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SC Court of Appeals

Hamilton v TRMC Cindy Hurley - Direct 5/8/18 321

1 and fifteen altogether? Okay. Well, we'll find out.

2 Who's doing cross?

3 MR. KRELL: I am.

4 THE COURT: Okay. He's been quicker than Mr.
5 Williams, I've noticed.

6 MR. WILLIAMS: Yeah, I'm slow.

7 (Jury in at 1:39 p.m.)

8 THE COURT: All right. Ladies and gentlemen,
9 we're getting down to the defendant's part of the case,
10 okay?

11 And so, Mr. Tanner, are you ready to call your first
12 witness?

13 MR. TANNER: Yes, Judge Dickson. Thank you.

14 THE COURT: Yes, sir.

15 MR. TANNER: I call Cindy Hurley at this time.

16 THE COURT: All right. Ms. Hurley, you can put
17 that down before we swear you in, okay?

18 THE WITNESS: Yes, sir.

19 THE COURT: Put your -- yeah, you've been watching
20 them.

21 THE WITNESS: I have.

22 THE COURT: Oh, good. Good.

23 All right. Yes, sir.

24 (WHEREUPON, Cindy Hurley was sworn
25 to tell the truth.)

1 CINDY HURLEY - DIRECT EXAMINATION

2 BY MR. TANNER:

3 Q Good afternoon, Cindy. Thank you for being here.

4 A You're welcome.

5 Q Can you please tell the jury where you live?

6 A I live in Lexington, South Carolina.

7 Q And where were you born, Ms. Hurley?

8 A I was born in Columbia.

9 Q And what is your occupation?

10 A I'm a registered nurse.

11 Q Tell the jury about your educational background?

12 A Well, I graduated from high school in Columbia at
13 Cardinal Newman. I went to the University of South
14 Carolina, graduated thirty-nine years ago yesterday from the
15 nursing program.

16 Q Congratulations.

17 A Thank you. Since then, I've worked.

18 Q As a registered nurse?

19 A As a registered nurse.

20 Q And after you graduate from the University of South
21 Carolina, did you take the nursing boards?

22 A I did.

23 Q Did you pass them?

24 A I did.

25 Q Do you have a nursing license?

1 A I do.

2 Q Have you had a nursing license since you graduated?

3 A I have.

4 Q Have you started an IV on a pediatric patient, such as
5 R.J.?

6 A I have started IVs on children.

7 Q Do you have an estimate of how many times you've
8 started --

9 A A hundred. More.

10 Q Have you monitored an IV and managed an IV on a
11 pediatric patient?

12 A Yes, a lot more. Hundreds of times.

13 Q Okay. And have you -- in doing that, have you assessed
14 a IV on a pediatric patient, such as R.J.?

15 A Yes.

16 Q Any idea how many times you've assessed those IV's?

17 A Hundreds.

18 Q Okay. And have you also practiced clinical pediatric
19 nursing?

20 A Yes.

21 Q And where did you have that clinical pediatric nursing
22 practice?

23 A Initially, of course, in school. We go through
24 pediatric rotations and I really got my first basic
25 pediatric nursing when I was working for a general surgeon.

1 I was a first assistant and we lived in Laurens County, so
2 the hospital, we did -- we didn't ship many babies. We
3 would take care of them there. So multiple times.

4 Q Did you have other clinical pediatric experience
5 outside of Laurens?

6 A Yes. When I left Laurens, I went to Lexington Medical
7 Center and I worked there for thirteen years. I started out
8 in what they call the staff pool. And I would go to work in
9 the mornings and they would tell me which floor and where I
10 was going to work that day. It might have been ICU or
11 pulmonary or pediatric, oncology, even the ER, just wherever
12 they needed me, that's where I worked.

13 Q Okay.

14 MR. TANNER: Your Honor, at this time, I'd offer
15 Nurse Hurley as an expert in pediatric IV management.

16 MR. WILLIAMS: No objection.

17 THE COURT: All right. Ladies and gentlemen, Ms.
18 Hurley has been identified as an expert in pediatric IV
19 management. You remember yesterday I gave you the
20 conditions about expert opinions. This will apply to her as
21 well as it applied earlier witnesses, okay?

22 All right.

23 BY MR. TANNER:

24 Q Nurse Hurley, you were provided some materials in this
25 case?

1 A I was.

2 Q And what material were you provided?

3 A I was provided with a portion of a the medical records
4 from Orangeburg Regional.

5 Q And were you provided with other materials?

6 A Yes. Depositions. You want to know each one?

7 Q If it's easy. If not, we'll get to them --

8 A Ms. Middleton, Ms. Craft --

9 Q Nurse Downing?

10 A Nurse Downing.

11 Q Nurse Stobbs?

12 A Nurse Stobbs.

13 Q All right. And you were present in the courtroom when
14 Nurse Downing testified --

15 A I was.

16 Q And you have reviewed the hospital record from The
17 Regional Medical Center from October, the admission from
18 October 25th through October 30th, 2014?

19 A Yes, sir.

20 Q Explain to the jury what the reason -- what was the
21 purpose of that admission?

22 A The baby was admitted through the emergency room, came
23 in with a high fever. I think it was a hundred and two
24 point six. And we worry about babies that are that young.
25 I think he was a week and two days old when his mom brought

1 him in there sick.

2 Q I'm sure we could spend hours talking about the rest of
3 the days.

4 A Right.

5 Q I know the jury probably doesn't want to hear that.
6 Why don't we just move ahead to October 27th; is that fair?

7 A Okay. That's fair.

8 Q Can you tell me, can you tell the jury what shift Nurse
9 Downing would have been working on October 27th, 2014?

10 A Ms. Downing was working the 7:00 p.m. shift to 7:00
11 a.m. shift, which would have been the 27th into the morning
12 of the 28th.

13 Q And when a nurse works nights, that's typical for
14 younger nurse?

15 A Yes. It's typical for all of us.

16 Q And when a nurse works nights, do they just show up at
17 7:00 and leave at 7:00?

18 A No, sir.

19 Q What would have been her process?

20 A Well, in fact, in preparation for this, I actually went
21 through and made notes of every time that Ms. Downing took
22 care of that baby during that twelve-hour shift.

23 Q Okay. What's the first thing that a nurse does when
24 they come on the floor or the unit regarding their patients.
25 What is that called?

1 A It's called a shift report or sidebar.

2 Q And can you explain to the jury how that works?

3 A Yes. A previous nurse who's had that baby for twelve
4 hours tells the nurse -- both are together and they actually
5 round together. They go and see each patient. R.J.
6 wouldn't have been the only patient that Ms. Downing had.
7 She, I think, in -- I'm not sure how -- I wasn't here for
8 all the testimony, but during depositions I think they could
9 have had three to five patients a piece.

10 Q Yes, ma'am.

11 A So anyhow, she did that with five different nurses.
12 But in this case, she started around 6:45, got report.

13 Q Okay. And what would that report consist of?

14 A It would consist on how the baby had done that day.
15 What his vital signs were. If there were any lab work that
16 morning, they would have gone over that. Any new orders the
17 doctors might have written that day, multiple things. And
18 the main thing is they would have actually gone to the
19 bedside for a lot of this report. And at that time, they
20 actually assessed the IV together.

21 Q I'm sorry. I was looking for that IV assessment. When
22 would the first time have been that she would have assessed
23 the IV?

24 A at around 7:44.

25 Q And in military time what is that?

1 A Well, I actually, because I wanted -- military time
2 confuses me sometimes even after forty years. So what I've
3 done is I've made it in normal time, if that's okay?

4 Q Yes, ma'am?

5 A Okay. So 6:45 at night was the shift report and then
6 at 7:30 she did her nurse note. The first IV check was at
7 7:44.

8 Q Okay. And is this TRMC 00183 and 184, is this a copy
9 of that IV assessment?

10 A Yes, sir. It is.

11 Q I'm going to set the easel up and we can show the jury
12 this. All right. And so this would have been done -- it's
13 time at 19:44, right?

14 A Right.

15 Q And, again, in military time that's 7:44?

16 A Correct.

17 Q So about an hour really after she got the report,
18 correct?

19 A Right.

20 Q And explain to the jury what the IV assessment entails?
21 And if you want to come down and show the jury on the form,
22 whatever is easiest for you --

23 MR. TANNER: -- with the Judge's permission. :06

24 A Okay. (Witness steps down) All right. Let's set at
25 quarter 'till 8:00 she does her IV check when she goes in

1 and she does all of that that she was talking about. She
2 looks at it, she touches it. She probably compares it even
3 to the other hand. And she marks that there's no
4 complications that she can see. There's no drainage there,
5 which drainage would be more than, say, infection. It would
6 be more like you would wonder if maybe some of the IV fluid
7 was leaking out. That would be what -- that would be that.
8 And then the infiltration score, there was no signs of
9 infiltration. There was no swelling, no redness. The
10 phlebitis score also was zero. There's wasn't any -- no
11 blood, no swelling, no indications that there were problems
12 up above the IV. The IV dressing, it was dry. It was
13 intact. And, again, I think she told you about how the
14 dressings are clear so you can see all the way down. And
15 there -- let's see. And she actually charted there was that
16 little extension set on there that she showed you that hooks
17 directly to the IV. So at quarter 'till 8:00 it was great.

18 BY MR. TANNER:

19 Q Okay. All right. And if you want to carefully get
20 back on the stand?

21 A All right. Yeah, I think I might be real careful.

22 (Witness takes stand)

23 Q And when was the next time that Nurse Downing would
24 have had an interaction assessment for R.J.?

25 A At 8:44 the vital signs were done also. And then at

1 8:50 she confirmed those vital signs. And what that means
2 is the nursing assistant or the nursing tech does the vital
3 signs, but then it's up to the R.N. to make sure that she
4 agrees with those and sometimes we even recheck them. But
5 she agreed with the vital signs so that was at ten minutes
6 'till 9:00.

7 Q And what would her next interaction with R.J. have
8 been?

9 A All right. At 9:19 she gave a flush. And a flush, of
10 course, she explained which is that little tiny bit of water
11 or saline, salt water, that you push through the vein to
12 make sure it's still open.

13 Q And what time would that be in military time?

14 A That was 9:19 p.m. so that would have been 21:19
15 military.

16 Q And is that one of the four-hour flushes or is that a
17 flush for the administration of medication?

18 A That was a four-hour flush, but we need to back up to
19 8:00.

20 Q Yes, ma'am. Go back to 8:00.

21 A 8:00 there was a flush on the MAR and I hope y'all
22 understand MAR is the medication records, so if I say that
23 again. Let's see. So she didn't give the flush at 8:00.
24 And the reason she didn't give that dose at 8:00 was because
25 the nurse on the previous shift had given an antibiotic. So

1 that flush was given before that antibiotic. It was given
2 after the antibiotic. So at 8:00 it really didn't make any
3 sense at all to go flush it again. So then again at 9:19
4 she gave the flush. So within that four-hour parameter, per
5 the hospital policy and procedure, and I'm sure that we'll
6 get to that too. But the hospital states that every four
7 hours that IVs have to be checked or flushed. And, again,
8 that's for infants, babies. In an adult, I think it's
9 every four to eight hours when they flush. So that is a
10 difference in children.

11 Q So is there a difference from a nursing perspective in
12 treating children and adults?

13 A Oh, that is -- there's just so much difference. I
14 mean, babies are not children. Children are not adults.
15 It's all different. Your equipment's smaller. You've got
16 smaller stethoscopes, you've got smaller EKG pads.
17 Everything's little and dainty and lots different.

18 Q You've read Nurse Stobbs deposition, correct?

19 A Yes.

20 Q And where she says -- testified in her deposition and
21 testified in front of the jury, that a vein is a vein is a
22 vein, I believe is what she said. Do you have an opinion to
23 a reasonable degree of nursing certainty, more probable than
24 not on the accuracy of that statement?

25 A I do. Okay.

1 Q Can you tell the jury what that is?

2 A I will. When you look at a baby or a child, we know
3 they have everything we have. They have a brain, they have
4 a heart, kidney, lungs. They have -- we all know that.
5 They have veins and arteries just like we do and they're in
6 exactly the same place, but it also makes sense that they're
7 not near mature as ours are. So when you start to assess a
8 baby for an IV, there is definitely a skill. There's a
9 skill there. You don't always -- you can't see them. Most
10 of the time, sometimes it's very difficult to feel them. So
11 you do little tricks like warming up the hand to make them
12 pop up. And we all know that from dishwater.

13 Q And are veins on a child, a thirty-day-old child and an
14 adult, are they similar?

15 A They're similar because we all have them, but babies
16 are -- just like they're tiny, their veins are very tiny,
17 very fragile, very frail. So when you're inserting an IV
18 you have to be very careful that you don't go through the
19 vein or actually into tissue that you don't want to go into.
20 It's definitely a skill.

21 Q And is that because the literature reflects that
22 children's veins are small and thread-like compared to
23 adults?

24 A Yes. And -- yeah.

25 Q I mean, I didn't mean to interrupt you there.

1 A No.

2 Q Go ahead and tell me again what Nurse Downing did after
3 that point in time?

4 A Okay. So she gave that four-hour flush at 9:19. And
5 at 10:05 she went in and she did another IV check, just like
6 that one. So that means she's been at work since 6:45 and
7 she's already checked -- and we're up to 10:05. And she's
8 already checked that IV once and flushed it. She's checked
9 it and flushed it twice. And that's a little over two
10 hours.

11 Q All right. And what did she do after that point in
12 time?

13 A After that time, she checked the baby at 11:00 and he
14 was sleeping in his mom's arms, I believe.

15 Q Okay. And did she chart that in her notes?

16 A She did.

17 Q Now, let me show you her notes. It keeps walking off
18 on me. And this is TRMC 0036.

19 A Right.

20 Q Is this called a narrative note?

21 A Yes.

22 Q And you testified earlier she would have gotten a
23 report from Susan Craft, right? And that's at 18:45?

24 A Right.

25 Q And then at 19:30 patient resting in mother's arms?

1 A Right.

2 Q No signs of distress or discomfort?

3 A Right.

4 Q Initial assessment complete, vitals stable. Is that
5 what you were talking about earlier, the vital signs?

6 A Right.

7 Q Lung sounds clear bilaterally? Explain to the jury
8 what that means?

9 A You just -- well, first of all the baby's been admitted
10 for sepsis. So we don't know if it's a possible urinary
11 tract infection, pneumonia, anything. I believe mama had
12 Strep B when the baby was born, which is not uncommon at
13 all. So the doctor in the ER has figured all of that in.
14 So that's why we did the lumbar check or the hospital did
15 the lumbar check and the chest x-ray. And, of course, the
16 lumbar check came back in a day or two and it was fine. The
17 chest x-ray was fine. But the reason we listen to the lungs
18 is to make sure that there's nothing, no rattling, good air
19 sounds.

20 Q All right. And she also reports she had an interaction
21 with Ms. Hamilton. Writes, his mother states he has been
22 drinking well.

23 A Right.

24 Q And voiding per patient normal?

25 A Right.

1 Q And that says PIV to R hand flushing well, dressing dry
2 and intact. What does that mean?

3 A Peripheral IV.

4 Q That's the IV to his right hand?

5 A Right hand.

6 Q And what does it mean when a nurse charts that it's
7 flushing well?

8 A That it is -- well, that it's open.

9 Q Okay. And that goes to the patency of the IV?

10 A That's right.

11 Q I'm sorry. What time did we leave off?

12 A Let's see. All right. We got to 11:08.

13 Q Okay. What happened at 11:08 p.m.?

14 A 11:08, you brought the nurses narrative in here --

15 Q Yes, ma'am.

16 A -- but with that narrative, there's also -- when the
17 nurse comes on at the beginning of the shift, there has to
18 be an admission history physical. It's not a hospital rule,
19 it is a national or a joint commission rule which so -- and
20 I just want to say that her admission history and physical
21 is incredible. I mean, it is -- it's awesome. She -- you
22 can sometimes look at new nurses and they're just on it.

23 Q And you -- what are some of the information contained
24 in her --

25 A Oh, my goodness.

1 Q -- initial history and physical?

2 A Skin color normal for ethnicity. Skin description,
3 dry, warm. Heart and lungs are normal. Just relaxed, no
4 crying. Breathing is relaxed. Arms and legs are relaxed.
5 I mean, just -- it's a head to toe assessment. That's what
6 we do when we go in. And this sets the pace for the rest of
7 the shift.

8 Q Okay. So is that -- if you will, is that your
9 baseline?

10 A This is your baseline. This is your baseline.

11 Q All right. And likewise when she documents if that
12 entry at 19:30 at 7:30 that the peripheral IV in the right
13 hand is flushing well --

14 A That's right.

15 Q -- is that a baseline?

16 A That's right.

17 Q All right. What else did you review of Nurse Downing's
18 care and treatment of this patient?

19 A All right. So 11:08 she got the ampicillin. So that
20 would have meant that at -- of course, we go back to 9:19,
21 she had flushed it, okay? So about two hours later she
22 starts -- she gives an another antibiotic ampicillin. So
23 she would have gone in there with all of her little supplies
24 like she showed you and -- well, no, she didn't do that
25 part. And she would flush it again because she's giving an

1 antibiotic. You've got to flush it before and you've got to
2 flush it after. So it got flushed again.

3 Q Okay. And so she'd given that antibiotic at that point
4 in time?

5 A Yes.

6 Q And what was Nurse Downing's next interaction with the
7 patient?

8 A At 11:23 she went in to check the IV again, which would
9 have been another one of these checks.

10 Q And that would have been -- in military time, that
11 would have been 23:23; is that correct?

12 A That's correct.

13 Q And that is listed right here on TRMC 181 and spills
14 over into 182?

15 A Correct.

16 Q All right. And she would have again assessed for signs
17 of infiltration; is that right?

18 A Correct.

19 Q And that is a zero?

20 A That's right.

21 Q And explain to the jury the significance of that score?

22 A That there's absolutely no problems with the IV. She
23 did everything we've already talked about and it was still
24 good.

25 Q And then it says phlebitis score, zero?

1 A No problems with the IV.

2 Q And, again, you've reviewed the policy and you heard
3 her testimony. Is that what you're looking for since you're
4 not infusing medicine continuously?

5 A Correct.

6 Q And so you always want to document the infiltration
7 score and the phlebitis score?

8 A Correct.

9 Q And what was Nurse Downing's next interaction?

10 A Okay. So at 11:44 she went in again. Now, she's
11 already given the ampicillin so she flushed before and she
12 flushed after. Now a few minutes or several minutes later,
13 twenty, thirty minutes later, she goes in to get another IV.
14 So again, she flushes the IV, puts the medicine on a pump.
15 And babies, little babies, you have to have them on a pump.
16 And I believe this was a syringe pump. And then she would
17 have flushed it afterwards. So that's two more flushes.

18 Q Okay. And what did she do after that point in time?

19 A Vital signs at 11:59 p.m.

20 Q Okay. And were those vital signs normal?

21 A Yes, they were.

22 Q And what did she do -- are we now close to midnight?

23 A We're at midnight.

24 Q We're at midnight. All right. And what did Nurse
25 Downing do for R.J. at midnight?

1 A Well, on the MAR there was an order for the flush,
2 which we know is the every four-hour flush that shows up on
3 that medication record. Because as long as you have an IV,
4 the policy said that IV has to be flushed at least every
5 four hours. So with that, that feeds into the MAR, but she
6 didn't do it.

7 Q Okay. What did she do?

8 A She didn't do it because she had just flushed it after
9 she gave Claforan at quarter 'till 12.

10 Q Okay. And what time did she perform that flush?

11 A She performed that flush at 1:04 a.m., but that was
12 after another IV check at 12:37.

13 Q 00:37?

14 A Yes, sir.

15 Q Let me see if we have that one. Yes, ma'am. Here we
16 go. It's on TRMC 188. So again noted an infiltration score
17 of zero?

18 A Yes.

19 Q Noted a phlebitis score of zero?

20 A Yes.

21 Q It says child was sleeping. Any signs and symptoms of
22 any IV complications documented?

23 A No, sir.

24 Q What did Nurse Downing do after that assessment?

25 A The next time she did, I guess, a room check and she

1 noted that the baby was sleeping.

2 Q And is that part of your periodic nursing rounding?

3 A Yes, sir.

4 Q Now, each time -- there are things that nurses do that
5 they don't -- is all, each and every ounce of care that a
6 nurse provides, is that documented in the chart?

7 A No, sir. There isn't a way to do that.

8 Q Okay. All right. Go on. Thank you, Ms. Hurley.

9 A All right. So now we're at 2:41.

10 Q Yes, ma'am?

11 A And it's another IV check. She goes in and does
12 another one of these right here.

13 Q Okay. And she did another one at 1:00, as well, I
14 believe, correct?

15 A Yeah.

16 Q Okay.

17 A 1:04 a.m. That's the one that she didn't get at
18 midnight because -- I think we talked about it. She'd just
19 given the medicine.

20 Q All right. And what did she do after that point in
21 time?

22 A Let's see. We talked about the IV check at 2:41. At
23 2:43 vital signs.

24 Q And how were those vital signs?

25 A They were okay too.

1 Q All right. And so that's another interaction between
2 her and the baby?

3 A Well, probably with her and the baby, it would have
4 been between 2:43 and 2:49 because at 2:43 the nursing
5 assistant took the vital signs and then at 2:49 Ms. Downing
6 confirmed them.

7 Q Okay. And so again at that 2:30 she made a note in
8 nursing charts, correct?

9 A Right.

10 Q Patient asleep, no signs of distress. Will continue to
11 monitor?

12 A That's right.

13 Q Okay. All right. And what was her next interaction?

14 A Let's see. 4:04 a.m. she did another IV check.

15 Q All right. And is that the IV assessment right there?

16 A Yes, sir.

17 Q Okay. And, again, would that be as a part of her
18 monitoring and condition of the IV?

19 A Yes, sir.

20 Q And, again, that shows infiltration score of zero,
21 phlebitis score of zero?

22 A Yes.

23 Q And that was at 4:04 a.m., correct?

24 A Correct.

25 Q All right. What was her next interaction with the

1 family?

2 A She went in to hang ampicillin.

3 Q All right. And that is --

4 A At 4:27.

5 Q And we've heard ampicillin is a vesicant, correct?

6 A Correct.

7 Q All right. And the difference between a vesicant and a
8 non-vesicant, could you explain that to the jury?

9 A Well, a vesicant is something, in lay terms, that can
10 just actually cause damage. There are like salt water like
11 we're made out of and things like D5W. If you go in the
12 hospital and you have surgery they hang stuff that isn't
13 near as erosive as the medicines.

14 Q All right. And she would have assessed the IV at 4:04?

15 A She assessed the IV at 4:04.

16 Q And the ampicillin was administered at 4:27?

17 A That's right. So there she would have given -- of
18 course, you would expect her to have given two flushes. But
19 she hung the ampicillin at 4:27, so she flushed it before.
20 But when she went back, of course, the IV had infiltrated.
21 So there would have been no flush at all after that.

22 Q And that was the flush, I believe, Mr. Williams was
23 asking about this time at 4:45; is that right?

24 A Right. But, again, that -- and that's the flush that
25 would have been the every four-hour flush.

1 Q And again, that's where Nurse Downing documented not
2 appropriate at this time?

3 A Right. And, of course, it wasn't.

4 Q And the reason why -- what was the reason why it wasn't
5 appropriate at that time?

6 A Because there were signs of complications. There were
7 signs that the IV was infiltrated. You're certainly not
8 going to push anything else through there.

