, to work (inaudible).

25 Q. Mm-hmm. And so as far as you know, just

1           you, Avery, Doerksen was in the conference room. So  
2           just as far as you know, yourself and Ms. Avery were in  
3           that room at that time, after the code was complete and  
4           the doctors had left?

5                     A.    Sorry, Lynette, Ruth, Mary Douglas were  
6           in there.

7                     Q.    They were in the conference room. I'm  
8           speaking about ---

9                     A.    Yeah, we were all in the conference  
10          room. Oh, you're talking about the room, sorry.

11                    Q.    Yes, well, you told me you went back ---

12                    A.    I went back.

13                    Q.    --- to Lisa's room, 47.

14                    A.    Yeah, I was with Lynette, but I don't  
15          know who the other people were in that room.

16                    Q.    Were the doctors still there?

17                    A.    I don't remember seeing a doctor in  
18          there.

19                    Q.    And was the Corometric monitor still  
20          there?

21                    A.    I wasn't paying attention to that. I  
22          was just sort of looking in the room and left.

23                    Q.    Okay. Were you there when Mary Douglas  
24          came in to check that Corometric?

25                    A.    No, I wasn't.

1 Q. Do you know who took that Corometric  
2 monitor out of that room?

3 A. No.

4 Q. Do you know what the general procedure  
5 is when equipment is used and the room is being cleared  
6 or perhaps held for the Coroner's arrival, what the  
7 general policy is to machines that were related to the  
8 care of the patient?

9 A. When the patient is discharged or when  
10 they go home, all the equipment there are ---

11 Q. Well -- okay.

12 A. Sorry. No, go on.

13 Q. I'm speaking about specifically this  
14 night.

15 A. Oh ...

16 Q. After the unsuccessful ...

17 A. I don't know who would have cleaned up  
18 the room, but it usually is transport people who  
19 usually takes care of the equipment and then house-  
20 keeping would clean up the room.

21 Q. So transport people would normally  
22 remove a Corometric monitor from --

23 A. Yes.

24 Q. In a case where there might be a  
25 Coroner's inquest?

1                   A.    Oh, no, not at a Coroner's inquest,  
2                   sorry, I misunderstood you.

3                   Q.    Well, that's what I'm asking.

4                   A.    I misunderstood you.

5                   Q.    Who would normally ---

6                   A.    Oh, I don't know.

7                   Q.    You don't know?  Okay, could you tell me  
8                   what you talked about or learned when you were in the  
9                   information session with Marianne Stevens?

10                  A.    I can't remember details, but I remember  
11                  she talked about what a Coroner's inquest was.

12                  Q.    What did she say it was?

13                  A.    It was an investigation of -- it's sort  
14                  of investigating the events and what had happened and  
15                  what -- possibly find the cause of death and  
16                  (inaudible).  Basically she just went through, you  
17                  know, how long it would take and who would be there and  
18                  the kind of people that would be there and lawyers and  
19                  whatnot.

20                  Q.    And were you advised there that what you  
21                  might do and what every individual that was on the ward  
22                  that night might do to assist the Coroner's inquest?

23                  A.    I'm sorry?

24                  Q.    During this information session ---

25                  A.    Yes.

1 Q. --- were you advised as to what you,  
2 yourself, might do to assist the Coroner's inquest?

3 A. Yes.

4 Q. And what were you told?

5 A. I was directly involved, so Marianne had  
6 spoken to me individually. Like, she had spoken to me  
7 and she had informed me that there would be a Coroner's  
8 inquest regarding this case.

9 Q. And how did she tell you that you could  
10 help or assist?

11 A. By providing the information and  
12 relating the events that had happened that night.

13 Q. And by providing the information, did  
14 she mean the -- just the flow charts or ...

15 A. From the time that I was present.

16 Q. From the time -- I don't have too many  
17 more questions. So could I ask you, then, if you know  
18 if Nurse Doerksen took the Corometric monitor from the  
19 room?

