NAME OF INTERVIEWEE: Pauline Matthews, RN

PLACE OF WORK: The Hospital for Sick Children

DATE INTERVIEWED: September 27, 2000

INTERVIEWED BY: C. Flear, CNO Investigator

INTERVIEW SUMMARY: In Person

Background Information:

Pauline Matthews has worked in the ER at The Hospital for Sick Children (HSC) since August 1991. She started as a casual part-time employee, and moved from there to part-time and then full-time. She decided to go back to part-time employment so she could pursue her Masters in Nursing at the University of Toronto.

Ms Matthews had already completed an post-diploma BA program at Ryerson from which she graduated in 1996. As part of her undergraduate clinical experience, she worked with the pain service at HSC for 2 to 3 days a week for a 13 week period. Most of the patients seen by this service had acute pain mostly as a result of surgery; some patients were treated as a result of a sickle cell crisis. Pain was managed mostly through the use of epidurals or PCA (patient controlled analgesia) pumps. Ms Matthews has a continuing interest in the management of pain in children.

Regarding Pauline Matthews' Involvement in the Care of Lisa Shore, Evening and Night of October 21-22, 1998 :

On the night shift of October 21-22, 1998, Pauline Matthews was working a 12 hour night shift (2000 to 0800 hours). She recalls that she was assigned to the observation unit in the ER. This is a 6 bed unit that acts as a holding area for patients who are expected to be either admitted to hospital or discharged from the ER within 12 hours. She recalled that the observation unit was closed that night, and so she was working up front in the main or acute care area of the ER.

Ms Matthews knew about PCA pumps as a result of her experience with the pain team while a student at Ryerson. As far as Ms Matthews could recall, she was not assigned to Lisa Shore that night. However, the nurses in the ER work as a team, and so several nurses can be directly involved in the care of a patient. Nurses are [illegible] assigned ~~to specific patients but~~ to areas in the ER, and care for the patients in those areas.

Ms Matthews recalled that she was involved in Lisa's care that night. She could not recall having met Lisa before.

Ms Matthews has read over the transcript of the testimony she gave at the Coroner's Inquest into the death of Lisa Shore. The transcript appears to be correct with the exception of one point. On page 28, second line, nurses bring defibrillators, not monitors, so a patient can be shocked if necessary. Otherwise, the transcript appears to be correct.

Ms Matthews explained that kidcom orders are not used in the ER with the exception of ordering some laboratory work. The nurses in the ER work from hand-written doctor's orders.

Ms Matthews recalls sitting down with Dr. Schily, an anaesthesia fellow, and discussing with him what Reflex Sympathetc Dystrophy (RSD) was. Dr. Schily spent some time with Ms Matthews so that she could understand Lisa's needs for pain management, and his orders for morphine via the PCA pump. Ms Matthews noted that Dr. Schily had a lot of compassion for Lisa's pain, and wanted to help alleviate this pain. Dr. Schily discussed everything associated with Lisa's needs and his orders with Ms Matthews. He discussed how different medications are used for the treatment of chronic pain, and some of these include antidepressants and anti-seizure medications. Dr. Schily helped Ms Matthews get a general sense of how these medications are used.

The medications that Lisa received at home that day were written on the front of Lisa's ER chart.

Ms Matthews was also aware that Lisa was given amitriptyline while she was in the ER. She was in the room for some of the discussion between Dr. Schily and the Shores. She was not sure how the decision was made to give Lisa her evening dose of amitriptyline, but she was aware that it was given to Lisa while she was in the ER. It was not nurse administered. There is a section of the ER chart where the nurses document the medications that they have administered. Dr. Schily was aware that Lisa had received her amitriptyline while she was in the ER that night.

At one point, Mrs. Shore pulled out all of Lisa's medications from her purse. These included her amitriptyline. Ms Matthews recalled that the amitriptyline was in a large bottle.

Dr. Schilly wrote hand-written orders on Lisa's chart, and Ms Matthews followed them.

Ms Matthews described Lisa's pain as being incredible. She was very uncomfortable. Something needed to be done for Lisa's pain. Ms Matthews also recalls very clearly that Lisa had on an oxygen saturation monitor. Lisa had asked for it to be removed at one point so that she could colour better. The monitor was left on.

Lisa had been in a lot of pain for most of her time in the ER. At one point, she had got up to the bathroom. A few minutes later they were getting ready for her to be transferred to the unit, and Lisa was fast asleep at that time.

Ms Matthews explained that the practice is for the nurses working in the ER to not take patients who are being admitted to the hospital up to the units. Most patients are transported to the units by a transport aide. If a patient requires medical attention during transfer to a unit or for a CAT scan, a trauma team will accompany the patient. If a child being admitted to a unit is on oxygen, a nurse from the admitting unit will come to the ER with an oxygen tank from that unit, and assist in the transporting of the patient to the unit. Otherwise, stable patients are transferred to the units by transport aides. Ms Matthews estimated that the vast majority of patients are transported from the ER to the units by transport aides.

The practice at the time was for the nurse in the ER to give a verbal report over the phone to the nurse who will be caring for the patient on the unit where he or she is about to be admitted. Ms Matthews recalls calling Unit 5A and asking to speak to the nurse who would be caring for Lisa Shore. Ms Matthews could not recall who that person was; she is not familiar with the nurses on the unit.

