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1 any interaction they provided?

2 A. I don't -- I didn't see any.

3 Q. You see there's an anesthesia note just above that;
4 right?

5 A. Yes.

6 Q. And that's apparently dated at 8:10 p.m.; right?

7 A. Yes.

8 Q. Okay. And then above that, looks like there's a note
9 with Nurse Neino's signature.

10 A. Yes.

11 Q. Was she still there at the time, at 8:00?

12 A. No.

13 Q. Any idea as to when Nurse Neino --

14 A. I was going to say it should be on --

15 MR. DUFF: Yeah.

16 BY MR. WEGLARZ:

17 Q. Is that a follow-through from the previous note?

18 A. Yes.

19 Q. Maybe I've got this out of order.

20 MR. DUFF: There it is.

21 BY MR. WEGLARZ:

22 Q. Oh, that's her 6:50 p.m. note?

23 A. Yes.

24 Q. All right. And is anesthesia part of the B service?

25 A. No.

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1 Q. Okay. So there's no note here from B service that you
2 can see; would you agree?

3 A. Yes.

4 Q. I would imagine that you've called B service from time
5 to time to help you out on patients?

6 A. Yes.

7 Q. Do they normally put in a note in the progress note?

8 A. Depends on what they're there to see them for.

9 Q. Okay. Well, what if it's to see a patient for, as you
10 describe it, for very labored breathing? Is that --
11 when they come in to see the patient is that something
12 that you would expect that the B service would
13 document?

14 A. I guess. I don't know, you know, what they would do.

15 Q. And what did B service do?

16 A. I don't remember. It was -- everybody was working
17 together.

18 Q. Okay. Well, and what was that? What were they doing
19 with everybody else together?

20 A. We were -- you know, they were ordering anesthesia to
21 intubate, they were ordering medications.

22 Q. What medications?

23 A. The Atropine, the Dopamine, the Epinephrine.

24 Q. Okay. Any concern that maybe what was happening to
25 Mr. Clark was a bleed? Did you hear that being

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1 discussed or talked about?

2 A. I didn't -- I don't recall.

3 Q. Now, do you recall there being an issue around 7:00, I
4 guess any time before this event here, where there was
5 a problem either placing an I.V. in Mr. Clark or
6 removing an I.V. from Mr. Clark?

7 A. I don't remember.

8 Q. Where do they keep the acute care flow records in the
9 chart; do you know?

10 A. I don't know.

11 Q. Is that part of the nurses' notes?

12 A. I don't know.

13 Q. I take it you've reviewed some of these records before
14 the start of your deposition?

15 A. Yes.

16 Q. Did you review -- did you review any of the acute care
17 flow records?

18 A. No.

19 Q. While we're looking for it, I want you to assume that
20 there is such a record that says at 7:15 p.m. that
21 they were unable to restart Henry's I.V. after two
22 attempts.

23 A. Okay.

24 Q. Do you recall anything like that?

25 A. I don't recall.

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1 Q. And if that's information that would have been brought
2 to your attention, what would you have done with that?

3 A. I would have -- well, if they weren't able to start
4 after two attempts, I wouldn't have tried to start it
5 myself. I would have notified a physician.

6 Q. Okay. Do you know if Mr. Clark received any Lasix
7 during your shift?

8 A. During my shift?

9 Q. Yes.

10 A. From -- I don't recall.

11 Q. Do you remember a Michelle Bradley?

12 A. No.

13 Q. Do you remember a PCA by the name of Michelle or by
14 the name of Ms. Bradley, anything like that?

15 A. I recall the name.

16 Q. Okay.

17 A. PCA.

18 Q. Do you recall whether or not she was there that night?

19 A. I don't recall.

20 Q. And do you have any recollection as to whether or not
21 Mrs. Clark kept going to the nurses' station asking
22 for help for Mr. Clark?

23 A. I don't recall.

24 Q. Your understanding is that there was just a call made
25 to the regular nurse call button in the room and

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- 1 that's what you responded to?
- 2 A. Yes.
- 3 Q. Did anyone tell you that Mr. Clark was yelling out
- 4 that he was dying before you or anyone else was able
- 5 to get to the room during your shift?
- 6 A. I don't recall.
- 7 Q. And then who would be the person to come in with a
- 8 machine to check Mr. Clark's pulse, if that was done?
- 9 A. That would be the PCA.
- 10 Q. Okay. Do you remember that being an issue, that they
- 11 couldn't obtain a pulse?
- 12 A. I don't recall.
- 13 Q. And when you came into the room did Mr. Clark have an
- 14 oxygen mask on?
- 15 A. I don't recall.
- 16 Q. Does your note reference the fact that there's an
- 17 oxygen mask on him?
- 18 A. My note says he was receiving oxygen. It doesn't say
- 19 if it was a mask.
- 20 Q. Okay. Now, if Mr. Clark himself were to actually
- 21 request an oxygen mask, who would have the authority
- 22 to do that? Can a PCA get that for him?
- 23 A. I don't recall. I mean typically they would let us,
- 24 the nurse, know.
- 25 Q. Okay. Do you recall that being an issue?