20 A. No, I don't know.

21 Q. How about Mary Douglas?

22 A. I don't know that.

23 Q. How about your manager?

24 A. I don't know.

25 Q. And can you tell me, you said earlier

1 that you were assisting younger nurses, new nurses  
2 coming on to the scene now. Are you telling those  
3 nurses that they don't -- that they are not to access  
4 the Kidcom orders unless a doctor telephones them and  
5 makes an absolute ---

6 A. No, I don't tell them that.

7 Q. --- statement?

8 A. No, I don't tell them that. Whenever  
9 they ask me for help for anything, if they have a  
10 question, I give them feedback and I give an  
11 explanation.

12 Q. But what if they asked you for help  
13 regarding the accessing the Kidcom orders?

14 A. I would need to clarify that first  
15 before I let them know what I know with regards to  
16 that.

17 Q. And have there been times, other times,  
18 that you have worked without doctor's orders because  
19 you didn't get orders and you didn't know you could get  
20 orders?

21 A. No.

22 Q. So you're suggesting that Dr. Schily is  
23 the only doctor in the time that you've practiced there  
24 until January 11th, when the new system was put in  
25 where they're printed out on your floor, that every

1 other single doctor without question, of any patient  
2 you've treated or cared for, phoned you directly and  
3 told you please activate those Kidcom orders?

4 A. No, I don't think I have had an instance  
5 where they phoned me and told me to activate the  
6 orders. Usually ---

7 Q. But isn't that what you told Mr.  
8 Gomberg, that you're not allowed to activate those  
9 orders unless a doctor calls you and makes the actual  
10 statement ---

11 A. Yes.

12 Q. --- on the telephone?

13 A. I think what I'm trying to say is that  
14 the orders would usually normally just print out from  
15 our printer, and ---

16 Q. Yes, but that wasn't happening in ---

17 A. Yes, I realize that.

18 Q. --- October, that's only begun happening  
19 on the 11th of January, 2000, hasn't it?

20 A. Yes.

21 Q. Is that correct?

22 A. Yes.

23 Q. So what have you been doing since  
24 October 21st and 2nd, 1998?

25 A. I would call them. If the orders were

1           suspended, I would have called them to activate the  
2           orders themselves or if I can activate them.

3                   Q.    But the doctors don't activate the  
4           orders.

5                   A.    No, they activate the orders.

6                   Q.    So you're saying if the orders were  
7           suspended, you would call a doctor?

8                   A.    Yes.

9                   Q.    And you would say to this doctor,  
10          "Please activate my orders -- your orders, so that I  
11          can work with orders?"

12                   A.    Yes, it's either I ask him, "Can you  
13          activate these orders?" Or, "Am I allowed to activate  
14          these orders?" And I would go to the computer and  
15          activate them myself.

16                   Q.    I see. So after they said you're  
17          allowed to activate these orders, you'd activate them  
18          yourself?

19                   A.    Yes.

20                   Q.    Those are my questions.

21                   THE CORONER: Any further questions of the  
22          nurse? Thank you, Nurse Soriano.

23                   MR. GOMBERG: Doctor Cairns, I just have a  
24          few questions, actually, that arise out of  
25          the questions that were asked, if I may.

1 THE CORONER: That's appropriate.

2  
3 RE-EXAMINATION BY MR. GOMBERG:

4 Q. First of all, one of the jurors asked  
5 you questions about the drugs that Lisa was on, and  
6 there was a follow-up question dealing with you would  
7 have asked people like nurses or perhaps even a doctor  
8 if you had been concerned about the drugs that she was  
9 on. But you knew that she was on carbamazepine, didn't  
10 you?

11 A. No.

12 Q. Well, wasn't that on the emergency  
13 record?

14 A. I didn't look at the emergency record.

15 Q. All right, so you didn't know about any  
16 drugs that she was on, like amitriptyline or gabapentin  
17 or carbamazepine?

18 A. No.

19 Q. All right. So you didn't know to ask  
20 anybody about the possible interaction of those drugs,  
21 because you didn't look to see that she was on those  
22 drugs?

