

JENNIFER PIPER, R.N.
March 17, 2005

1 regarding any aspects of Mr. Clark's care and
2 treatment?

3 A. I don't remember.

4 Q. Do you remember Dr. Glazier?

5 A. Yes.

6 Q. And I know you've covered this, but let me be more
7 specific. When you became on shift, after you
8 received your shift change update --

9 A. Mm-hmm.

10 Q. -- by Nurse Neino, and until you were called into
11 Mr. Clark's room, was there any contact made with
12 either Dr. Glazier or anyone else from the cardiology
13 unit or service?

14 A. I don't remember.

15 Q. Okay. During Ms. Neino's deposition she made a
16 comment that once the anticoagulation service has been
17 consulted or requested onto a case, that the
18 physician, attending or surgeon or whoever who calls
19 them in kind of steps back and let's them manage the
20 anticoagulation circumstances.

21 A. Yes.

22 Q. And that's how you recall it working there?

23 A. Yes.

24 MR. CHAKLOS: Object to the form of the
25 question.

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1 BY MR. DUFF:

2 Q. Have you made a determination -- and you may not have,
3 you may not have reviewed that part of the chart,
4 whatever. Have you made a determination, based on
5 your review of the chart, or again based on your
6 memory, who asked for the consultation and/or the
7 management by the anticoagulation service?

8 A. I don't know.

9 Q. Okay. I'm almost done.

10 A. It's okay.

11 Q. Did you recall ever having any discussions with
12 Dr. Barnwell regarding the anticoagulation management
13 of this patient?

14 A. I don't remember.

15 Q. And do you remember Dr. Barnwell?

16 A. I don't know if I do.

17 Q. Okay. That's fair.

18 And I think you earlier indicated, and I
19 just want to confirm this, and I'm sorry if I'm
20 repetitive, when you came on duty at 7:00,
21 approximately, on 7-1 and you had the discussion with
22 Nurse Neino, as we sit here today you don't recall a
23 specific discussion one way or the other about blood
24 draws and the anticoagulation issues pertaining to
25 this patient?

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1 A. No, I do not.

2 Q. There may have been discussions, but at this point you
3 just can't recall what you discussed during that shift
4 change meeting?

5 A. Correct.

6 Q. And did you at any time after or during the events
7 which occurred after you were called to Mr. Clark's
8 room go back in the chart and look at any prior
9 entries to see if at an earlier time there was any
10 evidence of bleeding?

11 A. I don't remember if I did.

12 Q. When the -- and I probably again am repeating myself,
13 and I'm sorry, but when the anticoagulation service
14 gets on a case to manage the anticoagulation and there
15 are labs done, those would include hemoglobin labs in
16 addition to just the coagulation-related labs like
17 APTT?

18 A. I don't know.

19 Q. So you don't know whether or not if hemoglobins were
20 being done, they would have been automatically sent to
21 pharmacy?

22 A. That's right, I don't know if they were.

23 Q. Okay. The APTTs would be, but you're just not sure if
24 the hemoglobins would?

25 A. Correct.

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1 Q. And do you believe that in addition to the APTTs, that
2 the INRs would have been transmitted to the pharmacy
3 if they were on the case?

4 A. Yes.

5 Q. Oh, there are things called panic values with these
6 laboratory studies?

7 A. Yes.

8 Q. And these often mean that they're either so high or so
9 low that they're well out of range and they become
10 panic values?

11 A. Yes.

12 Q. Do you know whether or not in a case where the
13 anticoagulation service is managing the
14 anticoagulation, whether or not they are sent by a
15 matter of -- that they are automatically sent any
16 information regarding panic values if, in fact, they
17 are determined to be there?

18 A. I don't know.

19 Q. Okay. And in this specific case if there was any
20 panic values regarding any of the lab studies, as you
21 sit here today you wouldn't know whether Dr. Glazier
22 would have been informed of any of them?

23 A. I don't know.

24 MR. DUFF: I have no further questions, and
25 thank for putting up with me.

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1 MR. BERLIN: No questions.

2 RE-EXAMINATION

3 BY MR. WEGLARZ:

4 Q. I've got a couple. Here, here's the acute care flow
5 record we talked about earlier.

6 A. Yes.

7 Q. Let me show that to you. It's for July 1, 2001.

8 A. Yes.

9 Q. And do you see where there's a note here, 19:15,
10 unable to restart I.V. times two attempts? Do you see
11 that?

12 A. Yes.

13 Q. Okay. Then also down here there's a signature at
14 19:15.

15 A. Yes.

16 Q. Whose signature is that?

17 A. I don't know.

18 Q. Does that appear to be someone from pharmacy?

19 A. I don't know.

20 Q. Is that possible it's Mr. Ibrahim from pharmacy?

21 A. I don't know.

22 Q. Have you ever heard of that person before?

23 A. I don't remember.

24 Q. Have you ever heard of -- okay.

25 Have you ever heard of pharmacy trying to

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1 restart I.V.s on patients?