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1 A. I don't recall that.

2 Q. Okay. And Mrs. Clark claims that a nurse or the PCA
3 represented that they could not give Henry an oxygen
4 mask until his pulse was obtained. Do you recall
5 anything like that?

6 A. I don't.

7 Q. And when you first entered Mr. Clark's room do you
8 have any idea as to whether or not an EKG was
9 performed or was being performed on Mr. Clark?

10 A. I don't recall.

11 Q. Does your note make any reference to that?

12 A. It does not.

13 Q. And do you recall a doctor being in Mr. Clark's room,
14 yelling out for a nurse?

15 A. I don't recall.

16 Q. Do you recall Dr. Barnwell yelling for a nurse?

17 A. No, I don't.

18 Q. You don't recall any conversation or discussion with
19 Michelle Bradley?

20 A. I don't. No, I don't recall.

21 Q. Okay. Do you recall that administration from the
22 hospital requested that everyone involved in
23 Mr. Clark's care to write a report that evening?

24 A. I don't recall.

25 MR. CHAKLOS: I'll object to form.

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1 BY MR. WEGLARZ:

2 Q. Do you recall writing a report as to what happened
3 during your shift as it pertained to Mr. Clark?

4 A. No, I don't remember.

5 MR. CHAKLOS: Object to form.

6 BY MR. WEGLARZ:

7 Q. Now, labs were drawn at 8:18 p.m. Who would have
8 drawn those labs, by the way? Is that the phlebotomy
9 team?

10 A. No. I believe we sent those during the whole --
11 during everything that was going on.

12 Q. Okay. I can understand. I mean 8:18 p.m. is when
13 Mr. Clark was having his incident; right?

14 A. Yes.

15 Q. His arrest; correct?

16 A. Yes.

17 Q. Okay. Who was able to do the draw on this one?

18 A. I don't know.

19 Q. Okay.

20 A. I don't. I don't know. I don't --

21 Q. Doesn't say in the notes there?

22 A. No.

23 Q. And it looks like the hemoglobin is 7.6. Do you
24 recall there being a discussion or any reference to
25 this low hemoglobin?

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1 A. I don't recall.

2 Q. Did you witness Mr. Clark's arrest?

3 A. I don't remember.

4 Q. There's an arrest recognition record, and it says at
5 8:30 p.m. the respiratory arrest was witnessed. Would
6 you have been one of those persons in the room to
7 witness the arrest at 8:30 p.m.?

8 A. I don't remember.

9 Q. If you were one of the persons in the room who would
10 have witnessed it, is that something that's usually
11 documented?

12 MR. CHAKLOS: By her?

13 A. By me?

14 BY MR. WEGLARZ:

15 Q. By anyone.

16 A. I don't -- I don't know.

17 Q. Okay. Who's responsible for doing the documentation
18 as to who's in the room during the arrest and things
19 like that?

20 MR. CHAKLOS: I'll object to lack of
21 foundation.

22 A. Yeah, I don't know whose responsibility it is.

23 BY MR. WEGLARZ:

24 Q. Do you fill out the arrest recognition record?

25 A. No.

- 1 Q. Okay. Who typically does?
- 2 A. I don't remember.
- 3 Q. Who was the phlebotomist who was responsible for doing
- 4 the 4 p.m. blood draw; do you know?
- 5 A. I don't know.
- 6 Q. Even to this day, do you have any idea?
- 7 A. I don't know.
- 8 Q. Okay. And there was one done apparently at 8:54 p.m.
- 9 Do you know who did that?
- 10 A. I don't know.
- 11 Q. Okay. Do you recall that being done?
- 12 A. I don't remember.
- 13 Q. Do you recall the results of that blood draw?
- 14 A. No, I do not.
- 15 Q. Assuming that at 8:18 p.m. the hemoglobin is 7.6 and
- 16 at 8:54 p.m. Mr. Clark has an APTT of 138, you would
- 17 agree that that's high, right, the APTT?
- 18 A. Is what?
- 19 Q. High.
- 20 A. What was the number?
- 21 Q. 138.
- 22 A. Yes.
- 23 Q. Any concern there that with Mr. Clark being arrested
- 24 and with these values, that he's suffering from a
- 25 bleed?