23 A. That's correct.

24 Q. By the way, this is something that I'm  
25 unclear on, the records that dealt with that, all

1 right, because we've seen them and it says what drugs  
2 she was on, were those records with Ms. Doerksen in the  
3 Constant Care Room?

4 A. I don't know where they were.

5 Q. All right, so you don't know where they  
6 were, all you know is that you didn't look at them?

7 A. Yes.

8 Q. All right. Now, the other question that  
9 one of the jurors raised relates to number of patients  
10 per nurse, and I just want to see if I understand this  
11 because I think that this obviously impacts on  
12 everything that goes on in the hospital, not only on  
13 5A. As I understand it, Ruth Doerksen was in charge of  
14 five patients and you were in charge of four patients?

15 A. Yes.

16 Q. Before anything untoward happened?

17 A. Yes.

18 Q. All right. And then what happens is the  
19 nurse in Constant Care goes on her break.

20 A. Yes.

21 Q. Right. So that necessitates Ruth  
22 Doerksen going into the Constant Care Room, right?

23 A. Yes.

24 Q. All right. So she's now handling the  
25 three patients in the Constant Care Room.

1 A. Yes.

2 Q. Which then puts you in charge of her  
3 five patients and you're still in charge of your own  
4 four patients?

5 A. Yes.

6 Q. So you're now in charge of nine  
7 patients?

8 A. Yes.

9 Q. But you indicated in response to a  
10 question that one of the jurors asked that if you're in  
11 charge, that it would never happen, aside from on this  
12 break stuff, that you would be in charge of more than  
13 five patients?

14 A. I think what I was trying to say was  
15 that if there were other admissions that night and we  
16 had four or five patients and there were two or three  
17 more patients, then we wouldn't be able to handle that,  
18 we would get another nurse. But if we were relieving,  
19 then there is that expectation that we would have nine  
20 patients.

21 Q. No, but you see, I want to focus on the  
22 question that the juror asked, because I think it's  
23 critical to what we're talking about here, all right?  
24 You're in charge -- let's forget about the breaks for  
25 the minute.

1           A.    Okay.

2           Q.    All right?  You're in charge of five  
3 patients or four, right?

4           A.    Yes.

5           Q.    In this case, you were in charge of  
6 four?

7           A.    Yes.

8           Q.    Ruth Doerksen was in charge of five?

9           A.    Yes.

10          Q.    All right.  And if five more patients --  
11 let's make it simple -- if four more patients came on  
12 the ward or three or even two ---

13          A.    Yes.

14          Q.    --- you'd need another nurse?  Full-time  
15 patients.

16          A.    If those were admissions from recovery  
17 room or admissions from emerg, but if we were  
18 relieving, then I would be expected to cover.

19          Q.    No, no, but hang on, I don't want to  
20 confuse this, but I do want to follow up on what the  
21 juror was asking you.  We're not talking about  
22 relieving, now, forget about relieving.  If new  
23 patients come on the floor, the ratio, the most that  
24 the ratio can be is five patients and one nurse?

25          A.    Yes.

1 Q. Right?

2 A. Yes.

3 Q. All right. If a sixth patient comes on,  
4 or a seventh, you need a new nurse?

5 A. Yes.

6 Q. All right. Now, in this case what  
7 happens is by virtue of the fact that Doerksen goes  
8 into the Constant Care Room, all of a sudden, at least  
9 for the time that she's on break, you have four new  
10 patients?

11 A. Yes.

12 Q. So you have nine patients?

13 A. Yes.

14 Q. Now, I understand that if a break lasts  
15 15 or 20 minutes, that might be appropriate, but am I  
16 incorrect that that situation went on for two or three  
17 or four hours?

18 A. I'm not sure what you're ...

19 Q. Well, take a look at the chart. How  
20 long were you in charge of Lisa Shore?

21 A. For about two hours when ---

22 Q. Well, no, you were in charge of her for  
23 much more than two hours. Weren't you filling out the  
24 flow sheet for more than two hours? It seems like it  
25 was from to 2:00 to 4:20.