2 A. No.

3 Q. That's the phlebotomy's job; right? That's -- that's
4 their service; correct?

5 A. Yes.

6 Q. Then it says: Location, SL. What does that mean?

7 MR. CHAKLOS: I'm going to object to lack
8 of foundation on the last question.

9 MR. WEGLARZ: Sure.

10 MR. CHAKLOS: Only insofar as whose job it
11 is to start I.V.s. I think she's testified
12 phlebotomists might draw labs, but I don't know that
13 there's a foundation laid that she would know that.
14 That's a different issue.

15 MR. WEGLARZ: Objection noted.

16 MR. CHAKLOS: Go on with your -- if you
17 remember the question.

18 A. Yes. Actually, it would be type, and it's saline
19 lock.

20 BY MR. WEGLARZ:

21 Q. Okay. What's a saline lock, by the way?

22 A. It's just the hub. There's actually no fluid running
23 it at the time.

24 Q. Okay.

25 A. It's access.

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- 1 Q. Okay. I mean that's -- that's done for the purpose of
2 having easy access in case you need to instill
3 medications or do draws, you can go right to there;
4 correct?
- 5 A. To instill medications.
- 6 Q. What about to do a blood draw?
- 7 A. We didn't draw blood from them.
- 8 Q. Could you? Could you do a 4 p.m. anticoag. blood draw
9 from that site?
- 10 A. We -- we didn't. It wasn't policy that we would draw
11 from any type of I.V. access.
- 12 Q. That's an official hospital policy?
- 13 A. I don't know if it is.
- 14 Q. Okay. Any --
- 15 A. I was told not to. I remember being --
- 16 Q. Any understanding as to why you wouldn't be able to
17 draw blood from that particular site?
- 18 A. I don't know.
- 19 Q. Other than you think there's a policy saying don't do
20 it?
- 21 A. I don't know that there's a policy saying don't do it.
- 22 Q. Okay.
- 23 A. I don't know why you couldn't. I'm unsure of that.
- 24 Q. Okay. So what was that on Mr. Clark for? What types
25 of drugs were being given to him?

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1 A. I don't know.

2 Q. Can you think of any as you sit here today?

3 A. I don't know what drugs he was prescribed that would
4 be given through there.

5 Q. And if that I.V. was working properly, you could get
6 blood from there, right, from a blood draw for these
7 labs if one wanted to, correct, assuming it was
8 working?

9 A. I -- I don't know. I've never drawn out of them.

10 Q. Would you have seen this record? Is this something
11 you'd typically review on a patient?

12 A. Yes.

13 MR. CHAKLOS: That's two questions, whether
14 she would have seen it and something she typically
15 reviews.

16 BY MR. WEGLARZ:

17 Q. This is something you would have reviewed on
18 Mr. Clark; right?

19 A. Yes.

20 Q. Do you -- does that refresh your recollection that
21 there was an issue about his I.V. not being able to be
22 restarted?

23 A. I don't remember.

24 Q. In that notation that says unable to restart I.V.
25 times two attempts, does that look like Nurse Neino's

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1 writing?

2 A. I don't know whose writing that is.

3 Q. Okay.

4 MR. CHAKLOS: I object to the form of the
5 question.

6 BY MR. WEGLARZ:

7 Q. Did Nurse Neino ever tell you that there was a problem
8 with respect to this patient's I.V. not being able to
9 be restarted?

10 A. I don't remember.

11 Q. Okay. What if she were to have told you that; what
12 would you have done? Would you have tried to make
13 sure it could have been restarted?

14 A. Well, more than likely, yes.

15 Q. And how would you carry that out?

16 A. I don't -- I can't say for certain how I would have
17 done it.

18 Q. Okay. Can you tell me in general?

19 A. I mean I would have probably informed the physician or
20 resident.

21 Q. Okay.

22 A. More likely the resident.

23 Q. Do you see this record here, the trending record?
24 Have you ever seen anything like that?

25 A. Yes, I have.

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1 Q. And what's that trending record used for in patients
2 in cardiology step-down?

3 A. To record vital signs.

4 Q. And how often are the vital signs required to be
5 checked or recorded on this record?

6 A. I don't remember how often they were recorded.

7 Q. Okay. Based upon what you see on this particular
8 record, does it give you any indication as to how
9 frequently his vitals were being checked?