1 A. I don't --

2 MR. DUFF: Foundation.

3 A. Yeah.

4 BY MR. WEGLARZ:

5 Q. Okay. What was the answer? You don't know?

6 A. I don't know.

7 Q. What about any of the -- all these doctors and all
8 these other medical professionals who were around at
9 the time; do you remember them making any reference
10 that maybe he's suffering from a bleed?

11 A. I don't remember.

12 Q. Have you ever been involved in a patient suffering
13 from a bleed due to being overanticoagulated?

14 A. No, not that I remember.

15 Q. Do you have any understanding as to what can be done
16 on a patient who is suffering from a bleed from
17 overanticoagulation?

18 A. No.

19 Q. Any type of drug that can be given to try to reverse
20 that process or to bring down the APTT?

21 MR. CHAKLOS: Well, that's a compound
22 question. If you want to know what -- one or the
23 other, but --

24 MR. WEGLARZ: It is.

25 MR. CHAKLOS: Because that would -- you

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1 want to know what can be done to bring down the
2 Heparin; is that what you want to know? I don't mean
3 to direct your cross-exam, but it was just two
4 different questions.

5 BY MR. WEGLARZ:

6 Q. Fine. You can start there.

7 A. What -- now what was the question?

8 Q. Do you have any understanding as to how you can
9 reverse, first of all, a bleed caused by a patient
10 being overanticoagulated?

11 A. Reverse a bleed, no, I don't.

12 Q. Okay. What about to bring down a high value such as
13 an APTT?

14 A. From Heparin?

15 Q. Yes.

16 A. Yes.

17 Q. What?

18 A. Protamine.

19 Q. Have you ever seen that done on a patient of yours at
20 Harper Hospital?

21 A. No.

22 Q. And why would -- what's your understanding as to why
23 you'd want to give Protamine?

24 MR. DUFF: Foundation.

25 MR. CHAKLOS: You mean hypothetically?

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1 MR. WEGLARZ: Yeah.

2 BY MR. WEGLARZ:

3 Q. I mean why not just reduce the Heparin? Why would you
4 need to give Protamine?

5 MR. CHAKLOS: Object to -- I object to the
6 form of your question. I think it's vague.

7 MR. WEGLARZ: Sure.

8 BY MR. WEGLARZ:

9 Q. Your understanding.

10 MR. CHAKLOS: You know, well, your
11 understanding notwithstanding, I'm not objecting to
12 that. I'm objecting to the -- the form of the
13 question in terms of the context of the hypothetical.
14 I mean you're talking about Mr. Clark, are we talking
15 about -- I don't know how she can answer that.

16 BY MR. WEGLARZ:

17 Q. Someone who has a high APTT on Heparin and you're
18 considering to give Protamine or to reduce the dose,
19 why would you ever want to give Protamine if you can
20 just stop the Heparin?

21 A. I don't know.

22 Q. Okay. And then in your note, I think you indicate
23 that Mr. Clark's blood pressure is undetectable.

24 A. Yes.

25 Q. Tell me the circumstances leading up to that. What

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1 was done to try to get his blood pressure?

2 A. We were using the machine, and then I believe we were
3 even doing it the manual cuff stethoscope.

4 Q. And you couldn't get a reading at all?

5 A. I don't remember.

6 Q. Okay. Were you kind of shocked to find Mr. Clark in
7 this condition?

8 A. Was I shocked?

9 Q. Yeah.

10 A. Yes.

11 Q. And why is that?

12 A. Well, you're always shocked when patients are not
13 doing well.

14 Q. I mean did Nurse Neino give you any indication that
15 there was any problem with Mr. Clark --

16 A. I don't remember.

17 Q. -- such that in just a couple hours he would be in a
18 condition like this?

19 MR. CHAKLOS: She answered your question, I
20 think.

21 A. No.

22 BY MR. WEGLARZ:

23 Q. Do you remember the surgical staff coming in? I
24 believe you -- you testified you remember Barnwell's
25 staff coming in; right?

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1 A. I remember somebody from surgery coming in, yes.