9 Q And, in fact, most likely the IV had been removed
10 around that time as well?

11 A Her documentation -- I don't think it was removed
12 until, let's see, 5:17. But in her deposition we know why.
13 She saw it. She assessed it. She knew it wasn't right.
14 She hadn't seen anything like it before. So she went and
15 got her charge nurse, which is exactly what she was supposed
16 to do.

17 Q Do you have an opinion to a reasonable degree of
18 nursing certainty, more probable than not, that that was an
19 appropriate course of action for her to take?

20 A Oh, it was. Certainly.

21 Q All right. And then you see in the record where Nurse
22 Downing had a discussion with Ms. Middleton about the
23 infiltration?

24 A I did.

25 Q And that was -- I think she timed that note at 4:50.

1 And you were here when she testified. You try to be exact
2 but you can't exactly be exact, right?

3 A You can't.

4 Q Okay.

5 A The computer's not -- it has no mercy on you. You
6 might have done something thirty minutes before but when you
7 go to document it, it's going to document what time you're
8 there.

9 Q So she's got it 4:50 IV antibiotics DC. Explain to the
10 jury what that means?

11 A She stopped the -- She stopped the syringe pump from
12 infusing any more ampicillin into the baby.

13 Q Okay. IV dressing removed. Hand puffy with bruising.
14 And you heard Nurse Downing tell the jury about that,
15 correct?

16 A Yes.

17 Q Mild swelling to the fingers. PIV removed. What does
18 that mean?

19 A Peripheral IV removed.

20 Q So probably around 4:50 is when that would have been
21 taken out, right?

22 A Right.

23 Q Catheter intact. Explain to the jury what that means?

24 A Well, when she showed you the little catheter you -- as
25 soon as you pull the catheter or you see the catheter, you

1 always look at it to make sure all the pieces are there.

2 It's only one piece but you want to make sure that there's
3 been no damage to it, that it's all there.

4 Q And this is the catheter that Nurse Downing told us
5 about, right?

6 A That's right.

7 Q You want to come down and show the jury what you mean?

8 THE COURT: Carefully.

9 THE WITNESS: I'll watch that.

10 A (Witness steps down) All right. Let's see. Yeah,
11 she's got -- this is the little catheter that would have
12 been in the baby. And you can see because it's so flimsy
13 and so soft -- and the bigger IVs like for us, they're
14 bigger and the holes are bigger. There was actually fluid
15 given through that. I mean, you wouldn't -- it's not very
16 big but it can go through there. But, yeah --

17 BY MR. TANNER:

18 Q So that the catheter tip when she says it's intact --

19 A Right.

20 Q -- it would look like it is now?

21 A Exactly. I mean, honestly sometimes you can pull out
22 an IV and you will see where there's some damage to it.
23 But, of course, there wasn't with that one.

24 Q But it's much more flexible and pliable than a catheter
25 for an adult?

1 A Oh, yeah. Yeah. We're not allowed to put those in --
2 well, I've got to backtrack just a little bit. In the
3 critical care setting, we don't even have those on the
4 floor, 24 gauge, because in an emergency you couldn't get
5 the drugs through it that you need to get through. So we're
6 not even allowed to use them, just some children.

7 Q And so it was certainly proper to use a small catheter
8 like that on a child?

9 A I don't think you'd use anything different unless it
10 was a central line or something.

11 Q Okay. And when she explained to Ms. Hamilton
12 infiltration, do you have an opinion on if that was
13 appropriate nursing care?

14 A Oh, I think it was great. I mean nurses aren't --
15 nurses aren't just nurses, we're teachers and social workers
16 and preachers.

17 Q And then after that 4:50 they called the physician as
18 well?

19 A Yes, sir. And that was -- got that there.

20 Q And she's got -- entered that in the chart.

21 A And she did.

22 Q What was her next interaction with R.J. and his mom?

23 A Okay. Let's see. 5:16 -- well, of course, they took
24 vital signs in between -- when this was going on.

25 Q Yes, ma'am.

1 A Also, there were two or three people in the room with
2 that baby for about, oh, gosh, thirty, forty-five minutes at
3 least. 5:16 she confirmed the vital signs. And then at
4 5:17 she removed the IV. And like she said in her nurses
5 notes. It might -- these are a minute or two different. It
6 could have been flip-flopped, but she removed the IV.

7 Q And then she would have reassessed R.J. around, I
8 believe 6:00; is that right?

9 A She did. She went back in at 6:00 and he was asleep in
10 his mama's arms, I think.

11 Q And then she subsequently later reported off to the on-
12 coming nurse?

13 A Right. Did vital signs again at 6:22. 6:26 she
14 confirmed them. And at 6:45 she gave shift report.

15 Q Okay. All right. And do you have an opinion to a
16 reasonable degree of nursing certainty, most probably
17 whether or not Nurse Downing's care and treatment of R.J.
18 that night met the standard of care?

19 A It exceeded the standard of care.

20 Q And, again, you testified that you heard Nurse Stobbs
21 -- you read her deposition, rather?

22 A Yes.

23 Q And on this catheter this is a 24 gauge needle right?

24 A Correct.

25 Q You saw where Nurse Stobbs testified numerous times in

1 a deposition for the jury about getting blood return on a 24
2 gauge needle. Are you familiar with that?

3 A Yes, sir.

4 Q Can you get blood return on a 24 gauge needle?

5 A We're taught not to even try. When --

6 Q I'm sorry. Why is that?

7 A Well, first of all, we see how flimsy it is. And if
8 you hook a syringe to the end of it and there's any
9 resistance at all, it's going to not only flatten the
10 catheter, but it can also suck that tiny little vein down
11 too and occlude it. So then nothing's going to go through
12 and you do damage to the vein.

13 Q What does the literature say on whether or not a nurse
14 can get blood return in a pediatric patient of a 24 gauge
15 needle?

16 A When I started doing this case I used my education, my
17 training, and my experience. But then when Ms. Stobbs kept
18 saying about the blood return, I -- you know, you begin to
19 second guess yourself. Everything I've read has indicated
20 that you never -- you just don't do it. You just don't try
21 to aspirate blood for two reasons. Number one, just what I
22 just told you. You can damage the vein. You can damage the
23 catheter. You can just damage. And it also -- even if you
24 get the blood return, some of the literature says that it
25 may not be from the vein. That it may be sucking that blood

1 from like around the catheter. So it's a false -- it's a
2 false test. So they tell you not to do it.

3 Q Would another difference between adults and children be
4 that on an adult patient a larger bore needle you can get
5 blood return --

6 A Oh, yeah. In the critical care setting we like to put
7 in nothing smaller than a 20. And we really like 18s. And
8 it seems crazy but the lower the number, like 18, the bigger
9 the catheter; 18 is huge, 24 is little. We like 18 in our
10 patients that are on -- in ICU and post -- or progressive
11 care because we can get that emergency medicine in quick and
12 we can give blood. You can't give blood through a 24
13 catheter. If R.J. had needed blood, they would have had to
14 have put in a central line or another kind of venous access.

15 Q Let me show you a part of Plaintiff's Exhibit 4. It's
16 TRMC 006. And I'll direct you to that 16:07 flush of Nurse
17 Craft. Again, do you have an opinion on whether or not that
18 is a four-hour flush?

19 A You talking about the 16:07? Tell me again. I'm
20 sorry. I was looking at mine.

21 Q I believe it's at 16:07?

22 A Yeah, 16:07.

23 Q Okay. What is your opinion of that flush?

24 A That was, I'm sure, a four-hour flush, but just
25 happened to be at the same time that Nurse Craft was hanging

1 her Claforan. So instead of that -- that flush would have
2 fit right into the schedule, but it's usually not that
3 simple.

4 Q Okay. And then, again follow four-hour increments
5 thereafter?

6 A Yeah, every four hours. She got a -- R.J. got a flush
7 every four hours up until the time they deseated, plus all
8 those in between.

9 Q Okay. Do you have an opinion to a reasonable degree of
10 nursing certainty, more probable than not if the assessment
11 that nurse downing did at 4:04, that last documented
12 assessment before the ampicillin was administered, met the
13 standard of care?

14 A It certainly met the standard of care.

15 Q Okay. And have you been qualified in this state before
16 as an expert witness?

17 A Yes.

18 Q More than once?

19 A Yes.

20 Q Okay. Regarding your review of the literature -- and I
21 think you've talked about some of the research you've done.

22 A Right.

23 Q Can you give the jury other -- explain to them how
24 we're also different, peds and adults are different?

25 A I can. And their words are a lot better than mine

1 anyway. First of all, I think it's important, the very
2 first page, very first paragraph, the potential for
3 complications is always present in the patient receiving IV
4 therapy.

5 Q And what are you referring from, Nurse Hurley?

6 A Infusion --

7 Q Infusion Nurses' Society, Infusion Therapy. Okay?

8 A Okay. So then, let's see. This is one that I was glad
9 to see because it made me think I had not missed anything.
10 Checking for a blood return or a back flow of blood is not a
11 reliable method for determining the absence of an
12 infiltration. A blood return may not present -- be present
13 when small veins are used because they may not permit blood
14 flow around the cannula.

15 Q All right. And I think as Nurse Stobbs testified, she
16 said that those articles are older. Surely, those would
17 have been in place well before 2014, correct?

18 A Right. And they've been teaching you about charting by
19 exception. The reason these articles are old and there
20 aren't any new ones, I would like to --

21 Q Do you have an opinion on that?

22 A I do.

23 Q Would you like to share it with the jury?

24 A Things haven't changed and you can't reinvent the
25 wheel. I mean -- all the --

1 Q In IVs -- I'm sorry.

2 A Sorry. In every one of the articles that I looked at,
3 they all say the same every one of them. And they range
4 from 2001, I think to 1997, and -- yeah.

5 Q So certainly since Ms. Stobbs has been as a nurse. I
6 think she's testified she's been a nurse over thirty years?

7 A It hasn't change.

8 Q Okay. All right. Do you have an opinion to a
9 reasonable degree of nursing certainty whether or now Nurse
10 Downing's flushing met the standard of care?

11 A It actually was above the standard. It only says that
12 the IV has to be flushed every four hours. But that baby
13 got seven -- I want to check it --

14 Q Yes, ma'am.

15 A -- well, seven flushes, I think in twelve hours. Seven
16 flushes.

17 Q All right. And do you have an opinion to a reasonable
18 degree of nursing certainty if Nurse Downing's actions met
19 the policy expectation of The Regional Medical Center in
20 regard to managing a patient?

21 A They actually exceeded them.

22 Q Okay.

23 A And let's see. (Reviews records) Sorry for the delay.

24 Q Take your time.

25 A Oh, okay. And this is why I say she exceeded it. Of

1 course, we've already talked about what policies and
2 procedures are and how we're supposed to follow them. And
3 let me just reiterate this too. These policies and
4 procedures are going to be essentially the same as any
5 hospital in South Carolina, North Carolina, all across the
6 United States. And the reason is they're -- all the
7 hospitals have to be accredited and they all have to meet
8 the same standards. We actually expect the same care from
9 anywhere we go, whether it's Orangeburg, Providence, the
10 Mayo Clinic, that should be the quality of care. Okay. And
11 this is how I say she exceeds it. Okay. This baby was
12 getting -- of course, we already know, about seven flushes.
13 She did it every four hours. But where she went through
14 about every hour and did an IV check that we've gone through
15 and talked about, she only had to do that -- let me read the
16 policy. The phlebitis and infiltration scale is to be
17 utilized to address IV site conditions a minimum of once per
18 shift. That's all she had to do.

19 Q So wait a minute. Does that policy say she only needed
20 it one time --

21 A Once a shift.

22 Q -- in twelve hours?

23 A Yes. Once a shift. That is the policy.

24 Q And how many times did she assess that IV.

25 A I'm going to have to count.

1 Q I'm sorry?

2 A That's all right. (Reviews document)

3 Q Well, I can show you. Is that easier for you? We did
4 the 19:44, right?

5 A There you go.

6 Q We did 20:54?

7 A Yeah.

8 Q We did 22:05, 23:23, 00:37, 1:00 in the morning, 2:42,
9 and 4:04, correct?

10 A That's correct.

11 Q And, again, according to policy she only needed to do
12 one of those?

13 A One.

14 Q What does the literature say about IV complications?

15 A IV complications can be -- well, first of all, let's
16 say local, like just right at the IV site. Sometimes they
17 can cause problems all over the body, serious problems. On
18 the hand, well, y'all know as much as I do now. We know
19 swelling. We know leaking at the site. We know bruising or
20 ecchymosis, phlebitis, those are the local things.

21 Q Okay. And are there other type of complications as
22 well?

23 A There are serious complications. There's -- first of
24 all pulmonary embolus, which is a blood clot that is
25 throughout the body and goes into the lungs. An air

1 embolus, an air embolus is when somebody inadvertently gets
2 air somehow into the venous system, serious, serious
3 problems and those are catastrophic.

4 Q And I'm sure the other lawyers will show you these
5 pictures when it's their turn. Do you have an opinion on
6 whether or not the child's hand would have looked like that
7 when Nurse Downing was caring and treating for this child?

8 A Oh, no. That's a healing wound there.

9 THE COURT: And that's Plaintiff's 3, I believe.

10 COURT REPORTER: You'll have to look at the little
11 picture.

12 MR. TANNER: I'm sorry.

13 THE COURT: I'm pretty sure it's Plaintiff's 3. I
14 have a fairly good memory for it. So we'll take -- unless
15 y'all want to correct it we'll stay with 3, okay? I can
16 call it up, okay? That's 1.

17 BY MR. TANNER:

18 Q What about Plaintiff's 1, would R.J.'s hand have looked
19 like that before Nurse Downing -- I'm sorry. That's upside
20 down.

21 A No, that's a healing wound.

22 Q I apologize.

23 A And what I would like, I'm not sure if anybody's
24 interested or not. But actually, this picture would have
25 been before the one you showed me first.

1 Q Okay.

2 A And the reason being, all that yellow stuff right
3 there. He was getting mist therapy and that was to get all
4 of that stuff off of it because that was preventing it to
5 heal so that's why the mist therapy.

6 Q So this picture is actually after --

7 A That's correct.

8 Q -- and this would be more --

9 A Yes.

10 Q -- healing process?

11 A Yeah. See, it's already -- it's healing there. Yes.

12 Q All right. Any review of the documentation show that
13 the phlebitis score prior to the infiltration on the night
14 of October 27th was anything other than zero?

15 A No.

16 Q All right.

17 MR. TANNER: I beg the Court's indulgence.

18 THE COURT: Okay.

19 BY MR. TANNER:

20 Q Just a few more questions for you, Ms. Hurley, and then
21 I'll let you go. Do you have an opinion to a reasonable
22 degree of nursing certainty, most probably whether The
23 Regional Medical Center acting through it's nurses,
24 including Nurse Downing, complied with the standard of care
25 in the care and treatment of Robert Lee Middleton, Jr.?

1 A I do.

2 Q And what is that opinion?

3 A I think that Ms. Downing, who's a reflection of the
4 hospital, did an outstanding job taking care of this baby.

5 Q Thank you very much for your time. Please answer any
6 questions that Mr. Williams or Mr. Krell have for you.

7 A All right.

8 THE COURT: Mr. Krell, is she yours?

9 MR. KRELL: Yes, sir.

10 THE COURT: Okay. Mr. Krell, she's your witness.

11 MR. KRELL: Thank you.

12 THE COURT: Yes, sir.

13 CINDY HURLEY - CROSS-EXAMINATION

14 BY MR. KRELL:

15 Q Good afternoon?

16 A Good afternoon.

17 Q That baby is healing is your testimony, correct?

18 A Yes, sir.

19 Q Did that baby go into the hospital with any wounds to
20 his hand?

21 A No.

22 Q When it left the hospital did it have any wounds to its
23 hand?

24 A Yes, but we don't know what they looked like.

25 Q You don't know what what looked like?

1 A We don't know what his hand looked like when he left.

2 I haven't seen any of those pictures. I'm can assure you --

3 Q You agree that's his hand. Is that normal?

4 A I do. It's a normal healing wound.

5 Q That's a normal hand?

6 A It's a normal healing wound. The wound is healing
7 exactly like they expect it to.

8 Q What's the number one rule of nursing? Is it to do no
9 harm?

10 A Certainly.

11 Q You talked about literature. When did you review some
12 literature?

13 A After my deposition the other day.

14 Q That was about a month ago?

15 A I think it was a week ago, wasn't it to? Two weeks
16 ago?

17 Q A week ago? And what did you review?

18 A I reviewed the article -- let's see. The Infusion
19 Nurses' Society Infusion Therapy.

20 Q Okay.

21 A Intravenous Therapy in Children.

22 Q All right.

23 A Assessment of an Infant with a Peripheral IV, and
24 Intravenous Extravasation Mechanisms Management and
25 Prevention.

1 Q And the last one you mentioned is the article that you
2 cited for blood return, correct? Checking for blood return?

3 A No, sir. That was the first one.

4 Q Okay. That's the -- tell me which one it is.

5 A The Infusion Nurses' Society.

6 Q And what does that say?

7 A You want me to read it again?

8 Q Yeah. I'm a little confused.

9 A Checking for blood return or back-flow blood is not a
10 reliable method for determining the absence of an
11 infiltration. A blood return may not be present when small
12 veins are used because they may not permit blood around --
13 they may permit blood around the cannula.

14 Q What's your opinion regarding how often the IV site
15 should be checked?

16 A Every hour to hour and a half.

17 Q Is that what you testified to in your deposition?

18 A Well, I got confused there. You had me kind of
19 nervous.

20 Q I did?

21 A Yeah. And I said the time was wrong. But when I
22 looked at it, she was in there -- you had me thinking she
23 wasn't -- I was wrong. But she was in there every hour to
24 hour and a half.

25 MR. KRELL: Your Honor, may I --

1 THE COURT: You may.

2 MR. KRELL: May I explain to the jury what I'm
3 doing now.

4 THE COURT: Yeah. And you can ask her what she
5 said during the deposition. You might not need to even open
6 it.

7 MR. KRELL: I'd like to.

8 THE COURT: Okay. Okay. Go ahead.

9 MR. TANNER: This is a transcript of the
10 deposition I took of Ms. Hurley a couple weeks ago.

11 BY MR. KRELL:

12 Q Let me hand you this, Ms. Hurley. And I know you've
13 got a lot of stuff. Would you like me to move any of this.

14 A This is my deposition? Oh, okay. I got you.

15 Q All right. I had you confused, right?

16 A You had me way confused.

17 Q Okay. Let's turn to page 72 in your deposition?

18 A Okay.

19 Q I think that's the right page. Excuse me. Page 71.

20 A Okay.

21 Q All right. And at line 20 I asked, So what's your
22 opinion regarding how often a site should be checked? What
23 was your answer?

24 A I said every hour to two hours and then I said an hour
25 and a half.

1 Q Okay. What's the standard of the hospital for checking
2 the site?

3 A Ever hour. I -- every hour. Every hour.

4 Q Every hour?

5 A Every hour, I think.

6 Q Okay. You think?

7 A Well, why don't we just make sure. I'd rather make
8 sure. All right. If IV fluids are going and that would be
9 -- we talked about in my deposition the buretrol, if the
10 patient had a continuous IV, in adults it would be a bag and
11 in a baby it would be a container with a smaller than that
12 cup. Then you would check it every hour. And the reason
13 you check it every hour is because you want to make sure
14 it's not being infiltrated.

15 Q I'm looking at page six of nine, intravenous therapy,
16 item thirteen. Is that what you're looking at?

17 A Yes.

18 Q This says, and correct me if I'm wrong, IV site is to
19 be checked hourly and prn with appropriate documentation,
20 correct?

21 A Correct. But that's because they're talking about IV
22 fluids are going in that baby continuously. And this baby
23 didn't have that. The only time he got medicine was every
24 four to six hours, which would have been his ampicillin and
25 his Claforan.

1 Q At the time of your deposition you had no idea about
2 that, correct?

3 A I tried to explain that. We were -- we were not --
4 okay. Yes, we tried. I tried to explain that, that she was
5 right. But then I got all confused.

6 Q I mean, you'd do anything to say this nurse was right;
7 isn't that true?

8 MR. TANNER: Objection, Your Honor.

9 A You know --

10 THE COURT: Wait a minute.

11 A No, sir. That's not true.

12 THE COURT: Wait. Wait. You don't even need to
13 respond. He doesn't need to ask it, okay? Thank you.

14 BY MR. KRELL:

15 Q You would -- in your deposition you actually said that
16 these rules and these policies and procedures is the rule
17 book of the hospital, correct?

18 A It's the rule book of health care, sir. I want to say
19 something just so I can --

20 Q If you could just answer the question --

21 A I did answer the question.

22 Q I don't think you did.

23 THE COURT: Right now the only thing you can do is
24 answer his question.

25 THE WITNESS: Is answer the question?

1 THE COURT: Yes, ma'am.

2 THE WITNESS: Okay.

3 THE COURT: I assure you that Mr. Tanner will
4 follow-up. Okay.

5 THE WITNESS: Okay. Thank you.

6 THE COURT: Okay.

7 A Okay. I'm back.

8 MR. KRELL:

9 Q From where? Where are you back from?

10 MR. TANNER: Your Honor.

11 THE COURT: All right. Mr. Krell. That's okay.
12 Just ask the questions. Just like she gets to answer them,
13 you get to ask them.

14 BY MR. KRELL:

15 Q Is it appropriate to call the policies and procedures
16 the rule book of the hospital?

17 A It certainly is. Yes, sir.

18 Q Is it appropriate for nurses to interpret these rules?

19 A Yes, sir.

20 Q They can interpret them in how they see fit?

21 A Well, they interpret them the correct way, I'm sure.

22 Q Okay. We've talked about this rule, and you can quote
23 it. You've got the policies in front of you?

24 A Right.

25 Q Page five of nine?

1 A Right.

2 Q Flushing the INT with saline is to be documented on the
3 MAR?

4 A Correct.

5 Q Was that done?

6 A Yes, sir, it was. Every four hours.

7 Q Was it done every time it was flushed?

8 A No, sir.

9 Q How do we know that?

10 A It's actually not protocol.

11 Q It's not protocol?

12 A No, sir, it's not.

13 Q Okay. Why does it say it on that document?

14 A It says on this document that it's to be documented
15 every four hours and it was. And that's automatically --
16 like Nurse Downing was explaining to you, it goes
17 automatically into the medication records so that they make
18 sure that their IV gets flushed every four hours in case --
19 because a lot of times people don't have medicines.

20 Q Now, on the medical records it's done -- on the MAR,
21 it's done every four hours?

22 A Yes, sir.

23 Q Now, when was the last flush prior to the
24 administration of the ampicillin at 4:27 a.m.?

25 A (Witness pauses)

1 Q And I'm happy to provide you --

2 A I got it. All right. I'm looking for -- all right.

3 4:27?

4 Q Yes, ma'am.

5 A The patient got the ampicillin. She got one flush.

6 Q When?

7 A At 4:27.

8 Q Is it documented?

9 A No, sir. And it won't ever be documented. It's not
10 protocol. When you give an IV medication it is part of the
11 process. You get your supplies and you go in and you always
12 flush it. You give your medicine and you always flush it
13 again. That is just the way it is.