1 A. 2:30 to -- yes.

2 Q. Well, now, it wasn't from 2:30, it was  
3 from 2:00. You testified earlier it was from 2:00, so  
4 from 2:00 to 4:20, that's two hours and 20 minutes,  
5 you're in charge of nine patients.

6 A. Yes.

7 Q. Isn't there something wrong with that  
8 ratio, being in charge of nine patients? Forget about  
9 whether it's for breaks or not breaks, isn't that ratio  
10 way too high a ratio of patients to nurses?

11 A. If you're saying forget about the breaks  
12 or relieving, yes, it would be high.

13 Q. Well, under normal circumstances, if  
14 were weren't talking about breaks, you would never,  
15 ever, ever not ever be in charge of more than five  
16 patients?

17 A. No.

18 Q. And here for two hours and 20 minutes,  
19 you're in charge of nine patients?

20 A. Yes.

21 Q. Now, the only other question relates to  
22 another question that the jurors asked, one of the  
23 jurors asked, and that is the people who are going in  
24 and out of the room after Lisa died. Did you make a  
25 list of the people who were in and out of the room?

1 A. No.

2 Q. Other than the names that you've given  
3 us, do you know the names of any other people who were  
4 in and out of the room?

5 A. No.

6 Q. And have you had any discussions with  
7 those people who were in and out of the room,  
8 regardless of their name? And I take it you don't need  
9 their names to talk to them. Have you seen them at the  
10 hospital again?

11 A. Some of them were nurses who worked in  
12 the hospital, but I don't remember specifically who  
13 they were.

14 Q. Well, for example, were any of the  
15 nurses in and out of the room on 5B?

16 A. I don't remember.

17 Q. All right. So have you had any  
18 discussion or orientation with regard to Coroner's  
19 investigations since this death?

20 A. Coroner's -- sorry, discussion?

21 Q. Yes. People in and out of the room  
22 relates to the investigation.

23 A. Right.

24 Q. After the death, people in and out of  
25 the room doesn't relate to the treatment.

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A. Right.

Q. There's no treatment any more.

A. Right.

Q. All right. After the death, all we're talking about is the investigation?

A. Right.

Q. All right. Have you had any discussion with any of those people who were in and out of the room about whether or not they've been given any orientation since this event, about Coroner's cases?

A. No.

Q. Have you been given any further information about Coroner's cases since this event?

A. No.

Q. Now, the juror was asking you a question. I was a little confused about the information that you were given about Coroner's cases and whether it arose from this case or whether it was general information that you were given during your training. This is the last area I want to ask you about. Were you given a general orientation about coroner's cases, totally aside from this case, when you started at the Hospital for Sick Children?

A. No.

Q. No. All right, so you were not given

1 any information about what happens when there's a  
2 Coroner's inquest before this incident?

3 A. No, I wasn't given any orientation.

4 Q. And you don't know of any manuals or  
5 protocols or anything like that dealing with Coroner's  
6 cases and certainly that wasn't part of your training?

7 A. Yes.

8 Q. You agree with me?

9 A. Yes.

10 Q. All right. So that just to be clear,  
11 because I wasn't clear on this, the answer in response  
12 to the question the juror posed of you, any discussions  
13 that you had with anybody at the hospital for Sick  
14 Children, including Marianne Stevens, was as a result  
15 of and in response to Lisa Shore's death?

16 A. Yes.

17 Q. Thank you. Those are my questions.

18 MS. BROWNE: May I have a couple of points  
19 in clarification from the juror's questions?

20 THE CORONER: Yes, Ms. Browne.

21 MS. BROWNE: Thank you.

22  
23  
24 RE-EXAMINATION BY MS. BROWNE:

25 Q. A couple of points that the jurors asked

1           you about and that I was also wondering about and  
2           perhaps you can clarify it, I don't know if you cleared  
3           it up. You had, according to yourself, you had  
4           activated the Kidcom orders before with the permission  
5           of another doctor?

6                     A.    Yes.

7                     Q.    How many times had you done that  
8           approximately, do you know?

9                     A.    I don't know.

10                    Q.    And how would you go about getting the  
11           permission?

12                    A.    When I'm receiving a patient from emerg  
13           or from the recovery room, I would check the computer  
14           first and if I have no orders, I'd call the physician  
15           attending that patient and ask him where are the orders  
16           or are there orders, and if they are suspended, can you  
17           activate them or can I activate them.