2 Q. Okay. And in their note, their assessment was acute
3 hemorrhage. Do you recall them discussing that?

4 A. I don't recall.

5 Q. Did Mr. Clark have any signs or symptoms consistent
6 with a hemorrhage?

7 MR. BERLIN: Object to foundation.

8 A. I don't recall.

9 BY MR. WEGLARZ:

10 Q. I mean he didn't have outward bleeding; right?

11 A. I don't remember.

12 Q. Okay. I mean based upon your note and the notes --

13 A. Based upon my note, no.

14 Q. -- afterward, do you see anything in there that would
15 be consistent with a bleed?

16 A. No.

17 Q. No?

18 A. No.

19 Q. Okay. I kind of asked this. I don't know if I asked
20 it in this specific way. Any understanding as to how
21 often a patient like this should have the hemoglobin
22 checked if you are suspicious that they could be at
23 risk for a bleed?

24 A. I don't know what it is.

25 Q. Do you have a general idea?

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1 A. No.

2 Q. And you don't recall there being any type of an
3 investigation into what happened to Mr. Clark --

4 MR. BERLIN: It's been asked and answered.

5 BY MR. WEGLARZ:

6 Q. -- conducted by the hospital?

7 MR. BERLIN: Sorry. It's been asked and
8 answered.

9 BY MR. WEGLARZ:

10 Q. Go ahead.

11 A. I don't remember.

12 Q. And you never provided a written statement to anyone
13 regarding what happened to Mr. Clark; correct?

14 A. Not that I remember.

15 Q. All right. Was there ever an investigation conducted
16 by the State of Michigan into this incident?

17 A. I don't remember.

18 Q. All right. Just give me a second.

19 When you worked at St. Joseph Mercy in Ann
20 Arbor, where did you work specifically; what unit?

21 A. The cardiac cath lab.

22 Q. And were you responsible for patients who were also on
23 anticoagulation?

24 A. Yes.

25 Q. And what was St. Joe's doing with respect to checking

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1 hemoglobins on these patients? How often?

2 A. Where in the unit I worked it was a procedure area.

3 We didn't do the -- we had patients who were on

4 anticoagulation, but we didn't do any of the lab. We

5 didn't deal with the lab on this.

6 Q. Okay. Who did?

7 A. The floor, the floor nurses.

8 Q. Okay. And why did you go from Harper to St. Joe's?

9 A. Because it was a different opportunity and I live in
10 Ann Arbor.

11 Q. Do you know if Harper was critical with respect to the
12 care, any aspect of the care that was provided to
13 Mr. Clark on this case?

14 MR. CHAKLOS: Object to form.

15 BY MR. WEGLARZ:

16 Q. Go ahead.

17 A. I don't remember. I don't know.

18 Q. Who would be the nursing supervisor that -- your
19 supervisor and Neino's supervisor?

20 A. I believe her name was Renee Weir (ph) on our unit.

21 Q. Now, the nursing supervisor, anyone else from Harper
22 ever say, Hey, we -- we wish you would have done this,
23 this and that, or was critical of your care or anyone
24 else's care, to your knowledge?

25 A. Not to my knowledge.

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1 Q. Do you recall any conversations or discussions you had
2 with the wife, Mrs. Clark?

3 A. I don't remember.

4 Q. And do you ever recall -- do you have any
5 understanding as to why the 4 p.m. draw was not
6 carried out?

7 A. I don't know.

8 Q. Was it carried out?

9 A. I don't know. From what I see in the chart, no.

10 Q. Okay. And what about this draw at 8:54 p.m.; is that
11 when it was finally done?

12 MR. CHAKLOS: Object to form.

13 A. There was one done at 8:54.

14 BY MR. WEGLARZ:

15 Q. But was that the 4 p.m. draw?

16 A. I don't know. They had rescheduled it for --

17 Q. For 8 p.m.; right?

18 A. Yes.

19 Q. And that was by the pharmacist?

20 A. Yes.

21 Q. Do you remember the pharmacist?

22 A. I don't remember the pharmacist.

23 Q. Ibrahim, do you remember that guy?

24 A. No.

25 Q. Do you remember talking to pharmacy about rescheduling

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1 this draw?

2 A. I don't remember.

3 Q. Now, what if hypothetically you felt that for whatever
4 reason Mr. Clark really needed to have his draw done
5 at 4 p.m. to make sure that the adjustments which were
6 made to try to lower his APTT were working. What
7 could you have done to ensure that that draw was
8 carried out?