14 Q Prior to 4:27 when was the previous flush?

15 A The previous flush was at 1:04 a.m.

16 Q All right. Now, the way I read the record it looks to
17 say at midnight. Does that say midnight on --

18 A Well, it didn't make much sense to give it at midnight
19 because she had just had a flush at 11:44.

20 Q And so what time did she give it if it wasn't at
21 midnight?

22 A At 1:04.

23 Q And how do you know that?

24 A Because she documented it.

25 Q Who did?

1 A Ms. Downing.

2 Q She documented it in this MAR that she gave a flush?

3 A At 1:04.

4 Q Okay. Have you read your deposition?

5 A Yes.

6 Q Do you have a copy of your deposition?

7 A I do.

8 Q Would you pull it out, please?

9 A Okay.

10 Q Would you look at line 17 and read 17 through 24,
11 please?

12 A What page?

13 THE COURT: What page?

14 MR. KRELL: I'm sorry. Page 37. I apologize.

15 THE COURT: Page 37?

16 MR. KRELL: Page 37, Your Honor, lines 17 through
17 24 of Nurse Downing's deposition.

18 A Okay. 17 through 24. It's not a specific medication.
19 It's the way MAR was set. So the IV had to be flushed at
20 least every four hours with either saline or a medication.
21 So it doesn't allow you to really document a flush. As a
22 nurse you chart by exception, but to check an IV site you
23 flush an IV, though it's not specifically in there, but
24 that's how you assess an IV.

25 BY MR. KRELL:

1 Q You just read that it doesn't allow you to document a
2 flush, correct?

3 A (Witness pauses)

4 Q Yes or no?

5 A I did.

6 Q You were here for Nurse Downing's testimony --

7 A I was.

8 Q -- this morning?

9 A Yes, sir.

10 Q Did you understand it?

11 A Yes, sir.

12 Q Okay. In regards to whether or not the jury's to
13 believe your testimony based on the records or Ms. Downing's
14 testimony based on being there, who would they be better off
15 believing?

16 MR. TANNER: Objection, Your Honor. He's trying
17 to pit the witnesses against each other.

18 THE COURT: Yeah. It does sound like pitting.

19 MR. KRELL: I'll withdraw the question.

20 A I will -- can I answer?

21 Q Sure.

22 THE COURT: No, ma'am.

23 MR. KRELL: Oh, excuse me. The Judge has to
24 decide that.

25 THE COURT: No, ma'am. You cannot.

1 MR. KRELL:

2 Q Ms. Downing testified wasn't it, that that saline flush
3 was given at midnight, didn't she? You heard her?

4 A I don't know. I don't know.

5 Q You don't know that she said it or you don't --

6 A No, sir. I don't know that she said it. I might have
7 missed it if she did say it, but I'm not going to sit here
8 and say that I heard it when I didn't hear it.

9 Q I show you a document that we've talked about
10 throughout the year -- throughout the trial?

11 A She couldn't have. She couldn't have given it at
12 12:00.

13 THE COURT: You've already answered the question.

14 THE WITNESS: Okay.

15 BY MR. KRELL:

16 Q I just asked if that's what she testified to?

17 A And I said I didn't know. Okay.

18 Q All right. Tell us what that document is?

19 A Policies and procedures for infusion nursing of the
20 pediatric patient.

21 Q All right. And who is it published by?

22 A (Witness pauses)

23 Q Is that the Nurses' Society --

24 A Yeah. Infusion Nurses' Society. Okay.

25 Q And that's the -- you quoted the Infusion Nurses'

1 Society document earlier. I don't think it's the same one,
2 but the same publication, correct?

3 A Right.

4 Q Turn to page a hundred of the document I just handed
5 you. It should be right --

6 A Okay.

7 Q All right. Do you see where it's highlighted --

8 A Correct.

9 Q -- at the bottom of the page?

10 A Correct.

11 Q All right. And it's under a section, correct, called
12 flushing; is that correct?

13 A Correct.

14 Q Read that section for the jury from the pediatric --
15 it's a pediatric handbook, right? A pediatric --

16 A Correct.

17 Q It has to do with babies, right?

18 A Well, I don't know what I'm -- I mean, I'm not talking
19 back or anything. I just don't know what I'm reading. This
20 could be a twelve-year-old child or a fifteen-year-old child
21 I'm fixing to read about, so --

22 Q Just go ahead --

23 A It says slowly aspirate until brisk blood return is
24 obtained.

25 Q All right. Thanks.

1 A You're welcome.

2 Q One more question for you. How did the infiltration
3 occur?

4 A There is very little way to know how that happened.
5 There's a multitude of ways it could have happened.

6 Q Let's refer to your deposition when I asked you that
7 question, okay?

8 A Right.

9 Q Let's look at page 77?

10 A Okay?

11 Q Lines 12 through 18.

12 THE COURT: 12 through 18?

13 MR. KRELL: Yes, sir.

14 BY MR. KRELL:

15 Q I ask, state, okay, how did the infiltration occur?
16 And your answer?

17 A (Witness pauses)

18 THE COURT: That's where you read it.

19 A Oh, oh, I'm sorry.

20 BY MR. KRELL:

21 Q I'm sorry.

22 A You want me to read it.

23 Q I'm sorry Ms. Hurley, starting on line 13.

24 A Okay. Line 13.

25 Q I apologize?

1 A It's hard to say. There's a multitude of ways it can
2 happen.

3 Q Okay. Do you have an opinion?

4 A And I said on how it was --

5 Q And I said how the injury happened?

6 A And I said, I have no idea.

7 Q Thank you.

8 MR. TANNER: Just briefly, Your Honor.

9 THE COURT: Are you through, Mr. Krell?

10 MR. KRELL: That's it.

11 THE COURT: Thank you.

12 MR. TANNER: Thank you, Judge.

13 THE COURT: All right. Redirect limited to his
14 cross.

15 CINDY HURLEY - REDIRECT EXAMINATION

16 BY MR. TANNER:

17 Q Nurse Hurley, Mr. Krell had asked you something about
18 the rule book, and I think you wanted to expound on that
19 answer. Can you tell the jury what you wanted to tell them
20 ???.

21 A These are rules, they're rules for all of us. But what
22 you have to understand is that Ms. Downing did everything
23 she was supposed to do. And I find offense because I know
24 y'all are all well-read and you read the newspapers and as
25 far as me doing anything to help a nurse -- the nursing

1 profession is the number one most honest and ethical
2 profession there is and it has been for seventeen years.
3 And there's not a nurse that would get up here and make up
4 stories and tell stories. The only -- and the second
5 profession is military. So -- and I'm proud of that. So,
6 no, I would never ever do that.

7 Q And just a few final questions. I'll show you what's
8 been part of --

9 THE COURT: And, again, limited to his cross.

10 MR. TANNER: Yes, sir.

11 Q -- Plaintiff's Exhibit 4. He was asking you about the
12 flush that's timed at 12:00?

13 A Right.

14 Q And I'll show you. This is page five?

15 A Right.

16 Q It says administration date and time, 10/28/2014, 0:00;
17 is that right?

18 A Correct.

19 Q And then it says action details. Order Megan Bolton
20 Shore 10/25/2014, 22:00. That would be the doctor's order,
21 correct?

22 A That's right. From when the baby came in.

23 Q And then it says performed Jamie Downing R.N., Jamie D
24 10/28/2014 01:04, 1:04. What does -- explain to the jury
25 what that means?

1 A Well, it just means that the reason she didn't give it
2 at midnight was because the baby had an IV infusing at the
3 time. It doesn't make much sense to go in there and --

4 Q And then it says verify Jamie Downing, Jamie D,
5 10/28/2014, 01:04?

6 A Right.

7 Q And so that's the computer time stamping when she gave
8 that flush?

9 A That's right. It like I told you before. When you
10 chart it's not like you can put things in there that didn't
11 happen. When she wrote that she gave it. That time popped
12 up because that's when she gave it.

13 Q So maybe she said she gave it at 12:00, but the record,
14 the computer says she gave it at 1:04 a.m.

15 A She gave it at 1:04.

16 Q Thank you, Nurse Hurley.

17 A You're welcome.

18 THE COURT: Anything on recross limited to his
19 redirect?

20 CINDY HURLEY - RECROSS-EXAMINATION

21 BY MR. KRELL:

22 Q Isn't it true you're getting paid two hundred dollars
23 an hour?

24 A For today, yes, sir.

25 Q And how about before?

1 A A hundred dollars an hour.

2 MR. TANNER: Your Honor, I'd just object. This
3 goes outside of my --

4 THE COURT: Well, it does. It does. But since
5 you got to ask questions about that, I'm going to let him go
6 even though --

7 MR. TANNER: Yes, sir.

8 THE COURT: -- but now everything else needs to be
9 confined to his redirect.

10 Q So you just said that she entered it at midnight and it
11 is at 1:04?

12 A No.

13 Q What did you say?

14 A It was on the MAR, the medication record to be given at
15 12:00.

16 Q Right.

17 A But she didn't give it until 1:04. She couldn't give
18 it. The baby had an IV going at the time.

19 Q At what time? I'm sorry. I'm just confused.

20 A Well, let me explain.

21 THE WITNESS: What number was that, Mr. Tanner?

22 MR. TANNER: If I may, Your Honor.

23 THE COURT: You may?

24 MR. TANNER: TRMC 005.

25 THE WITNESS: Okay.

1 A I got it. This whole folder is the care that she gave
2 that night. Everything in this --

3 Q Ms. Hurley.

4 THE COURT: Ms. Hurley. Ms. Hurley.

5 THE WITNESS: Sorry. I just want to --

6 THE COURT: I know.

7 THE WITNESS: I'm sorry.

8 THE COURT: And you have done a lot of --

9 THE WITNESS: I'm sorry.

10 THE COURT: You just need to answer his question,
11 please, ma'am.

12 THE WITNESS: Okay. All right.

13 A So the IV -- the flush that we're talking about is the
14 midnight flush. And the patient would have been receiving
15 Claforan.

16 Q So at 12:00 when Ms. Downing testified she gave it, she
17 just didn't know what she was doing or --

18 MR. TANNER: Objection, Your Honor.

19 Mischaracterizing the testimony.

20 A Sir, I'm not going to answer why she said that. I
21 don't know why she would say that.

22 Q But you agree she said it?

23 A No, I don't because I don't remember hearing it. And
24 maybe they all did. Maybe everybody did but me.

25 Q All right.

1 A But it doesn't make -- it's not that -- she couldn't
2 give it. There's no way.

3 Q Thank you very much.

4 A You're welcome very much.

5 MR. TANNER: No further questions for Nurse
6 Hurley, Your Honor.

7 THE COURT: All right. May she be excused?

8 MR. KRELL: Yes, sir.

9 THE WITNESS: Thank you, sir.

10 THE COURT: Okay. Thank you, ma'am.

11 THE WITNESS: Thank you, sir.

12 THE COURT: Is defense ready to call its next
13 witness.

14 MR. TANNER: That is the defendant's -- we would
15 rest our case at this time, Your Honor.

16 THE COURT: All right. Thank you. Appreciate it.

17 THE WITNESS: Thank you.

18 THE COURT: Thank you, ma'am. I know you've got a
19 lot of stuff --

20 There's somebody's -- it's your deposition, the
21 original deposition is right there. I just want to get it
22 down.

23 COURT REPORTER: Yeah. All of our things are
24 here.

25 THE COURT: Don't we need that, Mr. Krell. I'm

1 sorry. I think you need leave it with you if you don't
2 mind? Thank you, sir.

3 (Off record discussion)

4 THE COURT: All right. Ladies and gentlemen,
5 we've now heard --

6 Are y'all recalling anybody?

7 MR. KRELL: No, sir.

8 THE COURT: Okay. You have now heard all of the
9 testimony in this case. There are some things I've got to
10 take up with the attorneys. And let me tell you what my
11 plans are, okay? It's going to take me a minute to do that.
12 It's going to be kind of an extended break. And what my
13 plan is is -- what we're going to do closing arguments, I'm
14 going to charge you on the law and y'all will begin at least
15 initially begin your deliberations late this afternoon,
16 okay?

17 All right. Now, I'm going to let y'all go back in
18 there. Remember, even though you heard all the testimony
19 you cannot begin talking about this case until I tell you to
20 start talking, okay? Thank y'all. Y'all doing real good.
21 Thank you.

22 (Jury out at 2:52 p.m.)

23 THE COURT: Mr. Tanner?

24 MR. TANNER: Yes, sir?

25 THE COURT: Do you need to renew --

1 MR. TANNER: Actually, I need to proffer Nurse
2 Hurley too.

3 THE COURT: Oh.

4 MR. TANNER: And I need to renew.

5 THE COURT: All right. Yeah, bring her back up
6 here and we'll proffer that little bit of testimony.

7 (Court's Exhibit No. 3, deposition
8 of Nurse Hurley, marked)

9 THE COURT: Nurse Hurley?

10 THE WITNESS: Yes, sir.

11 THE COURT: Be careful.

12 THE WITNESS: I'm going to be careful and I'm not
13 going to tear anything up. I promise.

14 THE COURT: All right.

15 Ms. Hurley, go ahead and sit down.

16 THE WITNESS: Okay.

17 THE COURT: Okay. The purpose of this -- you were
18 in here when we were talking about what you could testify
19 and what you could not testify --

20 THE WITNESS: Yes, sir.

21 THE COURT: about? You were in here?

22 THE WITNESS: Yes, sir.

23 THE COURT: Okay. And you remember I told Mr.
24 Tanner that since you weren't a lawyer you couldn't testify
25 about negligence?

1 THE WITNESS: Right.

2 THE COURT: But he's going to ask you about that
3 anyway?

4 THE WITNESS: Okay.

5 THE COURT: Okay. But he's asking you that out of
6 the presence of the jury.

7 THE WITNESS: Okay.

8 THE COURT: In case he wants to take my decision
9 up to a higher authority, he wants to have it on the record
10 so it'll be preserved, okay?

11 THE WITNESS: Yes, sir.

12 THE COURT: Okay. So, Mr. Tanner, she's all
13 yours.

14 MR. TANNER: Thank you, Your Honor. May it please
15 the Court?

16 THE COURT: Yes, sir.

17 CINDY HURLEY - PROFFER DIRECT EXAMINATION

18 BY MR. TANNER:

19 Q Nurse Hurley --

20 A Yes, sir.

21 Q -- based on your earlier testimony do you have an
22 opinion to a reasonable degree of nursing certainty, more
23 probable than not, if Nurse Downing was negligent in her
24 care and treatment of Robert Lee Middleton, Jr.?

25 A And I do.

1 Q And what is that opinion?

2 A She absolutely was not.

3 Q And do you have an opinion to a reasonable degree of
4 nursing certainty, more probable than not if TRMC as the
5 employer of Nurse Downing was negligent?

6 A Absolutely not.

7 Q All right. And do you have an opinion to a reasonable
8 degree of medical certainty -- nursing certainty more
9 probable than not, if Nurse Downing was grossly negligent in
10 her care and treatment of R.J.?

11 A Well, if she wasn't negligent she sure wasn't grossly
12 negligent

13 Q And likewise then would you have an opinion if the
14 hospital by and through Nurse Downing was grossly negligent
15 in its care and treatment of Mr. Middleton?

16 A My same answer, no.

17 Q So the hospital is not grossly negligent?

18 A No.

19 MR. TANNER: Nothing else from Ms. Hurley, Your
20 Honor.

21 THE COURT: Mr. Krell, anything on cross.

22 THE WITNESS: Thank you.

23 THE COURT: Hold on. Whoa. Whoa. Whoa.

24 THE WITNESS: Oh, gosh.

25 THE COURT: Mr. Krell.

CINDY HURLEY - PROFFER CROSS-EXAMINATION

BY MR. KRELL:

Q Ms. Hurley, what's your definition of gross negligence?

A Actually causing a problem and knowing that you did it.
Hurting someone intentionally.

Q Intentionally doing it?

A Uh-huh. (Affirmative response)

Q That's what gross negligence is?

A It is to me.

MR. KRELL: Thank you, Your Honor.

THE COURT: Okay.

MR. TANNER: Nothing further, Your Honor.

THE COURT: Okay. Thank you, ma'am.

(Off record discussion)

THE COURT: All right. Gentlemen, I appreciate
you having your help in the back row, you know, Mr. Krell.
Thank you for having Curley, Moe and Larry behind you,
helping you. But unfortunately, you know, we're here, you
know, to kind of work through this.

MR. KRELL: Yes, sir.

THE COURT: Okay. My question is -- okay, what I
want to do is take a short break and then we meet back in
the office and we'll talk a little bit about the charges and
the verdict form, okay?

MR. KRELL: Yes, sir.

1 THE COURT: And you can bring one of them with
2 you.

3 MR. TANNER: My renewed motion for directed
4 verdict?

5 THE COURT: Oh, yeah. I'm sorry.

6 MR. TANNER: Do you want to hear it now?

7 THE COURT: Yes, sir.

8 MR. TANNER: Your Honor, now that we're closing
9 the defendant's case, I'll renew my motion for directed
10 verdict. The evidence as submitted by the plaintiff and all
11 inferences thereof is not enough to go to the jury.
12 Specifically, the issue of gross negligence. There's been
13 no evidentiary proof. I would ask the Court to note my
14 prior objection for the sake of the late hour and not having
15 to reiterate that, but it would be the same argument that I
16 made earlier now that we're at conclusion.

17 THE COURT: All right. And even though I've now
18 heard the additional testimony from your expert, from the
19 hospital's expert, there's still issues, factual issues that
20 I believe that the jury needs to determine. And so I am
21 going to deny your motion for a directed verdict. Okay.

22 MR. TANNER: Yes, sir.

23 THE COURT: All right. Y'all take a quick break
24 and then y'all meet me back there and we can talk about the
25 verdict form and the charge, okay? Thank you.

1 (Court in recess for short break at
2 3:05 p.m.)

3 (In chambers charge conference)

4 (Court in session after short break
5 at 3:46 p.m.)

6 THE COURT: Okay. All right. Is the plaintiff
7 ready?

8 MR. WILLIAMS: Yes, Your Honor.

9 THE COURT: Okay. Is defense ready?

10 MR. TANNER: Yes, sir.

11 THE COURT: Okay. I'm going to put just a couple
12 of things --

13 (Off record discussion)

14 THE COURT: All right. Mr. Williams?

15 MR. WILLIAMS: Yes, sir.

16 THE COURT: We had -- just to go back on the
17 record. We had a conference in chambers about the charges;
18 both the plaintiff and the defendant had -- took exception
19 to my charges. What we have agreed to do is go ahead and do
20 the closing arguments. I'll do my charge on the law and
21 we'll turn the case over to the jury. And then we'll place
22 those exceptions to the charge on the record so that it will
23 be preserved. Is that correct, Mr. Williams?

24 MR. WILLIAMS: That's right, Your Honor.

25 THE COURT: Is that correct, Mr. Tanner?

1 MR. TANNER: Yes, sir.

2 THE COURT: So are you ready?

3 MR. WILLIAMS: Yes, Your Honor.

4 THE COURT: You want to say something else?

5 MR. WILLIAMS: No.

6 THE COURT: Okay. All right.

7 MR. WILLIAMS: Well, I do have something to ask

8 Mike. We'll just make sure in closing I want to --

9 THE COURT: Okay. Well, you want to ask him now?

10 MR. WILLIAMS: Sure. Michael, is it going to be a
11 problem with this event record that's been completed,
12 highlighted if I'm just going to read this, site to be
13 checked hourly and prn? Is that going to be a problem or do
14 I need to block it out with a pen or something? I'm just
15 going to read that to them.

16 MR. TANNER: Yeah, I know. That's fine.

17 MR. WILLIAMS: Okay. To make sure.

18 THE COURT: Okay. All right.

19 If the jury's ready --

20 MR. WILLIAMS: So we don't want her to wait and do
21 the jury instruction stuff now or later?

22 THE COURT: No, we'll do it later.

23 MR. WILLIAMS: Okay.

24 THE COURT: I want y'all to go ahead and do the
25 arguments and like that. Let them start deliberating

1 because, as I told you back there, I'm not going to change
2 my mind

3 MR. WILLIAMS Got you.

4 THE COURT: But y'all are going to be able to get
5 it on the record so that will be another thing that could go
6 up and y'all can correct me on, okay?

7 (Off the record discussion)

8 THE COURT: All right. Bring the jury on in.
9 Thank you.

10 THE BAILIFF: Yes, Your Honor.

11 (Off the record discussion)

12 (Jury in at 3:46 p.m.)

13 THE COURT: All right. Ladies and gentlemen, we
14 are now getting down to the wire. Remember, I told you at
15 the very first that after you hear all the testimony we'll
16 do closing arguments, and then I'll charge you on the law?
17 Right now we're getting ready -- what's going to happen is
18 we're doing the closing arguments. Plaintiff will get up
19 and make a closing argument. The defense will then get up
20 and make a closing argument, and then the plaintiff will
21 reply to that closing argument. After that, I will charge
22 you on the law, okay? And then we will hopefully begin the
23 deliberations but we won't really begin that because I've
24 got to get some stuff on the record before we can start
25 doing that. But, again, you cannot begin your deliberations

1 on this until I tell you you can start talking, okay? All
2 right. You ready to go? All right. Mr. Williams.

3 MR. WILLIAMS: Yes, Your Honor. May it please the
4 Court?

5 THE COURT: Yes, sir.

6 PLAINTIFF'S CLOSING ARGUMENT

7 BY MR. WILLIAMS:

8 Ladies and gentlemen of the jury, I thank y'all for
9 your patience. Y'all have been a wonderful jury, patient
10 with everybody in this case. Like he said, it's going to be
11 a pretty short case. Then again it's a pretty simple issue.

12 Our issue is did the nurse at The Regional Medical
13 Center fail to flush? That's the case, right? That is what
14 we're here today about. That's what we've been talking
15 about. That's what we hired an expert to do, okay? And,
16 you know, you've heard this, this case, you know, a football
17 game, right? Playing the football game and you're receiving
18 on the fifty yard line. This has turned into a kind of
19 Carolina Clemson game where the fans are throwing bottles at
20 the players along the way. And, you know, but the fact
21 remains, the evidence is pretty simple. You've got an
22 opinion, what caused it. And on the other side, you've got
23 no opinion. I don't know. That's what everybody's saying.
24 I don't know, okay? So if that ball's on the fifty yard
25 line and you've got a clear opinion of what caused this is

1 that they didn't flush the IV that lead to this young boy's
2 hand ending up damaged. Now, whether this is what it looked
3 like right then and there or whether it was later, we'll
4 talk about that. But that's not the issue. And it's easy
5 to get distracted from the issues, right? I mean, you want
6 to do a good job as a jury so you want to hear all the facts
7 and understand how to apply these things. But let's not get
8 distracted. The issue that we're here today is to talk
9 about rules. What were the rules? You heard what the rules
10 were. You heard what the conclusion was, that there was a
11 willful breaking of those rules. You've heard the nurse say
12 I'm not allowed to interpret these rules, okay? And I
13 wanted to be as polite to her as possible. You know, I feel
14 sorry for the nurse. You know, it's a rough spot to begin,
15 to become a professional and here you are, you know, three
16 times a week -- she's probably been there two weeks
17 according to her testimony, so ten weeks, you know, she'd
18 been in training. Her first two weeks -- within her first
19 six days roughly, you get put in a position to deal with
20 something like this. And I feel sorry for her. I really
21 do. But she's not who we're talking about. We're talking
22 about The Regional Medical Center. We're talking about how
23 they've got this young girl trained, but she's told -- I
24 can't interpret these rules. These rules, no room for
25 interpretation. But then right after that she say I

1 interpret the rule to say this. That's a problem. That's
2 willful, wanton, disregard to what you're told to do by --

3 MR. TANNER: Your Honor, I object to any
4 characterization, willful, wanton.

5 THE COURT: Well, I'll note your objection on the
6 record. Go ahead.

7 MR. WILLIAMS: Sure.

8 THE COURT: Thank you, sir.

9 PLAINTIFF'S CLOSING ARGUMENT CONTINUED

10 BY MR. WILLIAMS:

11 Yeah, it's a very -- like I told you earlier, it's a
12 wonderful thing that we have this jury system. It's what
13 creates this democracy where we, we make allegations against
14 the government, okay? We can make these allegations and we
15 have a right to be heard. The court gives us that right and
16 you get to make the decision where the government gets to
17 bend the rule, where they get to say well, the rules are
18 there, but we interpret them differently.