18                    Q.    So you would look at the computer first?

19                    A.    No, the print -- sorry, I'd look at the  
20           printer and then look in the computer and then phone  
21           the doctor.

22                    Q.    But up to the point that things changed,  
23           assuming there is no automatic printout, how would you  
24           check with the doctor about whether or not there are  
25           orders? What would you do?

1           A.    I would check the printer, check the  
2 computer and call the doctor.

3           Q.    Let's remove the printer for a moment.

4           A.    Okay.

5           Q.    It's not there.

6           MR. HAWKINS:   We're confusing systems here.

7           Orders will print out automatically if  
8 they're entered in active mode for in-  
9 patients who are coming from outside for  
10 surgery or who are coming from the recovery  
11 room to the floor, if they're entered in  
12 active mode, and that's, I think, where  
13 you're confusing Ms. Soriano.

14          MS. BROWNE:   All right.

15          MR. HAWKINS:   You're asking her about two  
16 different sources of patients, emerg versus  
17 elsewhere.

18  
19          BY MS. BROWNE:

20                Q.    So that it's only in emerg where you  
21 would have suspended Kidcom orders, is that your  
22 understanding of it?

23                A.    Yes.

24                Q.    And if that happens, if you have  
25 patients come in from emerg with suspended orders, what

1 happens?

2 A. I would either call the doctor or check  
3 the computer -- oh, you said forget the printer, right?

4 Q. I was trying to follow along with the  
5 emergency ---

6 A. Okay.

7 Q. I'm distinguishing, as Mr. Hawkins  
8 reminded me, between ones who are in other wards. I'm  
9 talking about the ones who are coming from emergency.

10 A. Okay. Well, this is what I usually do,  
11 I usually check the printer, I check the computer and  
12 then I call the doctor for the orders.

13 Q. But as I understand it, at the time this  
14 was happening, there -- if the patient came from  
15 emergency ---

16 A. Mm-hmm.

17 Q. --- the orders that were entered in  
18 emergency were placed in suspended mode?

19 A. Yes.

20 Q. And if you received that person on a  
21 ward ---

22 A. Yes.

23 Q. --- how would you find out whether or  
24 not there were suspended orders which you should ask  
25 the doctor about activating?

1 A. To call the doctor.

2 Q. If the doctor is not there, what would  
3 you do?

4 A. Call whoever's -- an on-call physician  
5 that night who might be taking care of that other  
6 patient.

7 Q. Would it occur to you to actually go to  
8 the computer that's there?

9 A. Yes, yes.

10 Q. And print it and see "suspended"?

11 A. Yes, and then call the doctor and let  
12 them know that it is suspended.

13 Q. I don't want to go -- thank you. Now  
14 just another couple of things I'm trying to clarify.  
15 You indicated that in orientation, you received some  
16 different information from what was on the Kidcom order  
17 handout, is that right?

18 A. Yes.

19 Q. This, what we have seen as Exhibit 16,  
20 which is what was brought to your attention just  
21 recently and the juror referred to it also, it says  
22 that:

23 "... In the same way, no extra authority  
24 is needed to act on orders written on  
25 paper accompanying a patient admitted

1 from emerg ..."

2 You said that's not what you learned in  
3 orientation?

4 A. No.

5 Q. The juror asked you then, and just to  
6 follow this up, who taught you that? Who teaches  
7 orientation courses?

8 A. There would be either the nurse  
9 educators and then I would have my preceptor.

10 Q. And how many nurse educators would  
11 educate you during your orientation?

12 A. There would be several, depending on the  
13 type of information session that they would be  
14 teaching.

15 Q. With regard to Kidcom orders and how to  
16 animate them and activate them, is there one or more  
17 person who would be teaching that in orientation?

18 A. Yes.

19 Q. One or more?

20 A. One.

21 Q. And the name of the name of the person  
22 who was supposed to be teaching you that orientation,  
23 who you say didn't draw your attention to this, what  
24 was her name?