9 A. Well, I wasn't working at 4 p.m.

10 Q. Well, let's assume you came in at 7 p.m. and it still
11 wasn't done. What could you do to ensure that that
12 was done as soon as possible?

13 A. I don't know if there is anything I could have done.
14 It was rescheduled for 8:00. You know, at 7:00 I
15 would have waited for the 8:00 draw.

16 Q. Okay. So you weren't even allowed to call the
17 attending to say, Hey, I think he should have had his
18 draw done at 4? It's 7 p.m. I just now got here,
19 reporting to duty, I think we should make sure this
20 thing gets done ASAP. You're not allowed to do that?

21 A. I don't think that's -- not that I'm not allowed to,
22 but if it was rescheduled for in an hour, I would have
23 waited --

24 Q. Okay.

25 A. -- till it was rescheduled.

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1 Q. Okay.

2 MR. WEGLARZ: All right. I don't have
3 anything else.

4 MR. DUFF: I -- I have a few questions.

5 MR. CHAKLOS: Okay.

6 MR. DUFF: Unfortunately.

7 EXAMINATION

8 BY MR. DUFF:

9 Q. And starting with the point you were just talking
10 about, that there was, based on your record, a
11 rescheduling of the draw from 4 to 8 p.m. that day on
12 the 1st --

13 A. Yes.

14 Q. -- do you have any information either in that -- in
15 the chart or by recollection that Dr. Glazier was
16 consulted about the rescheduling of the draw from 4 to
17 8 that day?

18 A. I don't have any recollection. I didn't see anything,
19 but I don't recall.

20 Q. Nothing in the chart would reflect it, as you just
21 indicated?

22 A. He was notified? I didn't --

23 Q. Or consulted, yeah.

24 A. I didn't see anything.

25 Q. Okay. And I think you earlier indicated that based

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1 again on the chart and your recollection, and it's
2 been a few years and I know you might not remember
3 everything, but based on your review of the chart,
4 there was no blood drawn between 4:00 and 8:54?

5 MR. CHAKLOS: I'll have to object to lack
6 of foundation on that.

7 MR. DUFF: Yeah.

8 MR. CHAKLOS: She came -- she came on at
9 7:00. I don't know if she can address anything that
10 happened before 7.

11 BY MR. DUFF:

12 Q. Well, you've reviewed the chart before today and you
13 reviewed --

14 A. Mm-hmm.

15 Q. -- the time periods even before you came in at 7:00?

16 A. Yes.

17 Q. Did you see any evidence that there was a draw done
18 after 4:00 but before you came in at 7?

19 A. Not in the chart I've looked at.

20 Q. Okay. And again, after you came in, from what you can
21 tell from the chart and your recollection, the draw
22 was done at 8:54?

23 A. Yes.

24 Q. And nothing before then between 7 and 8:54?

25 A. Yes.

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1 Q. You earlier indicated that at some point after the --
2 after you were called to Mr. Clark's room surgery was
3 there, B service was there, anesthesia was there and
4 Dr. Glazier was there.

5 A. Yes.

6 Q. Do you remember whether there was any delay in
7 Dr. Glazier getting there?

8 A. I don't remember.

9 Q. Do you know what Dr. Glazier did by way of helping the
10 other medical personnel who might have been attending
11 to Mr. Clark?

12 A. I don't remember.

13 Q. Well, was there a time after you came in at 7:00 on
14 the -- on the 1st that you tried to contact
15 Dr. Glazier and you couldn't get a hold of him or he
16 didn't respond to an attempt to contact him?

17 A. I don't remember. I don't -- not that I remember.

18 Q. Okay. Nothing in the chart would reflect that you had
19 tried to get a hold of Dr. Glazier at some point and
20 he either didn't respond or you couldn't get a hold of
21 him for some reason?

22 A. No.

23 Q. You did an order, I believe, and I just want to make
24 sure it is yours, on the 30th at -- at 8:00? That's
25 June 30th, '01 at 8:00? And it is entitled

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1 Anticoagulation Services: Increase Heparin to 900
2 units per hour? I think it's your name.

3 MR. CHAKLOS: What's the date? It's the
4 30th; right?

5 MR. DUFF: Yeah, the 30th at 20:00 hours.

6 BY MR. DUFF:

7 Q. No. This is what it looked like.

8 A. Oh.

9 Q. That's it, yeah.

10 A. Yeah.

11 Q. And is that in your handwriting?

12 A. The order?

13 Q. Yes. Well --

14 A. No.

15 Q. -- what part of that is your handwriting?

16 A. My signature.

17 Q. And what does your signature signify on this order?

18 A. That this order was changed on the med sheet.

19 Q. Okay. And --

20 A. Just that I saw the order.

21 Q. That you saw the order.

22 A. Mm-hmm.

23 Q. And it was an order -- well, you saw this order.

24 Based on your working at the hospital, your

25 understandings of how orders are written, whose order

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1 is that?