19 Well, you heard their expert who came up here and said
20 well, I said this in the deposition but you tricked me, you
21 know. I got paid. My attorney -- the attorney for the
22 government came and gave me new material, told me what I
23 needed to say because what I said in my deposition wasn't
24 what I should have said. So I'm going to come in and say
25 well, these rules fully apply if you giving, you know, an IV

1 thing, you know that IV you hang up. The first sentence of
2 this rule, it isn't just for continuous medication, the
3 rules, continuous or intermittent. What does intermittent
4 mean? It means not continuous. It means the occasional
5 administering of the medication. But I didn't like that I
6 said these applied. I didn't like that I said well, they
7 can be interpreted. But I can come in and be held
8 accountable for not doing the things it says do. Not
9 flushing properly, not inspecting the IV site every hour.
10 Her testimony was she made seven inspections over twelve
11 hours. The site needs to be checked hourly and as needed
12 with appropriate documentation, okay? She testified seven,
13 that's beyond the standard of care because, you know, you
14 only -- is once. Because I'm going to reinterpret these
15 rules because I'm the government. Well, you know what?
16 They don't get to reinterpret this. They don't get to say
17 that this doesn't apply. They have to abide by the flushing
18 with the saline. It's to be documented in the MAR. You've
19 got to. You don't have a choice. It's supposed to be
20 documented. But you heard the nurse, the system won't let
21 me document it. The system that I'm required to do, The
22 Regional Medical Center doesn't even give me the tool to do
23 what you say I've got to do. I'm not going to interpret
24 this, but I'm going to interpret I don't have to do that.
25 And, you know, I'm somewhat with her. When your boss tells

1 you you got to do something, but then doesn't give you the
2 ability to do it. When they tell you these are the tools
3 you use but here, I'm going to put this tool over here so
4 use what you got left over, okay? What that is, is that is
5 failure to provide this patient safety that she's sworn to
6 do, that The Regional Medical Center's sworn to do, is to do
7 no harm. Do no harm. Had she flushed -- you heard our
8 expert -- we wouldn't be here today if she'd flushed
9 properly and realized that this area was infiltrated. You
10 heard her testimony, you know, she -- to me she said, you
11 know, that it was a zero all through this, up until this
12 injury occurred. No, the injury didn't look like this and
13 like this at the time that she first noticed it. But this
14 injury came from something at the highest it's ever been on
15 a zero to five scale was a one, okay? Nobody attempted to
16 do anything, other than put, you know, compress on this,
17 okay? I have a hard time believing that if a five is worst
18 case, a zero is best case, that this is a zero at the time
19 this drug was administered. And at the end just a one,
20 okay?

21 You heard my client explain the details of what she
22 experienced. She was teary and you know, moved me to the --
23 how to explain that. And I think one thing, a poor mother's
24 sitting there begging for help with a screaming baby. A
25 screaming baby in her lap. She's pressing the call button.

1 I've got my baby being burnt. I don't know what's
2 happening. I don't know that my baby's burning right now,
3 but I've got my baby in my arms, screaming. What do you do
4 with that? You know, you're at the hospital and you hit the
5 call button and you can't get anybody. You would expect
6 when you hit that call button you're not waiting -- you
7 certainly expect when this happens they don't make you wait
8 until the next morning to see the doctor. Why do they make
9 you wait until the next morning to see the actual doctor?
10 This issue is so clear in Exhibit 4.

11 You're going to get this. And I'll tell you I don't
12 know how -- there's this big stack of documents. There's
13 really only a couple of pages that are important. But sure
14 they want to talk about the things early on that were done
15 to distract you from the main issue. The main issue being
16 that the record clearly says that it was administered, the
17 flush, at midnight. You heard the witness say it. I made a
18 point of it. It was the last point I made with that witness
19 that it was administered at midnight, not before, not after.
20 In fact, the witness went on unquestioned to explain why it
21 read what it did. She said I have an hour to enter in the
22 record and so I entered it later. I just want to reference
23 you the exact document, TRMC 005. It's going to be the
24 fifth page of. And you're going to see all of these things
25 where it says administration date and time. It's going to

1 say administration, date and time. It's going to say zero
2 all the way across. You're going to see charted date and
3 time. That should mean when she got around to entering it
4 in the system. Chartist date, time, doesn't mean that's when
5 you did it. Administration, the pumping of the saline into
6 that tube is when you administered. There's nothing -- this
7 is the MAR, the medication record, okay? This is the
8 document though that she said, okay? She's the one that did
9 it.

10 If there's anybody that's going to interpret this, it
11 should be the one that did it, and why she did what she did,
12 not an expert that's paid to tell you. Now, what I did,
13 especially from my colleague here, it's our duty to try to
14 keep our cool because we don't want this -- this isn't about
15 us. This isn't about him. This isn't about me and as
16 frustrated as we want to get, as mad as we want to get when
17 somebody says something we don't agree with, it's not for
18 us. It's for y'all and these witnesses. It's for y'all to
19 determine between the defendant and plaintiff's, okay? But
20 you heard this witness go over this colloquy about why you
21 should believe her, because she's the most honest
22 profession, etcetera. Why would she say that? That's like
23 the guy that comes to you and says I'm not behind it, but
24 let me tell you something, okay? When you start -- if
25 you've got to start what you're saying with I'm not lying to

1 you or scouts honor or, you know, I've joked with another
2 here but one attorney got up here and says officer of this
3 court, Your Honor, and they go ahead and explain a total
4 lie, which was all proved out --

5 MR. TANNER: Your Honor, I'd object. This is
6 outside the scope of any evidence that's been permitted
7 about some story about a lawyer standing up here, it's
8 improper.

9 MR. WILLIAMS: It's just using it as an example.
10 I don't think it's improper but I'm happy to move on.

11 THE COURT: If you'd just move on please, sir?

12 MR. WILLIAMS: Certainly.

13 THE COURT: Thank you.

14 PLAINTIFF'S CLOSING ARGUMENT CONTINUED

15 BY MR. WILLIAMS:

16 She went on to say that she's telling the truth. That
17 the nurse is wrong, but I'm right because I know what this
18 means, not the nurse who did it. And that's a problem. If
19 the nurse didn't know, it's a big problem. But you know
20 what y'all need to realize is we're giving the benefit of
21 the doubt. We didn't create the record. We didn't get to
22 offer anything in these documents. We didn't get to make up
23 any of these policies or procedures. This is all The
24 Regional Medica Center's documents. They entered this.
25 This is even assuming that they're not lying in any of their

1 documents. This is assuming --

2 MR. TANNER: Your Honor, the characterization that
3 Mr. Williams is making, there's been zero evidence that any
4 document ha been altered, amended, fabricated. It's
5 completely improper.

6 THE COURT: And I would caution you. These are
7 the hospital records. I heard the word lying in there. And
8 I didn't know what that was -- what you were getting at with
9 that.

10 MR. WILLIAMS: Sure.

11 THE COURT: But those are the hospital records and
12 there hasn't been anything about them being different,
13 correct?

14 MR. WILLIAMS: That's what I'm saying.

15 THE COURT: Oh, okay.

16 MR. WILLIAMS: We are arguing that they are, in
17 fact --

18 THE COURT: Those are the records of the hospital.

19 MR. WILLIAMS: -- the records that are accurate.

20 THE COURT: Okay.

21 PLAINTIFF'S CLOSING ARGUMENT CONTINUED

22 BY MR. WILLIAMS:

23 And the important thing about that is, is that record
24 says that these policies and procedures were violated, okay?
25 You, our safety judge, you're the one committee designed to

1 protect Orangeburg County by deciding whether or not the
2 safety rules were broken. I would argue that you need to
3 look at it and I hope you realize that not only was it
4 broken but it was a known rule. It was a rule that
5 everybody testified, until the last day witness, that we are
6 required to abide by, but then we breached that rule and we
7 know we breached it.

8 You heard from Peter DeVito. You heard about these
9 continuing issues potentially that -- this is from the
10 teacher. This is the one who taught Mr. Davis. This is the
11 one who wrote the rule book. He talked about the pain and
12 he talked about the tightness of that skin. He used that
13 explanation where he describes -- I mean, there's just
14 nothing there to work with and how that's going to affect
15 this child, both physically and emotionally. And you heard
16 from Mr. Davis in his direct he said certain things. In his
17 cross he admits it's a permanent injury. This is something
18 this kid's going to wear the rest of his life. It isn't
19 getting any better. There's surgeries you can do. There's
20 things we can do to try to mitigate it, but it isn't going
21 away. It's always going to be there. You heard that he's
22 emotionally traumatic -- this is emotionally traumatic. The
23 idea of injecting more medication into those sites, that's
24 emotionally traumatic to a child. We grow up with a mother,
25 with a dad. We, you know, parents, we swaddle our kids.

1 You know, that touch, that caring, that love from day one.
2 That's what you get as a child, hopefully, okay? Mama
3 doesn't want to go to stick her child who's already had this
4 experience with needles, cut him open, modify it. But that
5 doesn't mean she doesn't have a right to recover for it to
6 do it later. But she doesn't want to do it when her child's
7 three years old. She doesn't want to do it when her child's
8 one, two. This child was thirty days old. Their witness
9 thought this child was, I think, nine days old, which is not
10 right. The child was thirty days old at the time. The
11 child was one month old.

12 You heard from Cynthia that the witness -- that the
13 nurse hadn't seen anything like an infiltration like this
14 before. I heard it. I hope you heard it. You heard that
15 the computer keeps accurate time. Well, if it keeps
16 accurate time, what populated 00:00 as the time of the
17 flush, okay? That can't be manually entered. Why is that
18 in the medication record? You heard her say that catheter
19 was intact. And I don't know where that example is, but it
20 wasn't damaged. You heard all this testimony about all of
21 the things that can happen. The tube can be bent and the
22 needle can be crimped that can cause this problem, but she
23 said the catheter was intact. It's not that. She doesn't
24 know what it was. The reason she doesn't want to know what
25 it was because it's obvious what it was, a failure to flush.

1 We begin with a young child that for a lengthy period
2 of time -- and this is from their expert's witness -- this
3 wasn't right after. Why I know this wasn't right after,
4 because all of that had to be scraped off, get off the dead
5 tissue. That mother had to take her child to the doctor, to
6 wound care center, while they scraped all this stuff that's
7 this color off, okay? I don't think anybody has to be a
8 rocket scientists to know how painful that probably was, but
9 that's what her child went through. This is a healed -- and
10 healing of what she used. Healing wound. That's progress.
11 That baby because of that progress is going to live -- and I
12 don't have that other exhibit. I'll go get it in a second.
13 But this one is bigger and it's not much different. But
14 that baby's going to live with something like that for the
15 rest of his life. He's going to be like Paul.

16 MR. TANNER: Your Honor, I would object to Paul.
17 Again, it's a matter not in evidence not involving this case
18 not before the jury.

19 THE COURT: I note your objection.

20 PLAINTIFF'S CLOSING ARGUMENT CONTINUED

21 BY MR. WILLIAMS:

22 He will wear this scar for the rest of his life and
23 he's going to deal with emotional as well as the physical
24 consequences. The physical consequence is bad, but this is
25 the most important thing, that emotional consequence. I'm

1 going to ask you for a big number. I'm going to -- the
2 defendant gets to respond but you've heard that number where
3 sure, will admit that it's more than a hundred thousand
4 dollars in actual damages. It's much more than that.
5 You're going to hear about that.

6 This isn't just a physical injury. This isn't a minor
7 scar. It's the emotional part that we really care about.
8 And, you know, some people don't realize. This case has got
9 two different lines. There's a line you're going to fill
10 out for mama and there's a separate line you're going to
11 fill out for baby R.J. And that money for baby R.J. is
12 protected by this Court. That's baby R.J.'s money. So
13 understand that and when I tell you the difference between
14 the two, I hope you'll give us your time.

15 You've been so patient. Just a little bit more. Just
16 going to look at this and you got to come to a conclusion,
17 but I think that football is in that end zone. It only has
18 to be an inch past it, but I think it's in the end zone. I
19 hope you see that too. Thank you.

20 THE COURT: Mr. Tanner.

21 MR. TANNER: Thank you, Judge Dickson.

22 THE COURT: Yes, sir.

23 DEFENSE'S CLOSING ARGUMENT

24 BY MR. TANNER:

25 Thank you ladies and gentlemen of the jury, obviously

1 going to ask you for a big number. I'm going to -- the
2 defendant gets to respond but you've heard that number where
3 sure, will admit that it's more than a hundred thousand
4 dollars in actual damages. It's much more than that.
5 You're going to hear about that.

6 This isn't just a physical injury. This isn't a minor
7 scar. It's the emotional part that we really care about.
8 And, you know, some people don't realize. This case has got
9 two different lines. There's a line you're going to fill
10 out for mama and there's a separate line you're going to
11 fill out for baby R.J. And that money for baby R.J. is
12 protected by this Court. That's baby R.J.'s money. So
13 understand that and when I tell you the difference between
14 the two, I hope you'll give us your time.

15 You've been so patient. Just a little bit more. Just
16 going to look at this and you got to come to a conclusion,
17 but I think that football is in that end zone. It only has
18 to be an inch past it, but I think it's in the end zone. I
19 hope you see that too. Thank you.

20 THE COURT: Mr. Tanner.

21 MR. TANNER: Thank you, Judge Dickson.

22 THE COURT: Yes, sir.

23 DEFENSE'S CLOSING ARGUMENT

24 BY MR. TANNER:

25 Thank you ladies and gentlemen of the jury, obviously

1 we've done a lot in two days. Thank you for your service.

2 Like I told you before, there's certain things that are
3 going to be in contention. One of those things is that
4 there was an IV infiltration. No one's disputing that.
5 None of witnesses are disputing that. Again, what I did
6 hear Mr. Williams in his argument was talk about the
7 standard of care. And later on, Judge Dickson's going to
8 charge you what the law is. You are the finders of the
9 fact. He will give you the law to apply to those facts.

10 I can't predict the future, but what I think he's going
11 to charge you on is the standard of care. And what is the
12 standard of care? It is that care in which a nurse in the
13 same or similarly related situation should have employed.
14 And you heard from Nurse Jamie Downing, who came here of her
15 own free will and testified and told you what happened.
16 You've heard from our expert, Cindy Hurley. The plaintiff
17 wants to characterize we have an expert and we pay our
18 expert. Somehow that's bad or nefarious, but he did the
19 same thing. They've got Nurse Stobbs who, again when you
20 look at the two of them -- recall how they were qualified.
21 Nurse Stobbs was qualified as an expert in general nursing.
22 What does that mean? Well, I'll tell you what it doesn't
23 mean. She's never practiced clinical pediatric nursing.
24 She's never started an IV on a child. And more importantly,
25 the issue in this case, she's never maintained, managed and

1 monitored an IV. She is not qualified.

2 Judge Dickson will probably give you a charge on when
3 you have experts with competing opinions.

4 Think for yourself. You know the good thing about our
5 jury system is you bring in your experiences. You bring in
6 your background. You don't leave them at the door, your
7 common sense. And, again, y'all have paid attention this
8 whole time, and I'm counting on you to keep paying attention
9 throughout this process. But think about it, you have one
10 nurse who's never been an expert before, Ms. Stobbs, who's
11 never practiced in this area. She can't tell you what
12 pediatric nursing is. She can't tell you what the
13 literature is. She wants to make kind of flippant comments
14 during my examination and during the plaintiff's examination
15 about the age of these articles and how oh, they had to go
16 twenty years and fifteen. She'd been a nurse for over
17 thirty-three years and guess how many pediatric IVs she
18 started? The same amount as me, none. But what I have done
19 that Nurse Stobbs didn't do? I've taken the time to read
20 the articles. You'd think your expert would read the
21 article so you'd know what the issues are. She didn't do
22 that. She said over and over again you can get blood return
23 on a 24 gauge needle. Yet you heard the people that are on
24 the front lines that practice pediatric clinical nursing and
25 what did they say? You cannot get blood return. More

1 importantly, not just what they said, what does the
2 literature say that Ms. Stobbs agreed is authoritative in
3 that field. You cannot get blood return on an IV that
4 small. Period. End of story. She can say all she wants
5 that a vein is a vein is a vein. Again, y'all have common
6 sense. Y'all have experiences. I'm sure many of you have
7 children. You can recall onto your children. We all have
8 different anatomy. Yes, we all have arms and legs. We all
9 have internal organs, but they are clearly different from a
10 pediatric patient to an adult patient. Nurse Stobbs
11 completely dismissed that. Yet, again, all the articles,
12 all the literature, when confronted she has to say that is
13 what they said. Okay, again, this is not Michael Tanner
14 writing the text book. And Ms. Stobbs wanted to argue and
15 say she disagrees. Well, where's her textbook? She hasn't
16 written one because again, she has never done this the first
17 shift in her life.

18 Plaintiff improperly characterized how long Nurse
19 Downing worked. She wasn't here two weeks or a few days.
20 She testified she had been here for about three months. She
21 started orientation in August. She was off orientation when
22 this happened in October. She had started hundreds -- I
23 believe she said between fifty and a hundred IVs before this
24 had happened, which, again, is a lot more than Nurse Stobbs
25 who, again, has started zero.

1 The reality is, is an IV infiltration is unfortunate.
2 I'm not here saying that it's not. I'm not here saying that
3 this child wasn't injured. What I am saying is Nurse
4 Downing and the hospital did not breach the standard of
5 care, because an IV, as the literature said, which, again,
6 Nurse Stobbs either chose to ignore or chose not to be
7 informed in the first place and has a lack of experience.
8 The unfortunate reality, the data compiled is twenty-three
9 to seventy percent of IVs will have an infiltration. Now, I
10 don't know how you have data -- have a report without any
11 data. So she can say that you're not reporting but you have
12 to have a report to have the data and that is what the data
13 is. That's what the literature said. Again, that's not me
14 getting up here and standing and saying, I think that it's
15 twenty-three to seventy-eight percent. That is the
16 literature recognized in this field. She doesn't like it
17 because it's contrary to her position, but that's the
18 reality.

19 I think Judge Dickson's going to charge you on gross
20 negligence. And that's important because gross negligence
21 in our state is the failure to only use slight care or the
22 intentional doing of an act in which you should not do it.
23 You heard Nurse Downing. You heard, you saw her -- you saw
24 everything she talked -- came in and told you that she did
25 on her assessment. She would check the site. She would

1 check for swelling. She would check for signs and symptoms
2 of infiltration. She did that numerous times. She complied
3 with the policy. Part of the issue in this case is the
4 plaintiff frankly completely misreads this policy. And you
5 heard from Nurse Downing and you heard from my expert --
6 again, they don't like what you heard because, again,
7 they're expert didn't bother to do her homework and read.
8 There is a different -- in this policy if you have
9 continuous IV versus an INT. And that's what this child
10 had. He had an INT. He was not getting continuous fluids.
11 Again, think about your experiences in seeing IVs and seeing
12 things on television, you have an IV machine that's hooked
13 up to you. In this case, all this medication was
14 administered through a syringe pump. You heard those
15 witnesses say that. You heard the facts of what Ms. Downing
16 did. And I tell you, I think when you look about that
17 you'll certainly agree that's not just slight care, that's
18 more than slight care.

19 And at the end of the case I'm going to ask you to
20 return a verdict in the hospital's favor because the
21 plaintiff has the burden of proof. And the plaintiff has to
22 prove that the hospital was grossly negligent. And I do not
23 believe the evidence shows that.

24 Again, we haven't heard them say anything about
25 standard of care. They want to mischaracterize the

1 policies. Ms. Stobbs wants to be ignorant of the literature
2 and you can't do that. This is just as important today for
3 the hospital as it is for Ms. Hamilton, as it is for R.J.

4 Again, I haven't stood here at any point during this
5 trial and said he did not suffer an infiltration. But an
6 infiltration, unfortunately, is an inherent risk of the
7 policy. No one wants him to have this injury. I don't want
8 him to have this injury.

9 You heard from several doctors. You heard from Dr.
10 DeVito who, again, that there was a huge gap between 2015
11 and then 2018 when he rendered any treatment. Ask yourself
12 why is that? What happened in that time? Well, Dr. Davis
13 saw the child after the court appointed him to do an
14 independent medical exam and said thankfully, R.J. doesn't
15 have any functional loss of his hand. He can do the things
16 that a normal child can do. He'll be able to do the things
17 that a normal adult can do. But then all of a sudden,
18 there's another trip to Dr. DeVito, three weeks before
19 trial. Yet, there's no trips for all these years. Dr.
20 DeVito recommended back in 2015 that these injections be
21 undertaken. And why did he recommended that the injections
22 be undertaken, to try to lessen the scar, to try to help
23 R.J. and his burn wound. Dr. Davis testified to the same
24 thing. I know it was sort of an awkward way to deliver it,
25 reading the deposition, but that was his testimony, sworn

1 testimony under oath, and it was his opinion that if he had
2 had these injections back then, the scar would have been
3 flatter and it would have been softer, just as Dr. DeVito
4 said. You heard Dr. DeVito say if they had done this Derma
5 Jet it would be an improved scar by now.

6 We're not saying that it wouldn't have happened. What
7 we're saying is, it's not Nurse Downing's fault that this
8 happened because Nurse Downing did not breach the standard
9 of care. That's what you have to remember when you get that
10 instruction. What does the standard of care say and can
11 they prove by a preponderance that she breached the standard
12 of care by acting in a grossly negligent manner, which I
13 submit to you under the law, they don't have the evidence
14 for that.

15 Nurse Downing monitored his IV. She assessed his IV.
16 She charted his IV. You're going to see -- you're going to
17 have the records. You're going to get them all. And,
18 again, like Mr. Williams said there's really not a whole lot
19 of pages in the chart you have to look. But one thing is,
20 the computer is accurate. And when you look at that Exhibit
21 4 and you'll see TRMC page five like Mr. Williams wanted you
22 to see. And what did the witnesses testify that took the
23 time to read the policies. Not Ms. Stobbs who has a website
24 that says I help you win. She wants you to win. She
25 doesn't want to know the truth. The truth is these flushes

1 that are listed on the MAR are the every four-hour flushes.
2 Nurse Downing testified numerous times whenever she gave
3 that medicine she flushed it. There is no other flushes in
4 here, other than the four-hour flushes. That's the reality.
5 They may not like it, but that's the reality. And so when
6 this flush pops up and says 0:00, what does the computer
7 say? Performed, Jamie Downing 1:04. That's when she did
8 it. She can't get in the computer and manipulate. Again,
9 Nurse Stobbs doesn't understand that. She just sees it for
10 what it is. It's right there in the document. That is a
11 four-hour flush. You heard Nurse Hurley say the reason why
12 it wasn't given is because this medicine was infusing and it
13 had to over from 23:44. It's a twenty-minute infusion.
14 There wouldn't have been enough time for her to do that,
15 which is why it was done at 1:04 because she had already
16 flushed that medicine before. The catheter was intact and
17 that's important. Just because the catheter wasn't intact
18 doesn't mean that this IV didn't infiltrate. And the
19 reality is no one has an explanation for why it infiltrated.
20 IVs go bad. It's unfortunate. All of the witnesses have
21 testified to that. But, again, they have to show that there
22 was a breach of the standard of care and that Nurse Downing
23 was grossly negligent when she failed to use slight care.
24 That young woman is not a woman that's going to fail to use
25 slight care and come from Greensboro, North Carolina and

1 tell you what she did. I couldn't have made her come here
2 if I wanted to. I don't have any subpoena power outside the
3 state. She came here voluntarily to be with you to tell her
4 what she did. To tell her how she cared. What did she say?
5 She volunteered in high school. She wants to be a nurse
6 because she cares. Again, think of all her certifications
7 and think about their expert. My witness is more qualified
8 to be an expert. My expert is certainly more qualified to
9 be an expert.