Ms Matthews reviewed with the nurse on 5A how Lisa had presented in ER, that she was a direct admission (her admission had been arranged prior to her coming to the ER), her history in regard to her fracture and RSD, and that she was on medications for chronic pain. Ms Matthews cannot recall if she specifically listed what these drugs were or not. She also explained that Lisa was receiving morphine by PCA pump. When Ms Matthews spoke to the 5A nurse, the morphine via PCA pump had just been turned on, and so there was not a lot to report regarding this medication at this time. Ms Matthews spoke to the nurse on 5A on only one occasion.

Ms Matthews cannot recall if she told the nurse on the unit that Lisa had received her regular medications for the night, or if she mentioned amitriptyline specifically. Ms Matthews was not questioned on this at the inquest.

Ms Matthews explained that the PCA pump can deliver a background infusion of a drug, such as morphine 1 to 2 mg\hour. As well, the patient can administer a bolus. In Lisa's case, she could administer a bolus of morphine 1.5 mg every 6 minutes. Ms Matthews described this as a high dose of morphine.

Ms Matthews estimated that Lisa had the PCA pump with morphine running for over an hour when she was transferred to Unit 5A. Ms Matthews started Lisa's IV and hooked up the pump. While Dr. Schily was deciding on his plan of care, and before the pump was running, Ms Matthews gave Lisa 2 mg of morphine. About 50 minutes later, she gave Lisa another 2 mg of morphine even though the pump was now running. This second dose was given because Lisa's pain was still out of control. Dr. Schily was present in the room each time Ms Matthews gave Lisa a dose. Ms Matthews gave Lisa a total of 4 mg of morphine in an hour; both doses of 2 mg of morphine were ordered by Dr. Schily.

Lisa was in severe pain if her leg was touched. If her leg was not touched, she did not have pain. Mrs. Shore was not looking for a quick fix, and realized that Lisa's pain needed to be treated. Mrs. Shore suggested an epidural because it had worked in the past. An epidural was going to be considered in the future. In the meantime, the morphine by PCA pump was to address her immediate pain, and to help her get through the night.

→ Lisa had no background infusion of Morphine running. She only had the bolus doses available to her.

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Lisa's morphine infusion was what she administered to herself through the use of the PCA pump. Lisa's PCA pump had a 60cc syringe that contained 50 mg of morphine in ~~50cc of~~ normal saline. The syringe was locked in the pump, and a key was required to unlock it to make changes regarding its rate of infusion. Dr. Schily had the key, and he would have to be paged in order to unlock the pump. Lisa had a regular IV running; Y tubing was used to connect the IV and the PCA pump. Dr. Schily had brought the tubing with him from the operating room. This is a special anti-reflux tubing used to prevent the morphine from running back up the tubing.

to a total volume of 50ccs.

Dr. Schily wrote on the ER chart that Lisa was not to be sent to the floor until her pain scale was 5 or less. Her pain ranged from 7 to 8 the whole time she was in the ER, except when she fell fast asleep. The pain scale rates pain from 0 (no pain) to 10 (the worse pain experienced). Lisa was very familiar with rating her pain. It was Lisa who told Ms Matthews how her pain rated. At one point, Mrs. Shore told Ms Matthews that Lisa's pain had not been below a 7 for several months. From past experience with PCA pumps, it was doubtful that her pain would change even with the morphine running. Ms Matthews asked Mrs. Shore if she wanted Lisa to go up to the unit, and Mrs. Shore answered yes.

to (i.e. the floor)

Ms Matthews paged Dr. Schily at about 0100 hours and told him that Lisa wanted to go to bed, but that her pain scale was still above 5. Dr. Schily told her that it was all right for Lisa to be sent to the floor. Ms Matthews noted that Dr. Schily had just left the ER only a few minutes before, and he lives across the street from the hospital. Dr. Schily answered Ms Matthew's page right away.

Ms Matthews paged Dr. Schily about Lisa going to the unit while Lisa was in the bathroom. At that point her pain scale was still 7 and she had had her discussion with Mrs. Shore that Lisa's pain might never be as low as 5. A bit later, Ms Matthews saw transport going into the room with a wheelchair. When Ms Matthews saw that Lisa had fallen fast asleep, she told the transport aid to take Lisa to the unit on the stretcher where she was lying.

Ms Matthews cannot recall who called whom to confirm that the bed on 5A was ready. Lisa was taken to the floor via a stretcher by the transport aid and Mrs. Shore.

Ms Matthews explained that she gave a thorough report over the phone to the nurse on the unit. She expected that this nurse would take Lisa's vital signs, check to make sure that her IV tubing had not been displaced in transport, and to check that the PCA pump was set up properly once Lisa arrived on the unit.

Ms Matthews would expect that the nurse on the unit would open the kidcom orders when the patient arrived otherwise the nurse would not know what the medical plan of care was for this patient. She stated that "you cannot work unless you have orders".

Ms Matthews explained that the hand-written orders in the ER have 3 copies. Ms Matthews ripped off one copy and sent it to the floor with the chart. The orders on the ER chart do not pertain to what the nurses are to follow on the unit. However, they are helpful for the nurses to review so that they can understand what treatment the patient received in the ER.

Ms Matthews responded to the code called on Lisa later that morning. She was very upset that Lisa had died. Only a few hours earlier she had watched Lisa and Mrs. Shore interacting together. She indicated that they had a sweet relationship.

P. Matthews RN
Signature (Pauline Matthews, RN)

Oct. 25/00
Date