2 A. The anti -- the pharmacy anticoagulation service's
3 order.

4 Q. And from what you can tell, it says increase Heparin
5 to 900 units per hour?

6 A. Yes.

7 Q. And then down below that it says: For Dr. Glazier
8 slash -- it has the name, PHD, number 9578?

9 A. Yes.

10 Q. What is that to signify, if anything?

11 MR. CHAKLOS: If you know.

12 A. I don't know.

13 BY MR. DUFF:

14 Q. If you know.

15 Do you know if having Dr. Glazier's name
16 there is an indication he was somehow contacted or
17 consulted regarding this order to increase Heparin to
18 900 units per hour?

19 A. I don't know.

20 Q. Do you know -- can you tell me the name following
21 Dr. Glazier's name right before the PHD?

22 A. I don't know who that is.

23 Q. I mean I don't want you to assume. Do you know, just
24 based on your working at the hospital and seeing
25 orders like this, whether that would be somebody from

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1 the anticoagulation service?

2 MR. CHAKLOS: If you know.

3 A. I believe it is. I'm not 100 percent positive.

4 BY MR. DUFF:

5 Q. That's fair enough.

6 It said something about the number 9578.

7 Does that have any significance to you vis-a-vis
8 anticoagulation services?

9 A. No, I don't know what that is.

10 Q. Okay. What do those numbers often signify; a beeper
11 number or something like that?

12 A. A beeper number, mm-hmm.

13 Q. I was looking through the orders. Did you sign off on
14 any other orders regarding either -- well, regarding
15 either adjusting or dosing the Heparin?

16 A. Not that I recall.

17 Q. Okay. Can you determine, either based on personal
18 recollection or your review of the chart, whether
19 Dr. Glazier was called regarding Mr. Clark for any
20 reason from let's say 2:00 on the 1st of July through
21 the time you did see him after you were called into
22 Mr. Clark's room that evening?

23 A. I don't know if he was or not.

24 Q. Okay. Did you see any notations that a call was made
25 to him any time between 2:00 that day and the time --

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1 and a time after you were called into Mr. Clark's
2 office -- or room, excuse me?

3 MR. CHAKLOS: In fairness to the witness, I
4 don't know that she's looked at this entire chart. I
5 think her testimony was she looked at her notes, so I
6 don't know that she can address that issue one way or
7 the other, I mean any better than you could, for
8 example.

9 MR. DUFF: Sure.

10 MR. CHAKLOS: And the document speaks for
11 itself. There's nothing in her handwriting.

12 A. Yeah.

13 MR. CHAKLOS: I don't know that she could
14 attest to anybody else.

15 BY MR. DUFF:

16 Q. Did you have a progress note for the day before the
17 1st, being the 30th?

18 A. On the 30th I did not.

19 Q. Okay. And what circumstances may or may not develop
20 which would either -- would either dictate that you do
21 a note or may lead to a situation where you won't do a
22 note? Are you compelled to do a note for each shift
23 or not?

24 A. Yes, a general note on each shift.

25 Q. And at least as you're reviewing the thing right now,

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1 the chart right now, you don't find one for you for
2 the 30th?

3 A. Well, there's one at almost 3:00 in the morning on the
4 1st, which would have been my shift from the 30th.

5 Q. Okay. How about on the 29th?

6 A. No.

7 Q. Before today's deposition had you had an opportunity
8 to review the nursing notes drafted by others on the
9 30th and the 29th?

10 A. I don't believe I reviewed them, no.

11 Q. Okay. As we sit here today, again based on any
12 information you may have gleaned from your memory or
13 from the record, do you know whether or not
14 Dr. Glazier was ever consulted regarding the
15 anticoagulation situation with Mr. Clark on the 29th
16 or the 30th or the 1st of July, before you were called
17 to Mr. Clark's room?

18 A. I don't know.

19 Q. When you were called to Mr. Clark's room and a process
20 began of contacting B service, was that a process you
21 were involved with, or did you stay in the patient's
22 room at that point and have others contact the
23 services?

24 A. I don't remember.

25 Q. Okay. Can you recall any discussion with Dr. Glazier