10 They could have got a true expert. Ask yourself, why
11 don't they have a pediatric expert? Why don't they have an
12 expert that was qualified for monitoring and managing
13 pediatric IVs? Is it because they couldn't get one? Again,
14 use your common sense. Think about that.

15 You know, I don't know what Ms. Hamilton's plans are
16 for her son. And I suspect they're going to -- this is the
17 last you get to hear from me. Mr. Williams gets to come up
18 and give you another argument, but I only have this one
19 shot. You know, Ms. Hamilton testified, and I certainly
20 empathize for her, knowing what's happened to her child.
21 She doesn't have any plans to have the surgery. She doesn't
22 want to do the steroid injections, even though the doctors
23 say that they would work. Although she had other trips to
24 Charleston with him, ask yourself why wasn't this all sort
25 of done at the same time.

1 Again, Dr. Davis and Dr. DeVito said if it would have
2 been done earlier maybe he wouldn't have ever known it.
3 Maybe we wouldn't be here right now. We don't know because
4 it wasn't done. But what we do know is that Nurse Downing
5 has come in here and testified to what she did. And she's
6 told you that she would not administer medication without
7 first flushing. She has not denied that. That has been her
8 story from day one, because it's the truth. And if it's the
9 truth supported by Cindy Hurley based on the literature,
10 based on the fact that pediatric patients are not just
11 merely little adults. Based on that's the unfortunate we
12 live in is that IVs go bad and then they infiltrate. Again,
13 there is plenty of data that shows that. And all of that
14 shows that The Regional Medical Center and Nurse Downing
15 were not grossly negligent and certainly administer slight
16 care. And you've heard Nurse Hurley say care that exceeded
17 the standard of care.

18 So, again, you're not going to be able to hear from me
19 again. But I want you to take your time. Review the
20 evidence because it's not what the lawyers are up here say.
21 Review what you heard from those witnesses and render a
22 verdict in favor of the hospital.

23 THE COURT: Thank you, Mr. Tanner.

24 Mr. Williams.

25 MR. WILLIAMS: Yes, Your Honor, may it please the

1 Court?

2 THE COURT: Yes, sir.

3 PLAINTIFF'S REPLY CLOSING ARGUMENT

4 BY MR. WILLIAMS:

5 Opposing counsel argues that I haven't talked about the
6 standard of care, that I haven't talked to you about the do
7 no harm requirement, the nurses that are -- I haven't talked
8 to you about the rules, which his expert says, not only are
9 these the standards here, they're standards everywhere,
10 whatever state you're in. These rules are the standards.
11 So not to interpret these rules, and showed you this, which
12 says this applies to IVs, not INTs. Protocols for INT
13 flushes. If this applies only to IVs and not INTs, I mean,
14 I don't know how to interpret that. If that's what the
15 government wants you to do is reinterpret that, because
16 these only apply. That's page five on nine, one of nine,
17 continuous or intermittent. Continuous or intermittent. I
18 don't know how you interpret that any way different but he
19 wants to say oh, we haven't told you what the standard of
20 care is in this case. And our expert's just -- you know,
21 she's just a waste of time, waste of money, waste of effort
22 because just doesn't know what she's talking about, because
23 she hadn't read all these manuals. Our expert said I didn't
24 read until last week, after my deposition and I was provided
25 them last week. The nurse, I never read those. If they're

1 required to know what to do is to read those, then nobody
2 knew what to do. Not a single person in this room knew what
3 to do. But that isn't the case.

4 This case is about one standard of care, really. And
5 the one standard care is the flush. Why is the flush
6 standard of care? Because if you did the flush, it would
7 show where that medication is about to go. If you did the
8 flush, you would assess the site. I know their expert said
9 you only got to do it one shift, but the flush, the idea of
10 the flush is if it gets outside the vein, as well as that
11 puffiness, she said cool touch, etcetera, etcetera, but you
12 can see right there rather than in the vein it's all right
13 there. So I don't need to give this burning medication that
14 I know is corrosive and it's going to heat up in that hand.
15 if I give it. And that's why that's the standard of care.
16 And then only person who says no one can explain why.
17 There was an expert who's been at the number one hospital in
18 the country, then at another top-ten hospital who says it's
19 clear, you know. There's only one cause. You didn't flush
20 it. Didn't abide by that standard of care. The gross
21 negligence issue, the Judge is going to charge you. But
22 that's when you say you can't interpret these, all these
23 things. And it clearly says that it applies to intermittent
24 fluid. It clearly says you're to not only flush it, but
25 document when you flush it. Then it says you're supposed to

1 do it a minimum of four hours and the medical record says
2 you didn't do it? That's gross negligence.

3 You've heard a lot of testimony in this case. At the
4 initial outset of this case the Judge told you, short plain
5 statement of facts. And then he went into evidentiary and
6 he started talking about this twenty-three to seventy-eight
7 percent of IVs infiltrate. Twenty-three to seventy -- just
8 understand, twenty-three to seventy-eight percent of IVs
9 infiltrate. That's saying that two to almost eight out of
10 ten -- two to eight out of ten people that go to that
11 government hospital that's supposed to be the same,
12 according to his expert, as MUSC as the Mayo Clinic, as good
13 as Duke, Harvard, it's supposed to be just as good. That's
14 what we're supposed to have here in Orangeburg. That's the
15 standard of care, she said. But his interpretation, the
16 government -- The Regional Medical Center's interpretation
17 is the standard is oh, two to almost eight people out of ten
18 are going to have infiltration. That isn't what this
19 document says. That is not what this document says. And
20 it's scary if they think that's acceptable, that that's an
21 acceptable potential risk, because this document says
22 infiltration is the most commonly identified complication of
23 PIV therapy, okay? Complication. Let's first understand
24 that. You don't expect two to eight out of ten IVs to
25 complicate. But if they did complicate -- what this is

1 saying is the reported incidence is between twenty-three
2 percent to seventy-eight percent at different hospitals. So
3 the hospitals that report the complications from PIV
4 treatment, of those, some of them have twenty-three percent
5 of infiltration, some have as high as seventy-eight percent.
6 That doesn't mean that you've got a seventy-eight percent
7 risk of going to the hospital if you get an IV and it
8 infiltrated and burning a hole in your hand. That doesn't
9 -- or it infiltrated period. That's not what that says.
10 But that's how it has been interpreted. That's how the
11 government wants to treat you. They want to tell you that
12 this is going to be an IV, not -- this doesn't apply to INTs
13 because it's got to be an IV for that to apply. They want
14 to take that and reinterpret it for y'all.

15 And I know, yeah, you do need to use your common sense.
16 You're from Orangeburg. You understand Orangeburg and you
17 certainly understand some basic -- what the attorney says
18 and the witness says, you can't really interpret that.

19 And I'm sorry for getting flustered but this case is
20 clear. This case is about R.J. And this case is about
21 Tekayah. And they've got significant damages. And I've got
22 terrible handwriting and I apologize but I'm going to just
23 run through the damages of this case so you can understand.
24 So Tekayah, I'm going to just put T.K. TRMC bills that have
25 been submitted, four thousand six hundred and ninety-nine

1 dollars. Dr. DeVito -- and I understand that's assuming the
2 care after this incident happened, right? That's the care -
3 - we've got this additional care, six hundred thirty-five
4 dollars. The teacher, you know, that he wants to say well,
5 -- he charged a whopping six hundred thirty-five dollars to
6 try to provide this woman some help. Future surgery though,
7 you heard him say twenty-five hundred dollars is what his
8 bill is. But at the time, which he says goes up, and this
9 is a minimal, twelve thousand dollars for the hospital
10 charge. A thousand twenty dollars for the injection.
11 Mama's cost, twenty thousand eight hundred and fifty four.
12 That's what mama's cost is associated with this. It's not
13 going to fix it, dealing with the trauma, he'll certainly
14 deal with it the rest of his life. He's going to deal with
15 this emotional injury, this emotional injury is going to be
16 something that he's going to carry with him the rest of his
17 life. When he rips a baseball bat at T-ball, and he's going
18 to feel that skin tight. When he goes and decides to pick
19 up a golf club, he's going to feel that get tight. If he
20 decides to pick up a rake and rake a yard of leaves, he's
21 going to feel that. When he goes to shake your hand, he's
22 going to be sticking it out there in front of everybody,
23 okay? What is that worth? You know, and another thing I
24 told you, you've got to think about this emotional element.
25 That's -- that's the worst part of this whole deal. I mean,

1 what's it's worth the past twelve hundred eighty-nine days,
2 how long it's been since this incident? What do you get for
3 those days? He's got seventy-three point seventy-six year
4 life expectancy. The Judge is taking judicial notice of his
5 life expectancy, and he's going to charge you how to
6 calculate something or what you can do, the tools you can
7 do, and he's going to tell you that it's up to y'all. But
8 seventy-three point seventy-six years is twenty-six thousand
9 nine hundred and forty days, okay? If you were to give him
10 a hundred dollars a day for his loss of enjoyment of life,
11 and a hundred dollars a day for his pain and suffering the
12 first one thousand two hundred eighty-nine dollars, that's
13 about two hundred and sixty thousand dollars. That's a
14 hundred twenty-eight thousand dollars -- nine hundred
15 dollars for pain and suffering and that's a hundred and
16 twenty-eight thousand nine hundred dollars for loss of
17 enjoyment of life. And it's hard to conceptualize this
18 stuff, you know. But you're the judge of the facts. You're
19 the judge to determine what's appropriate. If you would
20 give him fifty dollars for the rest of his life for this
21 permanent disfigurement, that number is one point three-four
22 seven million dollars. That's one million six hundred and
23 four thousand eight hundred dollars. If you were to give
24 him twenty-five dollars a day, that's six hundred and
25 seventy-three thousand five hundred dollars for a total of

1 nine hundred and fifty-two -- well, scratch that. I've got
2 the wrong page there. Do you have that total for -- yeah.
3 You can do the math. It would be, yeah, somewhere around
4 nine hundred and fifty. Six hundred and seventy-three plus
5 two sixty. It would be somewhere around nine hundred and
6 fifty thousand dollars.

7 This is what you can do. This is what I think you
8 should do is put a per day value on this, for the living
9 with the physical, the pain, the issues that's going to
10 effect him, the loss of enjoyment of life. When he grips a
11 baseball bat and grabs a rake, and shakes the hand, and
12 takes a picture, this is what you get. It's only the value
13 it is to put something -- there's some value per day. I
14 don't know if it's twenty-five dollars; I don't know if it's
15 fifty dollars. Mama's easy, simple. Her cost associated
16 with this. That's her's is. But R.J., it's a separate
17 line. It's a line that's designed to go to this court, to
18 handle appropriately for both this -- for all of. This,
19 scraping that dead tissue off and wearing this for the rest
20 of his life. I appreciate you. Thank you. You've been a
21 wonderful jury. Thank you

22 THE COURT: Thank you, Mr. Williams.

23 COURT'S CHARGE

24 All right. Ladies and gentlemen, you've now heard the
25 arguments of the attorneys. It is now my turn to charge you

1 nine hundred and fifty-two -- well, scratch that. I've got
2 the wrong page there. Do you have that total for -- yeah.
3 You can do the math. It would be, yeah, somewhere around
4 nine hundred and fifty. Six hundred and seventy-three plus
5 two sixty. It would be somewhere around nine hundred and
6 fifty thousand dollars.

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17 line. It's a line that's designed to go to this court, to
18 handle appropriately for both this -- for all of. This,
19 scraping that dead tissue off and wearing this for the rest
20 of his life. I appreciate you. Thank you. You've been a
21 wonderful jury. Thank you

22 THE COURT: Thank you, Mr. Williams.

23 COURT'S CHARGE

24 All right. Ladies and gentlemen, you've now heard the
25 arguments of the attorneys. It is now my turn to charge you

1 on the law of this case.

2 The plaintiff, as Guardian ad litem and parent of
3 Robert Lee Middleton, Jr., claims that her child has been
4 injured by the actions of the defendant, Regional Medical
5 Center. In bringing the lawsuit plaintiff claims that the
6 defendant should compensate her for her minor child's
7 injuries.

8 You and I have certain duties to perform. As the trial
9 judge, it is my responsibility to preside over the trial of
10 this case and to rule on the admissibility of the evidence
11 offered during the trial. You are to consider only the
12 evidence before you. The testimony that has been presented
13 from the witness stand and any exhibits, which have been
14 made a part of the record. I have the duty to charge you on
15 the law that is applicable in this case. It is your duty as
16 jurors to accept and apply this law as I state it to you.
17 If you think you have any idea of what the law is or what
18 the law ought to be and it does not agree with what I tell
19 you the law is, you must forget your ideas because you are
20 sworn to accept the law and apply the law exactly as I state
21 it to you. In every case the jury is the sole and exclusive
22 judge of the facts. A trial Judge cannot comment on or make
23 any statement about the facts in a case. Since you're the
24 sole judges of the facts, do not think by anything I've said
25 during the trial that I have an opinion about the facts.

1 The law does not allow me to have an opinion about the
2 facts.

3 The burden of proof in this case is by a preponderance
4 of evidence. A preponderance of evidence simply means the
5 greater weight of the evidence. It is evidence, which, as a
6 whole, shows that the fact sought to be proved is more
7 likely true than not true. This can be illustrated by
8 imagining a set of scales. That's what we talked about
9 yesterday. Y'all will probably remember. When the case
10 begins, the scales are even. After all of the evidence has
11 been presented, if the scales remain even or if they tip
12 even slightly in favor of the defendant, then the plaintiff
13 has failed to meet her burden of proof and would not be
14 entitled to recovery in this case. On the other hand, if
15 the scales tip even slightly in favor of the plaintiff, the
16 plaintiff will have met her burden of proof and you should
17 return a verdict for the plaintiff.

18 The preponderance of evidence is not determined by the
19 number of witnesses. Instead, it is determined by the
20 greater weight of all the evidence. There are two types of
21 evidence generally presented during a trial, direct evidence
22 and circumstantial evidence. Direct evidence is the
23 testimony of a person who claims to have actual knowledge of
24 a fact, such as an eyewitness. It is evidence which
25 immediately establishes the main fact to be proved.

1 Circumstantial evidence is proof of a chain of facts and
2 circumstances indicating the existence of a fact. It is
3 evidence which immediately establishes collateral facts from
4 which the main fact may be inferred. Circumstantial
5 evidence is based on inference and not on personal knowledge
6 or observation. It is proof that does not actually
7 establish the fact in question but that asserts or describes
8 something else from which you may either reasonably infer
9 the truth of the fact or at least reasonably infer an
10 increase in the probability that the fact is true. For
11 circumstantial evidence to be sufficient to warrant the
12 finding of a fact, the circumstances must lead to that fact
13 with reasonable certainty. The facts and circumstances
14 should be considered in light of ordinary experience and
15 common sense. The existence of a fact cannot be based on
16 speculation, surmise or conjecture. The law makes
17 absolutely no distinction between the weight or value to be
18 given to direct or circumstantial evidence, nor is a greater
19 degree of certainty required of circumstantial evidence than
20 of direct evidence.

21 Necessarily, you must determine the credibility of the
22 witnesses who have testified. Credibility simply means,
23 believability. It is your duty as jurors to evaluate the
24 evidence and determine which evidence convinces you it is
25 true. In determining the believability of witnesses who

1 have testified, you may believe one witness over several
2 witnesses or several witnesses over one witness. You may
3 believe a part of the testimony of a witness and reject the
4 remaining part of the testimony of the same witness. You
5 may believe the testimony of a witness in its entirety or
6 reject the testimony of a witness in its entirety. You may
7 consider whether the witness has an interest in the result
8 of the trial, whether the witness is prejudiced toward
9 either the plaintiff or the defendant. The opportunity for
10 the witness to have seen the matters and things about which
11 the witness may testify, and the way the witness acts on the
12 witness stand.

13 The rules of evidence ordinarily do not permit
14 witnesses to testify to opinions or conclusions. An
15 exception to this rule exists for witnesses we call experts.
16 A witness who by education and experience has become expert
17 in some art, science or profession, may give an opinion as
18 to the subject the witness claims to be an expert in and may
19 also give the reasons for that opinion. You should consider
20 any expert opinion like any other evidence and give it the
21 weight you think it deserves. If you decide that an expert
22 witness's opinion is not based on sufficient education or
23 experience or if you decide that the reasons given in
24 support of the opinion are not sound, or that the opinion is
25 outweighed by other evidence, you may disregard the opinion

1 entirely. An expert witness's testimony is to be given no
2 greater weight than that of other witnesses simply because
3 the witness is an expert. You do not have to accept an
4 expert's opinion even though it is uncontradicted. The
5 testimony of experts is to aid and assist you as jurors, not
6 to dominate or control you in a decision of questions of
7 facts. Their opinions and deductions from the evidence
8 before you and their judgments and opinions do not preclude
9 yours. You are required to decide disputed questions after
10 comparison and consideration of all the evidence in this
11 case. If the opinions of medical experts are relied on to
12 establish proximate cause, the experts must state with
13 reasonably certainty that in his or her opinion,
14 professional opinion, the plaintiff's injuries most probably
15 resulted from the negligence of the defendant. It is not
16 necessary that the expert use the words most probably. It
17 is enough for the expert to state that it is the expert's
18 professional opinion that the defendant's negligence was
19 most likely among the possible causes of the plaintiff's
20 injuries. In this case there's been a conflict in the
21 testimony of expert witnesses. To that end, you must weigh
22 one expert's opinion against that of the other and you must
23 consider the reasons given by one as compared with those of
24 the other. You should consider the relative credibility and
25 knowledge of the experts who have testified. Thereupon, you

1 should find in favor of that expert testimony, which, in
2 your opinion, is entitled to the greater weight.

3 The plaintiff claims that the Defendant committed
4 medical malpractice. Medical malpractice is a form of
5 carelessness or negligence. In order to recover, the
6 plaintiff must prove by a preponderance of evidence the
7 standard of care, the breach of that standard of care,
8 proximate cause and damages. The plaintiff must prove the
9 standard of care the defendant owed in treating the
10 plaintiff. When a nurse treats a plaintiff, the law does
11 not require perfection or infallibility. The law does
12 require that the nurse use that degree of knowledge, care
13 and skill ordinarily possessed and used by nurses in good
14 standing in the nurse's field of medicine under the same or
15 similar circumstances and that the nurse followed the
16 generally accepted practices and procedures in the
17 profession. A nurse is not an insurer of health and is not
18 required to guarantee results. A nurse undertakes only to
19 meet the standard of skill possessed generally by others
20 practicing in the field of nursing under the same or similar
21 circumstances.

22 The plaintiff must prove that the defendant negligently
23 departed from the standard of care in treating the
24 plaintiff. Negligence is the failure to do what an ordinary
25 careful nurse in the nurse's field of medicine would have

1 done under the same or similar circumstances or the doing of
2 something that an ordinarily careful nurse would not have
3 done under the same or similar circumstances. The mere fact
4 that a treatment does not benefit the patient or that it
5 even harms the patient is not in and of itself negligence.
6 A bad result, injury, death or failure to cure is not enough
7 alone to show that the defendant was negligent.

8 In considering whether the defendant made a reasonable
9 decision, you must consider the decision in relation to the
10 facts as they existed at the time, not in light of what
11 hindsight may reveal.

12 The defendant in this case is a governmental entity as
13 defined by State law. Therefore, they come under a special
14 class of laws governing their liability called the torts
15 claims act. The defendant cannot be held liable for any
16 responsibility or duty, including but not limited to
17 supervision, protection, control, confinement, or custody of
18 any of their patients or clients, except when the
19 responsibility or duty is exercised in a grossly negligent
20 manner. Gross negligence is the intentional, conscious
21 failure to do something which is incumbent upon one to do,
22 or the doing of a thing intentionally that one ought not do.
23 Negligence is the failure to exercise due care while gross
24 negligence is the failure to exercise slight care.

25 To prove gross negligence the plaintiff must first

1 prove that the defendant owed a duty of care to the
2 plaintiff, that they breached that duty by a negligent act
3 or omission and that the breach was a proximate cause of
4 damage to the plaintiff. Each of those elements must be
5 proven by the plaintiff. To state a cause of action against
6 the defendant, the law requires that the defendant was
7 grossly negligent and that the gross negligence of the
8 defendant was a proximate cause of Robert Lee Middleton,
9 Jr.'s damages. The defendant's negligence must have
10 proximately caused the plaintiff's injuries. Proximate
11 cause is something that produces a natural chain of events,
12 which in the end, brings about the injury. It is the direct
13 cause of the injury.

14 To prove that the defendant's negligence proximately
15 caused the plaintiff's injury, the plaintiff must first
16 prove causation in fact. This is proven by showing that the
17 injury would not have occurred but for the defendant's
18 negligence. The plaintiff must also prove legal cause.
19 Legal cause is proven by showing that the injury was
20 foreseeable. This means that the injury occurred as a
21 natural and probable consequence of the defendant's
22 negligence. The plaintiff must prove that some injury from
23 the defendant's negligence was foreseeable, but does not
24 have to prove that the particular injury that occurred was
25 foreseeable. However, the defendant cannot be held

1 responsible for things which could not be expected to
2 happen. Proximate cause does not mean the only cause. The
3 defendant's act can be a proximate cause of the plaintiff's
4 injury if it was at least one of the direct concurring
5 causes of that injury. The plaintiff must also prove legal
6 cause. Legal cause is proven by showing that the injury was
7 foreseeable. This means that the injury occurred as a
8 natural and probable consequence of the defendant's
9 negligence. The plaintiff must prove that some injury from
10 the defendant's negligence was foreseeable but does not have
11 to prove that the particular injury that occurred was
12 foreseeable. However, the defendant cannot be held
13 responsible for things which could not be expected to
14 happen.

15 Proximate cause does not mean the only cause. The
16 defendant's act can be a proximate cause of the plaintiff's
17 injury if it was at least one of the direct concurring
18 causes of that injury. Proximate cause need not be
19 established with certainty. Probability is sufficient. A
20 bare possibility is not sufficient. You are not permitted
21 to guess, speculate or surmise as to the proximate cause.
22 The plaintiff must prove to you by a greater weight of the
23 evidence that gross negligence by the defendant was a
24 proximate cause of the injury sustained by the minor
25 plaintiff. In considering the plaintiff's damages and

1 losses, the law provides that you shall assess the amount
2 that you find to be justified by a preponderance of evidence
3 as full and just and reasonable compensation for all of the
4 plaintiff's damages. No more and no less. This is what the
5 law refers to as actual and compensatory damages.

6 Compensatory damages are not restricted to the actual loss
7 of money or time. These damages may include mental and
8 physical aspects of the injury, tangible and intangible,
9 financial and otherwise. By reimbursing or compensating the
10 plaintiff in all aspects, you are to attempt to restore the
11 plaintiff, that is to make the plaintiff whole or as the
12 plaintiff existed immediately prior to his injuries. The
13 plaintiff must prove that expenses caused by the injury were
14 necessary and reasonable.