25 A. I don't know.

1 Q. Do you have any materials handed out to  
2 you from orientation?

3 A. Yes.

4 Q. Where are they?

5 A. At home.

6 Q. Would that refresh your memory as to who  
7 it was who told you that you didn't need to do what's  
8 said here on the Kidcom order?

9 A. I don't have that document in my  
10 orientation.

11 Q. Do you have the name -- in your  
12 orientation documents, do you have the name of the  
13 nurse who was in charge of instructing you about Kidcom  
14 orders?

15 A. I would have to look it up again.

16 Q. But you do have that material and it's  
17 at home?

18 A. It's at home.

19 Q. And it's one nurse?

20 A. I believe it's one nurse.

21 Q. Okay, thank you. And that's answered  
22 the question that one juror raised for me. The second  
23 juror, Juror No. 1, the Forelady, asked you about the  
24 information session with Marianne Stevens about  
25 inquests. I didn't -- I wasn't clear whether that

1 information session was with regard to this specific  
2 inquest, this specific event, the death of Lisa Shore  
3 or just a general introductory information session  
4 about inquests. What did you mean?

5 A. It was a general introductory  
6 information session on coroner's inquests.

7 Q. And when was that held? I don't mean  
8 what day, but at what stage in your orientation does  
9 that come along?

10 A. Oh, it didn't come along with the three-  
11 month orientation that I had, it was after the event.  
12 It was after October 21st.

13 Q. After Lisa's death?

14 A. Yes.

15 Q. And the information session was a  
16 generalized session, as I understand it?

17 A. Yes.

18 Q. And as you answered the Forelady, it was  
19 the investigation of the events, how long an inquest  
20 would take, who would be there, the lawyers and so on?

21 A. Yes.

22 Q. And you were advised by Marianne as to  
23 how you could help and assist?

24 A. Yes.

25 Q. And this is what time period after

1 Lisa's death, November? Would it be in the next month,  
2 the next week, whatever?

3 A. I can't remember exactly the month. It  
4 would have been after.

5 Q. But this was an information session with  
6 you by yourself with Marianne?

7 A. No, there -- there would be other nurses  
8 there.

9 Q. Do you remember who they were?

10 A. Lynette Avery was there, I don't  
11 remember the other nurses.

12 Q. And I believe you indicated to the  
13 Forelady that Marianne told you how you could help and  
14 assist by providing information saying what happened?

15 A. Yes.

16 Q. Did she tell you to who you were to  
17 provide this information?

18 A. I -- I believe she told me that we would  
19 be speaking to our lawyer.

20 Q. So that in order to assist the inquest,  
21 you would be providing information to a lawyer  
22 represented by the hospital?

23 A. Yes.

24 Q. I understand you to say also to the  
25 Forelady that you now teach new nurses?

1           A.    I don't teach new nurses.  Whenever they  
2           ask me for help and assistance, I give -- I share my  
3           knowledge to them and I actually took a preceptor  
4           education course not too long ago.  I was actually  
5           considered to be a preceptor any time soon, and I took  
6           that course, knowing that it would help me, as well,  
7           when I teach new staff to -- to better inform me and  
8           better educate myself and then I can teach new staff.

9           Q.    But you would learn by teaching and you  
10          would learn by listening?

11          A.    Yes.

12          Q.    And if somebody asked you all about the  
13          Kidcom, do you feel confident and secure that you could  
14          explain to them?

15          A.    I probably would need more information  
16          and I would need to clarify more things before I can  
17          teach them or before I can tell other people.

18          Q.    So you have not already found yourself  
19          confident and clarified about Kidcom procedure, up  
20          until this date of January, 2000?

21          A.    I know Kidcom from the nursing aspect,  
22          not -- I've not mastered Kidcom, the computer Kidcom  
23          system.

24          Q.    Those are my questions, thank you.

25          THE CORONER:  Thank you, Nurse Soriano.

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You're free to step down.

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

Barbara A. Pollard  
Certified Court Reporter