10 MR. CHAKLOS: Over that time period? I
11 mean --

12 A. I mean it varies.

13 MR. CHAKLOS: Right.

14 BY MR. WEGLARZ:

15 Q. I understand it varies. I would imagine it does.

16 Do you ever fill out values on trending
17 records, or does that not apply to the midnight shift?

18 A. No, we do.

19 Q. Okay. Any idea as to why there would be no values on
20 this particular record?

21 A. This is from the 1st. He left our floor shortly after
22 I came on shift. He was transferred to another floor.

23 Q. Okay. What -- okay. Did he have his arrest on your
24 floor --

25 A. Yes.

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- 1 Q. -- or on another floor?
- 2 A. On our floor.
- 3 Q. Okay. And what was your understanding as to when he
- 4 was transferred?
- 5 A. What do you mean?
- 6 Q. Well, was he transferred from your floor to another
- 7 floor?
- 8 A. After we got him stable enough so that we could move
- 9 him.
- 10 Q. Time-wise.
- 11 A. I don't know.
- 12 Q. Because I'm just kind of curious. It looks like they
- 13 do a vital sign check at 10 a.m., 12 noon, 12:20 p.m.,
- 14 2:10 p.m., 4:20 p.m. Why all of a sudden would his
- 15 vital sign checks stop after 4:20 p.m. for that day?
- 16 A. I don't know.
- 17 Q. And you can see the values there for his blood
- 18 pressure; correct?
- 19 A. Yes.
- 20 Q. Any concern with those values?
- 21 A. No. I don't know the circumstances that they were
- 22 taken.
- 23 Q. Okay. Well, I mean when you were passed the baton to
- 24 start taking care of Mr. Clark, I would imagine you
- 25 had a general understanding as to what his condition

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1 was that day; correct?

2 A. Yes.

3 Q. And that would have included looking at his vital
4 signs for that day; correct?

5 A. Yes.

6 Q. As well as progress notes and anything else that was
7 documented for him on that day; correct?

8 A. I hadn't looked at the progress notes on him before I
9 went into his room, no.

10 Q. Okay. And with vitals like these, knowing Mr. Clark
11 and the information you were provided, would you have
12 wanted his vital signs to continue to be checked at
13 least every two hours?

14 A. I don't know how frequently I would have wanted them
15 checked.

16 Q. All right. That's all -- oh, wait.

17 Have you ever been deposed before?

18 A. No, I haven't.

19 Q. Okay. And did you ever check the computer yourself to
20 see if there were any lab results that came back on
21 Mr. Clark?

22 A. I don't remember.

23 Q. Okay. How do you do that? Do you have to log in your
24 name, a number, something like that?

25 A. Yes.

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1 Q. Okay. What do you -- what do you have to log in?

2 A. There's a user ID and password, I believe.

3 Q. And so there should be a database, a printout
4 somewhere showing who was accessing that computer and
5 looking for what; correct?

6 A. I don't know.

7 MR. WEGLARZ: Okay. That's all I have.

8 Thanks.

9 RE-EXAMINATION

10 BY MR. DUFF:

11 Q. I just have two follow-ups, and that had to do with
12 the situation that you were discussing with
13 Mr. Weglarz, regarding the document which seems to
14 reflect that there was some difficulty in obtaining
15 the access site.

16 A. Yes.

17 Q. Or the I.V. access site.

18 And again, you indicated that you really
19 just don't recall anything regarding those events?

20 A. Correct.

21 Q. Therefore, I am assuming that you don't recall whether
22 or not anybody attempted to or contacted Dr. Glazier
23 about any potential problems with -- with maintaining
24 I.V. access?

25 A. Correct, I don't remember.

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1 Q. And under the general circumstances, talking in a
2 general sense, where you do have a situation where
3 there's a problem with an access site, and you also
4 have a patient who has the anticoagulation service on
5 board to monitor, who -- in a general sense, who would
6 be contacted in attempts to try and correct that
7 problem with the access I.V. problem?

8 A. More than likely the physician service.

9 Q. That would be B service?

10 A. Yes.

11 Q. Okay. Thank you.

12 A. Okay.

13 MR. DUFF: No further questions.

14 MR. CHAKLOS: Okay. You're done. Thanks.

15 (The deposition was concluded at 11:58 a.m.
16 Signature of the witness was not requested by
17 counsel for the respective parties hereto.)
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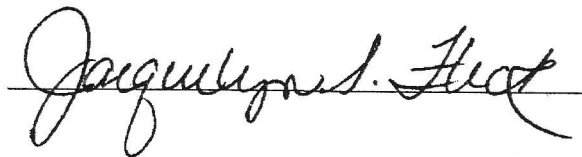
CERTIFICATE OF NOTARY

STATE OF MICHIGAN)

) SS

COUNTY OF WAYNE)

I, JACQUELYN S. FLECK, a Notary Public in and for the above county and state, do hereby certify that the above deposition was taken before me at the time and place hereinbefore set forth; that the witness was by me first duly sworn to testify to the truth, and nothing but the truth; that the foregoing questions asked and answers made by the witness were duly recorded by me stenographically and reduced to computer transcription; that this is a true, full and correct transcript of my stenographic notes so taken; and that I am not related to, nor of counsel to either party nor interested in the event of this cause.

A handwritten signature in cursive script, reading "Jacquelyn S. Fleck", written over a horizontal line.

JACQUELYN S. FLECK, CSR-1352

Notary Public,

Wayne County, Michigan

My Commission expires: August 16, 2006

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