15 You should consider the following elements of damage to
16 the extent you find they were proven by a preponderance of
17 the evidence. You should place a value on each element of
18 the damage in accord with the evidence presented and all
19 these amounts together to determine the amount of your
20 verdict. I instruct you that you shall evaluate each
21 element of damage individually. The following are various
22 elements of damage you may consider. Medical expenses,
23 those incurred to date and any which may be incurred in the
24 future. Value of bodily injury and permanent impairment.
25 The reasonable value of any bodily injury sustained

1 including permanent injury, significant disfigurement or
2 significant scaring, disability or impairment and the loss
3 of capacity to perform bodily functions or to do daily
4 activities, past and future. The reasonable value of the
5 plaintiff's pain, suffering, mental anguish, inconvenience,
6 discomfort and loss of capacity for the enjoyment of life.
7 If you decide the plaintiff is entitled to a verdict, your
8 next step would be to decide how much money the defendant
9 should be required to pay.

10 Actual damages are to compensate the plaintiff for the
11 plaintiff's injuries or loss and to put the plaintiff as
12 near as possible in the same position that the plaintiff was
13 in before the incident occurred. In other words, actual
14 damages would be the actual losses and expenses, which the
15 plaintiff has suffered. In this case, the plaintiff alleges
16 significant scaring as a result of the defendant's actions.
17 You may consider as factors in making this determination the
18 appearance, coloration, existence, size and shape of the
19 plaintiff's scar, along with the characteristics of the
20 surrounding skin and the remnants of the healing process and
21 other cosmetically important matters.

22 A plaintiff is never entitled to recover conjectural or
23 speculative damages. But if you find the plaintiff is
24 entitled to a verdict for actual damages, your verdict
25 should include an amount to cover any past, present and

1 future damages, which were proximately caused by the
2 defendant. Any future damages must be reasonably certain to
3 occur in the future as a result of the defendant's acts.
4 Actual damages need not be proven to a mathematical
5 certainty or be based on evidence of the precise amount of
6 damages the plaintiff has suffered. Instead, the evidence
7 must allow you to determine what amount of damages is fair,
8 just and reasonable. It is proper to include in the
9 estimate of future damages compensation for future medical
10 expenses and pain and suffering, which will, with reasonable
11 certainty result. Any future damages must be reasonably
12 calculated to have resulted from the alleged injury or
13 damages sustained in the case. Future damages must be
14 reduced to their present cash value. Pain and suffering
15 compensates the plaintiff for physical discomfort and the
16 emotional response to the sensation of pain caused by the
17 injury itself. There's no definite standard by which to
18 compensate the plaintiff for pain and suffering. You have
19 the authority to determine the amount, if any, to be allowed
20 for pain and suffering using calm and reasonable judgment to
21 ensure that the damages are just and reasonable in light of
22 the testimony and evidence presented in this case. Loss of
23 enjoyment of life compensates the plaintiff for limitations
24 on the plaintiff's ability to participate in and derive
25 pleasure from the normal activities of daily life. Mental

1 suffering, apprehension, shock, fright, emotional upset,
2 humiliation and anxiety, either present or expected in the
3 future, can properly be considered as an element of damages.
4 The amount of damages for mental suffering cannot be exactly
5 measured.

6 If you find that the defendant was permanently injured
7 as a result of the defendant's actions, you must then decide
8 how, if at all, that injury will effect the rest of the
9 plaintiff's life. A person's life expectancy is determined
10 by a life expectancy table which is a part of the laws of
11 this state. The life expectancy table is only an estimate
12 of the probable average remaining life -- of the life of all
13 person's in our state of a given age. The plaintiff is a
14 three-year-old male with a life expectancy, according to the
15 life expectancy table, of seventy-three point seven-six
16 years. This fact is to be considered by you along with any
17 other facts and circumstances in evidence bearing on the
18 plaintiff's life expectancy, including occupation, habits
19 and health at the time of injury in deciding the amount of
20 damages to be awarded to the plaintiff.

21 I have declared the law to you through these
22 instructions to help guide you to a just and lawful verdict.
23 Whether some of these instructions apply will depend upon
24 what you find to be the facts. The fact that I have
25 instructed you on various subjects in this case, including

1 damages, must not be taken as indicating an opinion of this
2 Court as to what you should find to be the facts or as to
3 which party is entitled to your verdict. Your verdict must
4 represent the considered judgment of each juror. In order
5 to return a verdict, it is necessary that each one of you
6 agree. Your verdict must be unanimous. All twelve of you
7 must agree on this verdict. Your verdict cannot be based on
8 sympathy, passion, prejudice, emotion or any other
9 consideration not in evidence in this case. Remember, at
10 all times you're not partisans favoring one party over the
11 other. You are the judges of the facts and your sole
12 interest is to seek the truth from the evidence that has
13 been presented to you in this case.

14 Now, Mr. Foreman, because I'm about as tired as y'all
15 are of sitting, I get to come down. I'm going to go over
16 this verdict form with you. This is the verdict form. You
17 are charged with completing this based on y'all's decisions
18 in the jury room. This just tells you where you are. This
19 tells you what court we're in. We're in -- as I told you,
20 we're in Common Pleas, First Judicial Circuit. This is the
21 case number of the case and this just tells you the parties.
22 You notice you've got Ms. Hamilton, individually and as the
23 guardian for R.J. The defendant in this case is The Medical
24 Center and this verdict form. You've got a number of
25 questions. Each one of these questions as it says, we, the

1 jury, by unanimous consent, have responded to the following
2 questions. And these are the questions. Question number
3 one, do you find that the defendant was grossly negligent?
4 And then you'll have to check either yes or no. If you
5 check yes, you go to question two. If you check no, you
6 stop your deliberation. Question two, was the defendant's
7 gross negligence a proximate cause of the plaintiff's
8 injuries? Again, you have two choices. Yes and no. If you
9 answer yes, you go to question three. If you answer no,
10 stop your deliberation. Question three, please state the
11 amount of damages, if any, sustained by the minor plaintiff,
12 Robert Lee Middleton, Jr. You are to determine only the
13 total amount of the plaintiff's damages and enter that
14 amount below. This is the damages to the child, okay? The
15 next part of that question is please state the amount of
16 damages, if any, sustained by the plaintiff Tekayah --

17 Did I say that right? Tekayah?

18 MR. WILLIAMS: Tekayah.

19 THE COURT: Tekayah, I'm sorry. Tekayah Hamilton,
20 individually and as the parent and Guardian ad litem for
21 Robert Lee Middleton, Jr. That's her son, as you know. You
22 are to determine only the total amount of the plaintiff's
23 damages and enter that below. Okay? Do you see the line
24 for each one of those where you fill it out when you get to
25 that, an actual damages amount. Then, Mr. Foreman, you are

1 charged with signing that and dating it, okay?

2 MR. FOREMAN: Yes, sir.

3 THE COURT: All right. Now, I'm not giving you
4 this yet.

5 MR. FOREMAN: Okay.

6 THE COURT: Okay. The reason for that is y'all
7 know how exciting that was to listen to, me read the law. I
8 saw y'all were excited, you know. Every now and then when I
9 do that I misstate something, but these attorneys were
10 paying very close attention to what I said. And I could
11 have misstated the law to you. And if I did, I've got to
12 correct it. So what we're going to do now is I'm going to
13 let you go back into the jury room. The attorneys are going
14 to tell me if I stated the law correctly or if I need to
15 correct something. If I don't need to correct something,
16 the verdict form and all of the exhibits are going to come
17 back into the jury room and you can begin your
18 deliberations. Now, if I've got to correct something, we'll
19 bring you back out here and we'll have a few more minutes of
20 exciting reading, okay?

21 MR. FOREMAN: Yes, sir.

22 THE COURT: Okay. I'm going to let you go back in
23 there. Again, you cannot begin deliberating yet. We'll be
24 with y'all in just a second, I hope.

25 (Jury out at 4:57 p.m.)

1 THE COURT: All right. Now, we'll get into the
2 charges that -- excuse me. We'll get into the charges in a
3 minute that we talked about in chambers that I'm not going
4 to charge. But as to what I did charge, any exceptions?

5 MR. WILLIAMS: Well, they kind of go hand in hand,
6 so I'm subject to the objections that you've already heard
7 and rationale that you've already heard the negligent
8 standard, you know.

9 THE COURT: Right. Okay
10 And Mr. Tanner, any changes?

11 MR. TANNER: No, sir.

12 THE COURT: Other than the exceptions.

13 MR. TANNER: Other than the exceptions that we
14 discussed.

15 THE COURT: That we're going to come back and put
16 on the record after?

17 MR. TANNER: Yes, sir.

18 THE COURT: Okay. If y'all wouldn't mind, if
19 y'all would go and let's make sure we've got all the
20 exhibits straight. And then -- and you can -- when you take
21 it back there you can tell the alternate she can leave.

22 (Reconciliation of exhibits with
23 counsel)

24 THE COURT: All right. Delaine, they're ready to
25 go. If you'd take the verdict form and those exhibits and

1 go on back.

2 THE BAILIFF: Yes, sir.

3 THE COURT: Okay.

4 (Alternate juror excused at 5:00
5 p.m.)

6 (Jury deliberating at 5:00 p.m.)

7 THE COURT: All right. Mr. Williams, are you
8 ready right now. You want to go ahead and put that
9 exception on the record?

10 MR. WILLIAMS: Yes, Your Honor.

11 THE COURT: Okay.

12 MR. WILLIAMS: So, my problem is compounded here.
13 The jury charge you gave the jury gave them a medical
14 malpractice standard, which is typically, as you said, based
15 on a negligence standard. But then it instructed the jury
16 they have to come back with a gross negligence determination
17 based on one exception to the waiver of immunity in the tort
18 claim act, which would require that they make the
19 determination that the nurse was improperly supervised. I
20 forget what all it says, but you know what I mean.

21 THE COURT: Right.

22 MR. WILLIAMS: Subsection 25, which that
23 potentially limits a juror from contemplating, deciding that
24 there was a deviation from the standard of care and that
25 that is actionable in awarding. So in addition to the

1 confusing instruction, I think the law is clear. It's --
2 administration of medicine is not an exception to the waiver
3 of immunity under the tort claim act. Therefore, it's a
4 medical malpractice standard based solely on negligence.
5 And negligence is the standard, and the jury is making
6 determination solely whether or not there was gross
7 negligence, supervision, etcetera based on subsection 25.

8 THE COURT: Okay.

9 All right. And the reason I did not charge that is I
10 believe that the burden of proof in this case is gross
11 negligence when you consider the actions of a nurse in this
12 case. And I believe the case was Stewart. Isn't it
13 Stewart?

14 MR. TANNER: Yes, sir. Stewart versus Richland
15 Memorial Hospital.

16 THE COURT: Yeah. Stewart versus Richland
17 Memorial Hospital is the controlling case in that. But I
18 have -- I want to make sure on the record that we have you
19 objection to my charge noted in case any further work on
20 this case -- if it goes up, okay?

21 MR. WILLIAMS: Thank you, Judge.

22 THE COURT: And Mr. Tanner, likewise --

23 MR. TANNER: Yes, sir. May it please the Court?

24 THE COURT: -- you had, I believe two lines you
25 wanted me to include?

1 MR. TANNER: Yes, sir. I had asked in our
2 proposed charges, I had a charge that says the following. I
3 instruct you practicing nursing is an art not a science and
4 in providing nursing care, a nurse is not required to be all
5 knowing and all wise. That is, again, from my proposed
6 charge, which I believe was crafted in the '90's in
7 Columbia, Richland County specifically the number of medical
8 malpractice lawyers and judges there.

9 THE COURT: Wasn't there another line as well?

10 MR. TANNER: There was.

11 THE COURT: Yes, sir.

12 MR. TANNER: And while a nursing mistake or error
13 in judgment alone would not support a verdict for the
14 plaintiff's in a malpractice suit, if the nurse fails to
15 comply with the recognized standard of care, of nursing
16 care, which would be exercised by a similar nurse under the
17 same or similar circumstances, that the liability would
18 attach to the nurse for the state where error in judgment
19 that proximately results in injury to a patient. That would
20 be our exceptions.

21 THE COURT: Yeah. Yes, sir. And as I mentioned
22 to you I believe that my -- I'm hopeful that my standard of
23 care charge is the general charge that we give. And whereas
24 I do take great deference in anything that's decided in
25 Richland County, I think that took care of that. But out of

1 an abundance of caution, I wanted to preserve your objection
2 to that ruling in case you have to take the steps further,
3 okay?

4 MR. TANNER: Yes, sir.

5 MR. WILLIAMS: Judge, thank you for a wonderful
6 trial. You've been a great trial Judge.

7 THE COURT: Thank you. I do want to thank y'all.
8 Thank y'all for working with me to get this case done, okay?

9 MR. WILLIAMS: Yes, sir.

10 THE COURT: We'll see. You know one thing I tell
11 people whenever I run into them, is I'm lucky to practice --
12 I mean to be a judge in South Carolina. Because the
13 attorneys are much a pleasure to work with. Y'all are
14 always prepared and willing to argue and do what you're
15 supposed to do for your client, so I'm always --

16 (Court in recess awaiting the
17 verdict of the jury at 5:03 p.m.)

18 (Court in session at 6:10 p.m.)

19 THE COURT: All right. I have -- I got a -- well,
20 it's sort of -- it's more of a request than it is a
21 question. It says we, the jury, ask to be released for
22 today, asking to return 5/9/2018 at 9:00 a.m. for further
23 deliberations to finalize our decision. So, I mean, I think
24 if they want to be released, I don't think it's going to be
25 to anyone's advantage for us to keep them, okay?

1 Any thoughts on that?

2 MR. TANNER: I don't know because, you know, it's
3 the fear of the unknown.

4 THE COURT: Oh, yeah. It is.

5 MR. TANNER: I mean, you know, I always worry
6 about late deliberations because people get hungry and -- I
7 guess for the record, I'd move for a mistrial because we
8 don't have a verdict and --

9 MR. WILLIAMS: I certainly don't think a mistrial
10 is appropriate, Your Honor. But I'd defer to the Court
11 whether they want to ask them to continue to deliberate or
12 if they want to recess until tomorrow.

13 THE COURT: Well, you know, I don't know whether
14 they've got issues about children or anything like that.
15 But what I was going to do is I'll bring them back in here
16 and just ask them some questions on the record about if they
17 would -- if they think they could do it in a little while,
18 I'd like for them to go ahead and do it. But I've got to
19 make sure that they don't talk among themselves, talk to
20 anybody else, you know, that kind of --

21 MR. TANNER: Any research.

22 THE COURT: Yeah. I've just got to caution them
23 about that and make sure they realize that I'm going to ask
24 them about tomorrow when it comes back, okay?

25 MR. TANNER: Yes, sir.

1 THE COURT: All right.

2 MR. TANNER: For the record, you're denying my
3 motion.

4 THE COURT: Oh, I'm sorry. Yeah. You know, you
5 know, they haven't said they couldn't -- they've given up on
6 it so --

7 MR. TANNER: Yes, sir.

8 THE COURT: But I'll note your motion that you --

9 MR. TANNER: Thank you.

10 THE COURT: -- and note your objection to my
11 ruling that I'm not granting a mistrial right now. But as
12 always, I appreciate your asking.

13 Yeah, if you'd bring the jury back in here?

14 THE BAILIFF: Yes, Your Honor.

15 THE COURT: I just need to talk to them for a
16 second.

17 THE BAILIFF: Yes, Your Honor.

18 (Off record discussion)

19 (Jury in at 6:15 p.m.)

20 THE COURT: All right. I just wanted to talk to
21 y'all a little bit, okay, before we decide anything. If I
22 let y'all go right now, y'all know y'all can't do any
23 independent research. Y'all can't, you know -- one or two
24 of y'all cannot contact each other and talk about it and do
25 anything like that. I mean, y'all's deliberation is

1 absolutely shut down until tomorrow at 9:00. The only thing
2 I was curious about and I don't know how close y'all are to
3 a decision or anything like that and you don't need to tell
4 me that. But, you know, right now it's 6:15. I don't know
5 whether y'all have got other things that y'all might want to
6 do tomorrow and like that. You realize you're going to have
7 to come back here and do that or do you think another forty-
8 five minutes or an hour y'all come to a decision? I mean,
9 you don't know?

10 MR. FOREMAN: Your Honor, to speak on behalf of
11 the jury, most of us are pretty well stressed right.

12 THE COURT: Oh, okay.

13 MR. FOREMAN: We have -- we have made a decision.
14 There's some processes that we would like to discuss further

15 --

16 THE COURT: Okay. All right.

17 MR. FOREMAN: Going through the evidence. And we
18 all kind of came to a vote, a unanimous vote of twelve, that
19 we would like to try to get some rest tonight and come back
20 with a clear head --

21 THE COURT: Okay.

22 MR. FOREMAN: And we all understand and we've
23 talked about that, that no one in this jury has spoken
24 anything of this until you told us to deliberate.

25 THE COURT: Okay. All right.

1 MR. FOREMAN: And these people have been very
2 trustworthy in that fact. And I feel like we will continue
3 to tomorrow morning to be able to do so.

4 THE COURT: The way you explained it to me, I
5 really appreciate it. That's exactly what I wanted to hear.
6 I'm glad that y'all understand when things kind of get to a
7 frustration level, y'all are willing to continue to talk
8 about this. So what I will do is, per your request, if
9 y'all will be back in the jury room at 9:00. Now, remember
10 y'all need to be here at 9:00 and you cannot begin your
11 deliberations until everybody's here. Okay?

12 MR. FOREMAN: Yes, sir.

13 THE COURT: Again, let me just remind you no
14 independent investigation. I don't know if any of y'all
15 know each other or anything like that, you know, where you
16 can talk. You cannot do that, okay? And if anybody tries
17 to talk to y'all, I need to know it, okay?

18 MR. FOREMAN: Yes, sir.

19 THE COURT: So y'all go home, relax and I'll see
20 y'all at 9:00 in the morning. Thank y'all for what y'all
21 doing.

22 JURORS: Thank you.

23 THE COURT: I appreciate it.

24 (Jury out at 6:20 p.m.)

25 (Court's Exhibit No. 4, jury note

1 was marked)

2 THE COURT: All right. Well, I've got to say the
3 way the foreman explained it, I thought was pretty good. So
4 I'm not going to -- you can renew your motion if you want to
5 and I'll continue to deny it, just if we need to do that.

6 MR. TANNER: I think I made it and you denied it.

7 THE COURT: Okay. All right.

8 MR. TANNER: I mean, I know that it's protected on
9 the record.

10 THE COURT: Well, it is in my view. But, you
11 know, one thing I learned is whatever I think about a case
12 is not necessarily --

13 MR. TANNER: Maybe with the Court's permission, in
14 light of what he said, I would renew my motion for a
15 mistrial for the record at this time.

16 THE COURT: Okay. Right. And I will again deny
17 it. I think -- I was glad to hear that they, you know, had
18 apparently reached some level of frustration and felt like a
19 night to take off would help them. So we'll see. And so
20 y'all be back -- we'll be back at 9:00 in the morning, y'all
21 and we'll see what happens.

22 MR. WILLIAMS: Thank you, Judge.

23 THE COURT: All right. Thank y'all.

24 (Court in recess May 7, 2018 at
25 6:25 p.m.)

1 (Court in session May 9, 2018 at
2 9:00 a.m.)

3 (Jury in at 9:01 a.m.)

4 THE COURT: Good morning, ladies and gentlemen. I
5 hope y'all had a good evening.

6 MR. FOREMAN: We did. And hope you did as well,
7 sir.

8 THE COURT: Yeah, I did. I did. Thank you. And I
9 got to get up this morning and eat breakfast and not hurry
10 and all that kind of stuff. So it worked out really well
11 good. I hope y'all did.

12 Okay. Now, this morning I've got to ask y'all some
13 questions. I want to make sure nobody talked -- y'all did
14 not talk among yourselves last night?

15 MR. FOREMAN: No, sir.

16 THE COURT: Nobody tried to contact y'all?

17 MR. FOREMAN: No, sir.

18 THE COURT: Okay. Now, I know y'all are going to
19 get ready to go back in there and being your deliberations.
20 We'll go back through the exhibits and make sure we've got
21 them all. I think the court reporter has already gone
22 through that. So we will send those back, along with the
23 verdict form in there so y'all can finish your
24 deliberations. And y'all can continue on. It's a beautiful
25 day to be in a jury room making a decision, okay?

1 MR. FOREMAN: Yes, sir.

2 THE COURT: So y'all have a good --

3 MR. FOREMAN: Could I ask a question? We would
4 like to give you some questions to get you to answer on some
5 certain items. And if we do so, we'll give you those in
6 writing; is that correct?

7 THE COURT: Yes, sir. If y'all have a question --
8 now, I need for y'all just to understand. Sometimes, you
9 know, when y'all have questions about a fact or something
10 like that, most -- well, sometimes I just have to replay
11 what the testimony was because I can't give you -- remember
12 how I told you all along --

13 MR. FOREMAN: Yes, sir.

14 THE COURT: -- that I can't tell you anything
15 about the facts or anything like that. So if y'all have a
16 fact question it'll put us in a position to where y'all
17 replay the tape or something like that. So just so y'all
18 will be aware of that. If you have a question about the
19 law, what I will do is I will read that portion of the
20 charge that applies to that is normally what I do. But now
21 it depends on what your question is.

22 MR. FOREMAN: Okay.

23 THE COURT: But if you'll write it out, we'll be
24 glad to address it or try to address it, okay? All right,
25 sir.

1 MR. FOREMAN: Thank you.

2 THE COURT: Y'all go on back in there and y'all
3 begin your deliberations.

4 MR. FOREMAN: Thank you, sir.

5 THE COURT: Yes, sir.

6 (Jury out at 9:02 p.m.)

7 THE COURT: All right. Hilda's gone through the
8 exhibits and ensured that we've got them all together. Do
9 y'all want to review them before I take them back in there?

10 MR. TANNER: ???

11 MR. WILLIAMS: I'll take her word over our review.

12 THE COURT: Okay. All right. Thank you, ma'am.

13 THE BAILIFF: Thank you, sir.

14 THE COURT: You take them on.

15 THE BAILIFF: Yeah.

16 THE COURT: Yes, ma'am. Yes, ma'am. Thank you,
17 ma'am.

18 THE BAILIFF: Thank you.

19 (Exhibits and verdict form
20 delivered to the jury at 9:02 a.m.)

21 THE COURT: All right. So it's 9:02 or :03,
22 something like that when they resume their deliberations.

23 (Jury resumes deliberations at 9:03
24 a.m.)

25 THE COURT: I'm anxiously awaiting questions.

1 (Court in recess at 9:05 a.m.)

2 (Court in session for verdict at
3 11:04 a.m.)

4 THE COURT: The jury's reached a verdict?

5 THE BAILIFF: Yes, Your Honor.

6 THE COURT: If you would, you know, bring them in,
7 you know. You've told the Foreman he's going to give it to
8 you and you're going to give it to me?

9 THE BAILIFF: Yes, Your Honor.

10 THE COURT: Okay. All right.

11 THE BAILIFF: Are you ready?

12 THE COURT: Yeah. Yeah. Is the plaintiff ready?

13 MR. WILLIAMS: Yes, sir.

14 THE COURT: Defendant ready?

15 MR. TANNER: Yes, sir.

16 THE COURT: Okay. All right.

17 (Off record discussion)

18 (Jury in at 11:05 a.m.)

19 THE COURT: All right. Mr. Foreman, has the jury
20 reached their verdict?

21 MR. FOREMAN: Yes, we have, Your Honor.

22 THE COURT: Is that verdict unanimous?

23 MR. FOREMAN: Yes, sir.

24 THE COURT: If you wouldn't mind giving that to
25 the bailiff, please sir?

1 MR. FOREMAN: Yes, sir.

2 THE BAILIFF: Your Honor, may I approach?

3 THE COURT: You may. Thank you, ma'am.

4 Y'all can sit down.

5 All right. Mr. Clerk if you wouldn't mind publishing
6 the verdict please, sir?

7 THE CLERK: State of South Carolina, County of
8 Orangeburg Tekayah Hamilton individually and as the parent
9 Guardian ad litem for Robert Lee M., Jr., plaintiff versus
10 The Regional Medical Center, defendant.

11 We, the jury, by unanimous consent have responded to
12 the following questions:

13 Do you find that the defendant was grossly negligent?
14 Yes.

15 Question number two, was the defendant's gross
16 negligence the proximate cause of the plaintiff's injuries?
17 Yes.

18 Please state the amount of damages, if any, sustained
19 by the minor plaintiff, Robert Lee Middleton, Jr.? One
20 million one hundred and twenty-seven thousand two hundred
21 and eighty dollars actual damages.

22 Please state the amount of damages, if any, sustained
23 by the plaintiff, Tekayah Hamilton, individually and as
24 parent Guardian ad litem for Robert Lee Middleton, Jr.? One
25 hundred thirty-five thousand four hundred seventy-seven

1 dollars actual damages.

2 THE COURT: All right. That was signed by the
3 foreperson and dated today.

4 And, again, Mr. Foreman, this is the verdict?

5 MR. FOREMAN: Yes, sir.

6 THE COURT: Okay. Any issues from the plaintiff?

7 MR. WILLIAMS: No, sir.

8 THE COURT: Anything from the --

9 MR. TANNER: Just for the record if you could poll
10 the jurors individually, Your Honor, and make sure it is a
11 unanimous verdict for the record.

12 THE COURT: All right. Hold on one second.

13 All right. Ladies and gentlemen, they've requested
14 that I poll the jury. So when I call your name I'll ask you
15 to stand up and I've got two questions to ask you.

16 (Jurors individually polled and
17 verdict stands)

18 THE COURT: All right. Anything further, Mr.
19 Tanner?

20 MR. TANNER: Nothing further, Your Honor.

21 THE COURT: Okay. All right. Ladies and
22 gentlemen, I appreciate the way y'all paid attention during
23 the trial and like that and gave us and the attorneys your
24 full attention. We do appreciate that. Y'all have done a
25 good job as jurors and I appreciate the way y'all considered

1 everything, told me about it and how everything was going
2 yesterday and like that. So thank you for your service.
3 You know, in addition to the huge amount of money that you
4 get paid, you know, for being on the jury, you know the
5 other good reward you may remember is you don't have to
6 serve on a jury now for three years, okay? But now you
7 still can if you want to. I hope y'all had a good
8 experience. I really hope you did. So if you get an
9 opportunity, you know, I hope y'all will consider doing
10 that. The other thing I need to tell you is, sometimes
11 after the trials the attorneys will contact you and ask you
12 if you want to talk about your jury service and like that.
13 That's a way for them to learn, you know, different things,
14 you know, about how did -- you know, maybe just ask you
15 questions. And you can respond but it is up to you whether
16 or not you want to respond. If they send you a
17 questionnaire -- I know some attorneys send questionnaires
18 sometime. You know, they might just run into you around
19 town. They might want to ask you a question. If you want
20 to talk to them, you can but you do not have to talk to
21 them. But if you do want to have some feedback back and
22 forth, feel free to do that. The prohibition against
23 talking about it was when you were making your deliberations
24 and like that, not after the trial. But if you just don't
25 want to talk about it, you don't have to, okay? But, again,

1 thank y'all so much for your service. I hope y'all enjoy
2 the rest of the week. I am glad y'all were willing to
3 serve. I really am, okay? Thank y'all. Y'all have a good
4 day.

5 MR. FOREMAN: Thank y'all.

6 THE COURT: Thank you.

7 (Jury out at 11:05 a.m.)

8 COURT REPORTER: May I see that verdict form when
9 you get through?

10 THE COURT: It's one million one hundred twenty-
11 seven two eighty.

12 MR. WILLIAMS: Your Honor

13 THE COURT: I'm going to run copies of this for
14 y'all, okay?

15 Mr. Tanner, rather than do any motions or anything like
16 that, you've got ten days, you know, unless --

17 THE COURT: Do you want to hear the motion to
18 reduce it based on the tort claims act or do you want
19 everything in ten days.

20 THE COURT: Well, I mean -- I'm aware of the -- I
21 think everybody's aware of the tort claims act. I'm giving
22 you ten days --

23 MR. TANNER: Ten days.

24 THE COURT: There are other things that you --

25 MR. TANNER: Yes, sir.

1 THE COURT: -- may want to address.

2 MR. TANNER: Yes, sir.

3 THE COURT: So, and I --

4 MR. TANNER: Everything will be taken up in ten
5 days?

6 THE COURT: Yeah. Yeah. That'll give you time.
7 I mean, if I were you, I'd want time.

8 MR. TANNER: I appreciate that. Yes, sir.

9 THE COURT: Okay. All right.

10 MR. TANNER: Thank you, sir.

11 THE COURT: We're going to run copies of this so
12 everybody will have it, okay?

13 Okay. All right. Thank y'all very much.

14 MR. TANNER: Thank you.

15 MR. WILLIAMS: Thank you, Your Honor.

16 THE COURT: Appreciate it y'all.

17 (Court in recess May 9, 2018 at
18 11:20 a.m.)
19
20
21
22
23
24
25

C-E-R-T-I-F-I-C-A-T-E

I, THE UNDERSIGNED HILDA M. JORDAN, CVR-M, OFFICIAL COURT REPORTER FOR THE FIRST JUDICIAL CIRCUIT OF THE STATE OF SOUTH CAROLINA, DO HEREBY CERTIFY THAT THE FOREGOING IS A TRUE, ACCURATE AND COMPLETE TRANSCRIPT OF RECORD OF THE PROCEEDING IN THE CAPTIONED CAUSE, IN THE COURT OF COMMON PLEAS FOR ORANGEBURG COUNTY, SOUTH CAROLINA, ON THE 7 - 9 DAY OF MAY, 2018.

I DO FURTHER CERTIFY THAT I AM NEITHER OF KIN, COUNSEL, NOR INTEREST IN ANY PARTY HERETO.

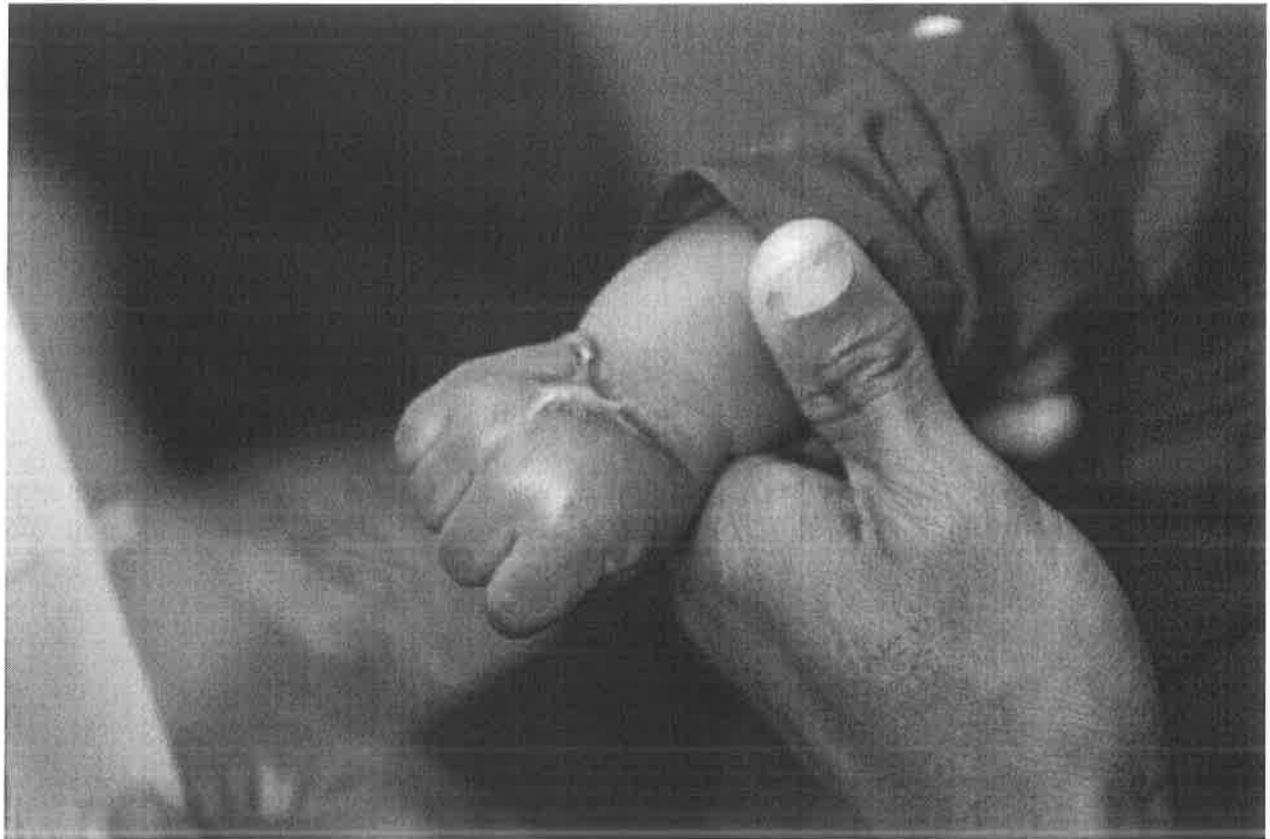
Hilda M. Jordan, CVR-M

March 17, 2019





PERGAD-Beyonce, N. J.
**PLAINTIFF'S
EXHIBIT**
2





the Regional Medical Center

Regional Medical Center
3000 St Matthews Road
Orangeburg, SC 29118-
(803) 395-2200

Patient: Middleton Jr, Robert Lee
MRN: 0000552507
Account Number: 1001231708
DOB/AGE/SEX: 09/23/2014 8 months Male
Location: 2E; 2350; 01

Admit/Discharge 10/25/2014
Discharge Date: 10/30/2014
Admitting: Boltin MD, Megan Shuler
Attending: Boltin MD, Megan Shuler

MAR

Medications

Admin Date/Time: 10/29/2014 22:27

Medication Name: acetaminophen (acetaminophen oral liquid INFANT (0-2 years))

Charted Date/Time: 10/29/2014 22:28

Admin Details: Auth (Verified)

PRN Response Notes: Mom states PT no longer fussing. Pt breastfeeding well. Currently sleeping; PRN Medication Effectiveness: Yes; Patient Response to Medication: No Adverse Reaction to Medication; NIPS Pain Scale: Yes; Legs NIPS: Relaxed; Arms NIPS: Relaxed; State of Arousal NIPS: Sleeping; Breathing Pattern NIPS: Relaxed; NIPS Pain Assessment Score: 0; Cry NIPS: No cry; Facial Expression NIPS: Relaxed

Action Details: Order: Boltin, Megan Shuler 10/25/2014 22:00; Perform: Stocklin RN, Shannon M 10/29/2014 22:27;
VERIFY: Stocklin RN, Shannon M 10/29/2014 22:27

Admin Date/Time: 10/29/2014 20:14

Medication Name: acetaminophen (acetaminophen oral liquid INFANT (0-2 years))

Charted Date/Time: 10/29/2014 20:15

Ingredients: acetaminophen oral liquid INFANT (0-2 years) 60 mg 0.6 mL

Admin Details: (Auth) Oral

Action Details: Order: Boltin, Megan Shuler 10/25/2014 22:00; Perform: Stocklin RN, Shannon M 10/29/2014 20:15;
VERIFY: Stocklin RN, Shannon M 10/29/2014 20:15

Reason for Medication: Stocklin RN, Shannon M 10/29/2014 20:15
Fever

Admin Date/Time: 10/29/2014 00:00

Medication Name: cefotaxime (CLAFORAN PEDIATRIC SYRINGE)

Charted Date/Time: 10/29/2014 01:26

Admin Details: (Not Done) meds d/c verbal order
cefotaxime

Action Details: Perform: Stocklin RN, Shannon M 10/29/2014 00:00

Admin Date/Time: 10/29/2014 00:00

Medication Name: sodium chloride (*INT FLUSH)

Charted Date/Time: 10/29/2014 01:26

Admin Details: (Not Done) meds d/c verbal order
sodium chloride

Action Details: Perform: Stocklin RN, Shannon M 10/29/2014 00:00



Request ID: 5707699

Print Date/Time 06/12/2015
06:36

All tests performed at RMC Laboratory, 3000 St Matthews Road, Orangeburg, SC, unless otherwise noted.

Additional clinical information may be available for the patient via Horizon Patient Folder.

Please contact the Regional Medical Center Health Information Department at 803-395-2272 for additional information.

TRMC002



the Regional Medical Center

Regional Medical Center
3000 St Matthews Road
Orangeburg, SC 29118-
(803) 395-2200

Patient: Middleton Jr, Robert Lee
MRN: 0000552507
Account Number: 1001231708
DOB/AGE/SEX: 09/23/2014 8 months Male
Location: 2E; 2350; 01

Admit/Discharge 10/25/2014
Discharge Date: 10/30/2014
Admitting: Boltin MD, Megan Shuler
Attending: Boltin MD, Megan Shuler

MAR

Medications

Admin Date/Time: 10/28/2014 23:00
Medication Name: ampicillin (ampicillin injection PEDIATRIC)
Charted Date/Time: 10/29/2014 01:26
Admin Details: (Not Done) meds d/c verbal order
ampicillin
Action Details: Perform: Stocklin RN, Shannon M 10/28/2014 23:00

Admin Date/Time: 10/28/2014 20:00
Medication Name: sodium chloride (*INT FLUSH)
Charted Date/Time: 10/29/2014 01:26
Admin Details: (Not Done) meds d/c verbal order
sodium chloride
Action Details: Perform: Stocklin RN, Shannon M 10/28/2014 20:00

Admin Date/Time: 10/28/2014 17:00
Medication Name: ampicillin (ampicillin injection PEDIATRIC)
Charted Date/Time: 10/29/2014 01:26
Admin Details: (Not Done) meds d/c verbal order
ampicillin
Action Details: Perform: Stocklin RN, Shannon M 10/28/2014 17:00

Admin Date/Time: 10/28/2014 16:00
Medication Name: cefotaxime (CLAFORAN PEDIATRIC SYRINGE)
Charted Date/Time: 10/29/2014 01:26
Admin Details: (Not Done) meds d/c verbal order
cefotaxime
Action Details: Perform: Stocklin RN, Shannon M 10/28/2014 16:00

Admin Date/Time: 10/28/2014 16:00
Medication Name: sodium chloride (*INT FLUSH)
Charted Date/Time: 10/29/2014 01:26
Admin Details: (Not Done) meds d/c verbal order
sodium chloride
Action Details: Perform: Stocklin RN, Shannon M 10/28/2014 16:00

Request ID: 5707699

Print Date/Time 06/12/2015
06:36

All tests performed at RMC Laboratory, 3000 St Matthews Road, Orangeburg, SC, unless otherwise noted.

Additional clinical information may be available for the patient via Horizon Patient Folder.

Please contact the Regional Medical Center Health Information Department at 803-395-2272 for additional information.

TRMC003



the Regional Medical Center

Regional Medical Center
3000 St Matthews Road
Orangeburg, SC 29118-
(803) 395-2200

Patient: Middleton Jr, Robert Lee
MRN: 0000552507
Account Number: 1001231708
DOB/AGE/SEX: 09/23/2014 8 months Male
Location: 2E; 2350; 01

Admit/Discharge 10/25/2014
Discharge Date: 10/30/2014
Admitting: Boltin MD, Megan Shuler
Attending: Boltin MD, Megan Shuler

MAR

Medications

Admin Date/Time: 10/28/2014 12:00
Medication Name: sodium chloride (*INT FLUSH)
Charted Date/Time: 10/29/2014 01:27
Admin Details: (Not Done) meds d/c verbal order
sodium chloride
Action Details: Perform: Stocklin RN, Shannon M 10/28/2014 12:00

Admin Date/Time: 10/28/2014 11:00
Medication Name: ampicillin (ampicillin injection PEDIATRIC)
Charted Date/Time: 10/29/2014 01:27
Admin Details: (Not Done) meds d/c verbal order
ampicillin
Action Details: Perform: Stocklin RN, Shannon M 10/28/2014 11:00

Admin Date/Time: 10/28/2014 08:00
Medication Name: cefotaxime (CLAFORAN PEDIATRIC SYRINGE)
Charted Date/Time: 10/29/2014 01:27
Admin Details: (Not Done) meds d/c verbal order
cefotaxime
Action Details: Perform: Stocklin RN, Shannon M 10/28/2014 08:00

Admin Date/Time: 10/28/2014 08:00
Medication Name: sodium chloride (*INT FLUSH)
Charted Date/Time: 10/29/2014 01:27
Admin Details: (Not Done) meds d/c verbal order
sodium chloride
Action Details: Perform: Stocklin RN, Shannon M 10/28/2014 08:00

Admin Date/Time: 10/28/2014 04:45
Medication Name: sodium chloride (*INT FLUSH)
Charted Date/Time: 10/28/2014 05:22
Admin Details: (Not Done) Not Appropriate at this Time
sodium chloride
Action Details: Perform: Downing RN, Jamie B 10/28/2014 04:45

Request ID: 5707699

Print Date/Time 06/12/2015
06:36

All tests performed at RMC Laboratory, 3000 St Mathews Road, Orangeburg, SC, unless otherwise noted.
Additional clinical information may be available for the patient via Horizon Patient Folder.
Please contact the Regional Medical Center Health Information Department at 803-395-2272 for additional information.

TRMC004



the Regional Medical Center

Regional Medical Center
3000 St Matthews Road
Orangeburg, SC 29118-
(803) 395-2200

Patient: Middleton Jr, Robert Lee
MRN: 0000552507
Account Number: 1001231708
DOB/AGE/SEX: 09/23/2014 8 months Male
Location: 2E; 2350; 01

Admit/Discharge 10/25/2014
Discharge Date: 10/30/2014
Admitting: Boltin MD, Megan Shuler
Attending: Boltin MD, Megan Shuler

MAR

Medications

Admin Date/Time: 10/28/2014 04:27

Medication Name: ampicillin (ampicillin injection PEDIATRIC)

Charted Date/Time: 10/28/2014 04:27

Ingredients: sterSol20 4.25 mL; ampi500REC 425 mg

Admin Details: (Auth) IV Syringe

Action Details: Order: Boltin, Megan Shuler 10/25/2014 22:55; Perform: Downing RN, Jamie B 10/28/2014 04:27;

VERIFY: Downing RN, Jamie B 10/28/2014 04:27

Admin Date/Time: 10/28/2014 00:00

Medication Name: sodium chloride (*INT FLUSH)

Charted Date/Time: 10/28/2014 01:04

Ingredients: *INT FLUSH 1 mL

Admin Details: (Auth) IV Push, *Right Hand

Action Details: Order: Boltin, Megan Shuler 10/25/2014 22:00; Perform: Downing RN, Jamie B 10/28/2014 01:04;

VERIFY: Downing RN, Jamie B 10/28/2014 01:04

Admin Date/Time: 10/27/2014 23:44

Medication Name: cefotaxime (CLAFORAN PEDIATRIC SYRINGE)

Charted Date/Time: 10/27/2014 23:44

Ingredients: sterSol20 4.25 mL; cefo1REC 425 mg

Admin Details: (Auth) IV Syringe

Action Details: Order: Boltin, Megan Shuler 10/25/2014 22:53; Perform: Downing RN, Jamie B 10/27/2014 23:44;

VERIFY: Downing RN, Jamie B 10/27/2014 23:44

Admin Date/Time: 10/27/2014 23:08

Medication Name: ampicillin (ampicillin injection PEDIATRIC)

Charted Date/Time: 10/27/2014 23:09

Ingredients: sterSol20 4.25 mL; ampi500REC 425 mg

Admin Details: (Auth) IV Syringe

Action Details: Order: Boltin, Megan Shuler 10/25/2014 22:55; Perform: Downing RN, Jamie B 10/27/2014 23:09;

VERIFY: Downing RN, Jamie B 10/27/2014 23:09

Request ID: 5707699

Print Date/Time 06/12/2015
06:36

All tests performed at RMC Laboratory, 3000 St Matthews Road, Orangeburg, SC, unless otherwise noted.

Additional clinical information may be available for the patient via Horizon Patient Folder.

Please contact the Regional Medical Center Health Information Department at 803-395-2272 for additional information.

TRMC005



the Regional Medical Center

Regional Medical Center
3000 St Matthews Road
Orangeburg, SC 29118-
(803) 395-2200

Patient: Middleton Jr, Robert Lee
MRN: 0000552507
Account Number: 1001231708
DOB/AGE/SEX: 09/23/2014 8 months Male
Location: 2E; 2350; 01

Admit/Discharge 10/25/2014
Discharge Date: 10/30/2014
Admitting: Boltin MD, Megan Shuler
Attending: Boltin MD, Megan Shuler

MAR

Medications

Admin Date/Time: 10/27/2014 20:00

Medication Name: sodium chloride (*INT FLUSH)

Charted Date/Time: 10/27/2014 21:19

Ingredients: *INT FLUSH 1 mL

Admin Details: (Auth) IV Push, *Right Hand

Action Details: Order: Boltin, Megan Shuler 10/25/2014 22:00; Perform: Downing RN, Jamie B 10/27/2014 21:19;

VERIFY: Downing RN, Jamie B 10/27/2014 21:19

Admin Date/Time: 10/27/2014 17:48

Medication Name: ampicillin (ampicillin injection PEDIATRIC)

Charted Date/Time: 10/27/2014 17:48

Ingredients: sterSol20 4.25 mL; ampi500REC 425 mg

Admin Details: (Auth) IV Syringe

Action Details: Order: Boltin, Megan Shuler 10/25/2014 22:55; Perform: Craft RN, Susan M 10/27/2014 17:48; VERIFY:

Craft RN, Susan M 10/27/2014 17:48

Admin Date/Time: 10/27/2014 16:08

Medication Name: cefotaxime (CLAFORAN PEDIATRIC SYRINGE)

Charted Date/Time: 10/27/2014 16:08

Ingredients: cefo1REC 425 mg; sterSol20 4.25 mL

Admin Details: (Auth) IV Syringe

Action Details: Order: Boltin, Megan Shuler 10/25/2014 22:53; Perform: Craft RN, Susan M 10/27/2014 16:08; VERIFY:

Craft RN, Susan M 10/27/2014 16:08

Admin Date/Time: 10/27/2014 16:07

Medication Name: sodium chloride (*INT FLUSH)

Charted Date/Time: 10/27/2014 16:08

Ingredients: *INT FLUSH 1 mL

Admin Details: (Auth) IV Push, *Right Hand

Action Details: Order: Boltin, Megan Shuler 10/25/2014 22:00; Perform: Craft RN, Susan M 10/27/2014 16:08; VERIFY:

Craft RN, Susan M 10/27/2014 16:08

Request ID: 5707699

Print Date/Time 06/12/2015
06:36

All tests performed at RMC Laboratory, 3000 St Matthews Road, Orangeburg, SC, unless otherwise noted.

Additional clinical information may be available for the patient via Horizon Patient Folder.

Please contact the Regional Medical Center Health Information Department at 803-395-2272 for additional information.

TRMC006



the Regional Medical Center

Regional Medical Center
3000 St Matthews Road
Orangeburg, SC 29118-
(803) 395-2200

Patient: Middleton Jr, Robert Lee
MRN: 0000552507
Account Number: 1001231708
DOB/AGE/SEX: 09/23/2014 8 months Male
Location: 2E; 2350; 01

Admit/Discharge 10/25/2014
Discharge Date: 10/30/2014
Admitting: Boltin MD, Megan Shuler
Attending: Boltin MD, Megan Shuler

MAR

Medications

Admin Date/Time: 10/27/2014 11:43

Medication Name: sodium chloride (*INT FLUSH)

Charted Date/Time: 10/27/2014 11:54

Ingredients: *INT FLUSH 1 mL

Admin Details: (Modified) IV Push, *Right Hand

Action Details: Order: Boltin, Megan Shuler 10/25/2014 22:00; Perform: Craft RN, Susan M 10/27/2014 11:43; Modify: Craft RN, Susan M 10/27/2014 11:54; VERIFY: Craft RN, Susan M 10/27/2014 11:54

Admin Date/Time: 10/27/2014 11:40

Medication Name: ampicillin (ampicillin injection PEDIATRIC)

Charted Date/Time: 10/27/2014 11:43

Ingredients: sterSol20 4.25 mL; ampi500REC 425 mg

Admin Details: (Auth) IV Syringe

Action Details: Order: Boltin, Megan Shuler 10/25/2014 22:55; Perform: Craft RN, Susan M 10/27/2014 11:43; VERIFY: Craft RN, Susan M 10/27/2014 11:43

Admin Date/Time: 10/27/2014 08:08

Medication Name: cefotaxime (CLAFORAN PEDIATRIC SYRINGE)

Charted Date/Time: 10/27/2014 08:09

Ingredients: sterSol20 4.25 mL; cefo1REC 425 mg

Admin Details: (Auth) IV Syringe

Action Details: Order: Boltin, Megan Shuler 10/25/2014 22:53; Perform: Craft RN, Susan M 10/27/2014 08:09; VERIFY: Craft RN, Susan M 10/27/2014 08:09

Admin Date/Time: 10/27/2014 08:08

Medication Name: sodium chloride (*INT FLUSH)

Charted Date/Time: 10/27/2014 08:09

Ingredients: *INT FLUSH 1 mL

Admin Details: (Auth) IV Push, *Right Hand

Action Details: Order: Boltin, Megan Shuler 10/25/2014 22:00; Perform: Craft RN, Susan M 10/27/2014 08:09; VERIFY: Craft RN, Susan M 10/27/2014 08:09

Request ID: 5707699

Print Date/Time 06/12/2015
06:36

All tests performed at RMC Laboratory, 3000 St Matthews Road, Orangeburg, SC, unless otherwise noted.

Additional clinical information may be available for the patient via Horizon Patient Folder.

Please contact the Regional Medical Center Health Information Department at 803-395-2272 for additional information.

TRMC007



the Regional Medical Center

Regional Medical Center
3000 St Matthews Road
Orangeburg, SC 29118-
(803) 395-2200

Patient: Middleton Jr, Robert Lee
MRN: 0000552507
Account Number: 1001231708
DOB/AGE/SEX: 09/23/2014 8 months Male
Location: 2E; 2350; 01

Admit/Discharge 10/25/2014
Discharge Date: 10/30/2014
Admitting: Boltin MD,Megan Shuler
Attending: Boltin MD,Megan Shuler

MAR

Medications

Admin Date/Time: 10/27/2014 06:28

Medication Name: acetaminophen (acetaminophen oral liquid INFANT (0-2 years))

Charted Date/Time: 10/27/2014 06:28

Admin Details: Auth (Verified)

Patient Response to Medication: No Adverse Reaction to Medication, Temperature decreased; PRN Medication Effectiveness: Yes

Action Details: Order: Boltin,Megan Shuler 10/25/2014 22:00; Perform: Reese RN,Angelia E 10/27/2014 06:28; VERIFY: Reese RN,Angelia E 10/27/2014 06:28

Admin Date/Time: 10/27/2014 04:41

Medication Name: acetaminophen (acetaminophen oral liquid INFANT (0-2 years))

Charted Date/Time: 10/27/2014 04:42

Ingredients: acetaminophen oral liquid INFANT (0-2 years) 60 mg 0.6 mL

Admin Details: (Auth) Oral

Action Details: Order: Boltin,Megan Shuler 10/25/2014 22:00; Perform: Reese RN,Angelia E 10/27/2014 04:42; VERIFY: Reese RN,Angelia E 10/27/2014 04:42

Reason for Medication: Reese RN,Angelia E 10/27/2014 04:42

Fever

Admin Date/Time: 10/27/2014 04:35

Medication Name: sodium chloride (*INT FLUSH)

Charted Date/Time: 10/27/2014 04:36

Ingredients: *INT FLUSH 1 mL

Admin Details: (Auth) IV Push, *Right Hand

Action Details: Order: Boltin,Megan Shuler 10/25/2014 22:00; Perform: Reese RN,Angelia E 10/27/2014 04:35; VERIFY: Reese RN,Angelia E 10/27/2014 04:35

Early/Late Reason: Reese RN,Angelia E 10/27/2014 04:35

Other :

Request ID: 5707699

Print Date/Time 06/12/2015
06:36

All tests performed at RMC Laboratory, 3000 St Mathews Road, Orangeburg, SC, unless otherwise noted.

Additional clinical information may be available for the patient via Horizon Patient Folder.

Please contact the Regional Medical Center Health Information Department at 803-395-2272 for additional information.

TRMC008



the Regional Medical Center

Regional Medical Center
3000 St Matthews Road
Orangeburg, SC 29118-
(803) 395-2200

Patient: Middleton Jr, Robert Lee
MRN: 0000552507
Account Number: 1001231708
DOB/AGE/SEX: 09/23/2014 8 months Male
Location: 2E; 2350; 01

Admit/Discharge 10/25/2014
Discharge Date: 10/30/2014
Admitting: Boltin MD, Megan Shuler
Attending: Boltin MD, Megan Shuler

MAR

Medications

Admin Date/Time: 10/27/2014 04:35

Medication Name: sodium chloride (*INT FLUSH)

Charted Date/Time: 10/27/2014 04:36

Ingredients: *INT FLUSH 1 mL

Admin Details: (Auth) IV Push, *Right Hand

Action Details: Order: Boltin, Megan Shuler 10/25/2014 22:00; Perform: Reese RN, Angella E 10/27/2014 04:36; VERIFY: Reese RN, Angella E 10/27/2014 04:36

Early/Late Reason: Reese RN, Angella E 10/27/2014 04:35

Other :

Admin Date/Time: 10/27/2014 04:34

Medication Name: ampicillin (ampicillin injection PEDIATRIC)

Charted Date/Time: 10/27/2014 04:36

Ingredients: ampi500REC 425 mg; sterSol20 4.25 mL

Admin Details: (Auth) IV Syringe

Action Details: Order: Boltin, Megan Shuler 10/25/2014 22:55; Perform: Reese RN, Angella E 10/27/2014 04:36; VERIFY: Reese RN, Angella E 10/27/2014 04:36

Admin Date/Time: 10/26/2014 22:56

Medication Name: cefotaxime (CLAFORAN PEDIATRIC SYRINGE)

Charted Date/Time: 10/26/2014 22:56

Ingredients: cefo1REC 425 mg; sterSol20 4.25 mL

Admin Details: (Auth) IV Syringe

Action Details: Order: Boltin, Megan Shuler 10/25/2014 22:53; Perform: Reese RN, Angella E 10/26/2014 22:56; VERIFY: Reese RN, Angella E 10/26/2014 22:56

Early/Late Reason: Reese RN, Angella E 10/26/2014 22:56

Other :

Admin Date/Time: 10/26/2014 22:56

Medication Name: sodium chloride (*INT FLUSH)

Charted Date/Time: 10/26/2014 22:56

Ingredients: *INT FLUSH 1 mL

Admin Details: (Auth) IV Push, *Right Subclavian

Action Details: Order: Boltin, Megan Shuler 10/25/2014 22:00; Perform: Reese RN, Angella E 10/26/2014 22:56; VERIFY: Reese RN, Angella E 10/26/2014 22:56

Request ID: 5707699

Print Date/Time 06/12/2015
06:36

All tests performed at RMC Laboratory, 3000 St Matthews Road, Orangeburg, SC, unless otherwise noted.

Additional clinical information may be available for the patient via Horizon Patient Folder.

Please contact the Regional Medical Center Health Information Department at 803-395-2272 for additional information.

TRMC009



the Regional Medical Center

Regional Medical Center
3000 St Matthews Road
Orangeburg, SC 29118-
(803) 395-2200

Patient: Middleton Jr, Robert Lee
MRN: 0000552507
Account Number: 1001231708
DOB/AGE/SEX: 09/23/2014 8 months Male
Location: 2E; 2350; 01

Admit/Discharge 10/25/2014
Discharge Date: 10/30/2014
Admitting: Boltin MD, Megan Shuler
Attending: Boltin MD, Megan Shuler

MAR

Medications

Admin Date/Time: 10/26/2014 22:55

Medication Name: ampicillin (ampicillin injection PEDIATRIC)

Charted Date/Time: 10/26/2014 22:56

Ingredients: ampi500REC 425 mg; sterSol20 4.25 mL

Admin Details: (Auth) IV Syringe

Action Details: Order: Boltin, Megan Shuler 10/25/2014 22:55; Perform: Reese RN, Angelia E 10/26/2014 22:56; VERIFY: Reese RN, Angelia E 10/26/2014 22:56

Admin Date/Time: 10/26/2014 18:18

Medication Name: ampicillin (ampicillin injection PEDIATRIC)

Charted Date/Time: 10/26/2014 18:18

Ingredients: ampi500REC 425 mg; sterSol20 4.25 mL

Admin Details: (Auth) IV Syringe

Action Details: Order: Boltin, Megan Shuler 10/25/2014 22:55; Perform: Gray RN, Taylor C 10/26/2014 18:18; VERIFY: Gray RN, Taylor C 10/26/2014 18:18

Early/Late Reason: Gray RN, Taylor C 10/26/2014 18:18

Med Not Available

Admin Date/Time: 10/26/2014 18:18

Medication Name: sodium chloride (*INT FLUSH)

Charted Date/Time: 10/26/2014 18:18

Ingredients: *INT FLUSH 1 mL

Admin Details: (Auth) IV Push, *Right Hand

Action Details: Order: Boltin, Megan Shuler 10/25/2014 22:00; Perform: Gray RN, Taylor C 10/26/2014 18:18; VERIFY: Gray RN, Taylor C 10/26/2014 18:18

Admin Date/Time: 10/26/2014 15:52

Medication Name: cefotaxime (CLAFORAN PEDIATRIC SYRINGE)

Charted Date/Time: 10/26/2014 15:52

Ingredients: cefo1REC 425 mg; sterSol20 4.25 mL

Admin Details: (Auth) IV Syringe

Action Details: Order: Boltin, Megan Shuler 10/25/2014 22:55; Perform: Gray RN, Taylor C 10/26/2014 15:52; VERIFY: Gray RN, Taylor C 10/26/2014 15:52

Request ID: 5707699

Print Date/Time 06/12/2015
06:36

All tests performed at RMC Laboratory, 3000 St Matthews Road, Orangeburg, SC, unless otherwise noted.

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TRMC0010



the Regional Medical Center

Regional Medical Center

3000 St Matthews Road

Orangeburg, SC 29118-

(803) 395-2200

Patient: Middleton Jr, Robert Lee

MRN: 0000552507

Account Number: 1001231708

DOB/AGE/SEX: 09/23/2014 8 months Male

Location: 2E; 2350; 01

Admit/Discharge 10/25/2014

Discharge Date: 10/30/2014

Admitting: Boltin MD,Megan Shuler

Attending: Boltin MD,Megan Shuler

MAR

Medications

Admin Date/Time: 10/26/2014 14:33

Medication Name: sodium chloride (*INT FLUSH)

Charted Date/Time: 10/26/2014 14:33

Ingredients: *INT FLUSH 1 mL

Admin Details: (Auth) IV Push, *Right Hand

Action Details: Order: Boltin,Megan Shuler 10/25/2014 22:00; Perform: Gray RN,Taylor C 10/26/2014 14:33; VERIFY: Gray RN,Taylor C 10/26/2014 14:33

Admin Date/Time: 10/26/2014 14:06

Medication Name: acetaminophen (acetaminophen oral liquid INFANT (0-2 years))

Charted Date/Time: 10/26/2014 14:06

Admin Details: Auth (Verified)

PRN Medication Effectiveness: Yes; Temperature Rectal: 37.2; Temperature Method: Rectal

Action Details: Order: Boltin,Megan Shuler 10/25/2014 22:00; Perform: Williams RN,Sarah B 10/26/2014 14:06; VERIFY: Williams RN,Sarah B 10/26/2014 14:06

Admin Date/Time: 10/26/2014 11:28

Medication Name: acetaminophen (acetaminophen oral liquid INFANT (0-2 years))

Charted Date/Time: 10/26/2014 11:28

Ingredients: acetaminophen oral liquid INFANT (0-2 years) 60 mg 0.6 mL

Admin Details: (Auth) Oral

Action Details: Order: Boltin,Megan Shuler 10/25/2014 22:00; Perform: Gray RN,Taylor C 10/26/2014 11:28; VERIFY: Gray RN,Taylor C 10/26/2014 11:28

Reason for Medication: Gray RN,Taylor C 10/26/2014 11:28

Fever

Admin Date/Time: 10/26/2014 11:22

Medication Name: ampicillin (ampicillin injection PEDIATRIC)

Charted Date/Time: 10/26/2014 11:23

Ingredients: ampi500REC 425 mg; sterSol20 4.25 mL

Admin Details: (Auth) IV Syringe

Action Details: Order: Boltin,Megan Shuler 10/25/2014 22:55; Perform: Gray RN,Taylor C 10/26/2014 11:23; VERIFY: Gray RN,Taylor C 10/26/2014 11:23

Request ID: 5707699

Print Date/Time 06/12/2015
06:36

All tests performed at RMC Laboratory, 3000 St Mathews Road, Orangeburg, SC, unless otherwise noted.

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Please contact the Regional Medical Center Health Information Department at 803-395-2272 for additional information.

TRMC0011



the Regional Medical Center

Regional Medical Center
3000 St Matthews Road
Orangeburg, SC 29118-
(803) 395-2200

Patient: Middleton Jr, Robert Lee
MRN: 0000552507
Account Number: 1001231708
DOB/AGE/SEX: 09/23/2014 8 months Male
Location: 2E; 2350; 01

Admit/Discharge 10/25/2014
Discharge Date: 10/30/2014
Admitting: Boltin MD, Megan Shuler
Attending: Boltin MD, Megan Shuler

MAR

Medications

Admin Date/Time: 10/26/2014 09:21

Medication Name: sodium chloride (*INT FLUSH)

Charted Date/Time: 10/26/2014 09:21

Ingredients: *INT FLUSH 1 mL

Admin Details: (Auth) IV Push, *Right Hand

Action Details: Order: Boltin, Megan Shuler 10/25/2014 22:00; Perform: Gray RN, Taylor C 10/26/2014 09:21; VERIFY: Gray RN, Taylor C 10/26/2014 09:21

Admin Date/Time: 10/26/2014 07:17

Medication Name: cefotaxime (CLAFORAN PEDIATRIC SYRINGE)

Charted Date/Time: 10/26/2014 07:17

Ingredients: sterSol20 4.25 mL; cefo1REC 425 mg

Admin Details: (Auth) IV Syringe

Action Details: Order: Boltin, Megan Shuler 10/25/2014 22:55; Perform: Gray RN, Taylor C 10/26/2014 07:17; VERIFY: Gray RN, Taylor C 10/26/2014 07:17

Admin Date/Time: 10/26/2014 05:04

Medication Name: ampicillin (ampicillin injection PEDIATRIC)

Charted Date/Time: 10/26/2014 05:07

Ingredients: sterSol20 4.25 mL; ampi500REC 425 mg

Admin Details: (Auth) IV Syringe

Action Details: Order: Boltin, Megan Shuler 10/25/2014 22:55; Perform: Morton RN, Teresa L 10/26/2014 05:07; VERIFY: Morton RN, Teresa L 10/26/2014 05:07

Admin Date/Time: 10/26/2014 05:04

Medication Name: sodium chloride (*INT FLUSH)

Charted Date/Time: 10/26/2014 05:07

Ingredients: *INT FLUSH 1 mL

Admin Details: (Auth) IV Push, *Right Hand

Action Details: Order: Boltin, Megan Shuler 10/25/2014 22:00; Perform: Morton RN, Teresa L 10/26/2014 05:05; VERIFY: Morton RN, Teresa L 10/26/2014 05:05

Request ID: 5707699

Print Date/Time 06/12/2015
06:36

All tests performed at RMC Laboratory, 3000 St Matthews Road, Orangeburg, SC, unless otherwise noted.

Additional clinical information may be available for the patient via Horizon Patient Folder.

Please contact the Regional Medical Center Health Information Department at 803-395-2272 for additional information.

TRMC0012



the Regional Medical Center

Regional Medical Center
3000 St Matthews Road
Orangeburg, SC 29118-
(803) 395-2200

Patient: Middleton Jr, Robert Lee
MRN: 0000552507
Account Number: 1001231708
DOB/AGE/SEX: 09/23/2014 8 months Male
Location: 2E; 2350; 01

Admit/Discharge 10/25/2014
Discharge Date: 10/30/2014
Admitting: Boltin MD, Megan Shuler
Attending: Boltin MD, Megan Shuler

MAR

Medications

Admin Date/Time: 10/26/2014 04:25

Medication Name: acetaminophen (acetaminophen oral liquid INFANT (0-2 years))

Charted Date/Time: 10/26/2014 04:25

Admin Details: Auth (Verified)

PRN Medication Effectiveness: Yes; **Patient Response to Medication:** Temperature decreased; **Temperature Method:** Rectal; **Temperature Rectal:** 37.5

Action Details: Order: Boltin, Megan Shuler 10/25/2014 22:00; Perform: Morton RN, Teresa L 10/26/2014 04:25; **VERIFY:** Morton RN, Teresa L 10/26/2014 04:25

Admin Date/Time: 10/26/2014 02:49

Medication Name: acetaminophen (acetaminophen oral liquid INFANT (0-2 years))

Charted Date/Time: 10/26/2014 02:49

Ingredients: acetaminophen oral liquid INFANT (0-2 years) 60 mg 1 mL

Admin Details: (Auth) Oral

Action Details: Order: Boltin, Megan Shuler 10/25/2014 22:00; Perform: Morton RN, Teresa L 10/26/2014 02:49; **VERIFY:** Morton RN, Teresa L 10/26/2014 02:49

Reason for Medication: Morton RN, Teresa L 10/26/2014 02:49
Fever

Admin Date/Time: 10/26/2014 02:49

Medication Name: sodium chloride (*INT FLUSH)

Charted Date/Time: 10/26/2014 02:49

Ingredients: *INT FLUSH 1 mL

Admin Details: (Auth) IV Push, *Right Hand

Action Details: Order: Boltin, Megan Shuler 10/25/2014 22:00; Perform: Morton RN, Teresa L 10/26/2014 02:49; **VERIFY:** Morton RN, Teresa L 10/26/2014 02:49

Admin Date/Time: 10/25/2014 23:31

Medication Name: ampicillin (ampicillin Injection PEDIATRIC)

Charted Date/Time: 10/25/2014 23:32

Ingredients: ampi500REC 425 mg; sterSol20 4.25 mL

Admin Details: (Auth) IV Syringe

Action Details: Order: Boltin, Megan Shuler 10/25/2014 22:55; Perform: Morton RN, Teresa L 10/25/2014 23:32; **VERIFY:** Morton RN, Teresa L 10/25/2014 23:32

Request ID: 5707699

Print Date/Time 06/12/2015
06:36

All tests performed at RMC Laboratory, 3000 St Matthews Road, Orangeburg, SC, unless otherwise noted.

Additional clinical information may be available for the patient via Horizon Patient Folder.

Please contact the Regional Medical Center Health Information Department at 803-395-2272 for additional information.

TRMC0013



the Regional Medical Center

Regional Medical Center
3000 St Matthews Road
Orangeburg, SC 29118-
(803) 395-2200

Patient: Middleton Jr, Robert Lee
MRN: 0000552507
Account Number: 1001231708
DOB/AGE/SEX: 09/23/2014 8 months Male
Location: 2E; 2350; 01

Admit/Discharge 10/25/2014
Discharge Date: 10/30/2014
Admitting: Boltin MD,Megan Shuler
Attending: Boltin MD,Megan Shuler

MAR

Medications

Admin Date/Time: 10/25/2014 23:31

Medication Name: sodium chloride (*INT FLUSH)

Charted Date/Time: 10/25/2014 23:32

Ingredients: *INT FLUSH 1 mL

Admin Details: (Auth) IV Push, *Right Hand

Action Details: Order: Boltin,Megan Shuler 10/25/2014 22:00; Perform: Morton RN,Teresa L 10/25/2014 23:31; VERIFY: Morton RN,Teresa L 10/25/2014 23:31

Early/Late Reason: Morton RN,Teresa L 10/25/2014 23:31

Patient Not Available/Off Unit

Admin Date/Time: 10/25/2014 23:30

Medication Name: cefotaxime (CLAFORAN PEDIATRIC SYRINGE)

Charted Date/Time: 10/25/2014 23:32

Ingredients: sterSol20 4.25 mL; cefo1REC 425 mg

Admin Details: (Auth) IV Syringe

Action Details: Order: Boltin,Megan Shuler 10/25/2014 22:55; Perform: Morton RN,Teresa L 10/25/2014 23:32; VERIFY: Morton RN,Teresa L 10/25/2014 23:32

Medication History

Medication History

Order: ampicillin (ampicillin injection PEDIATRIC)

Order Start Date/Time: 10/28/2014 05:00

Order Status: Completed

Clinical Category: Medications

Medication Type: Inpatient

End-state Date/Time: 10/28/2014 04:27

End-state Reason:

Ordering Physician: Boltin,Megan Shuler

Consulting Physician:

Entered By: Hagwood,Brian Kip on 10/25/2014 22:55

Order Details: neonatal sepsis, 425 mg, IV Syringe, Start date 10/28/14 5:00:00 AM EDT, Stop date 10/28/14 4:27:11 AM EDT, Infuse over 20 minute

Order Comment: 100 mg/ml concentration add 5 ml of sterile water to ampicillin 500 mg vial. [100 mg/1 ml] withdraw dose from vial as requested per order based on concentration Target Dose: ampicillin injection PEDIATRIC 100 mg/kg 10/25/2014 22:53:05 100 mg/ml concentration add 5 ml of sterile water to ampicillin 500 mg vial. [100 mg/1 ml] withdraw dose from vial as requested per order based on concentration

Request ID: 5707699

Print Date/Time 06/12/2015
06:36

All tests performed at RMC Laboratory, 3000 St Mathews Road, Orangeburg, SC, unless otherwise noted.

Additional clinical information may be available for the patient via Horizon Patient Folder.

Please contact the Regional Medical Center Health Information Department at 803-395-2272 for additional information.

TRMC0014



the Regional Medical Center

Regional Medical Center
3000 St Matthews Road
Orangeburg, SC 29118-
(803) 395-2200

Patient: Middleton Jr, Robert Lee
MRN: 0000552507
Account Number: 1001231708
DOB/AGE/SEX: 09/23/2014 8 months Male
Location: 2E; 2350; 01

Admit/Discharge 10/25/2014
Discharge Date: 10/30/2014
Admitting: Boltin MD,Megan Shuler
Attending: Boltin MD,Megan Shuler

Medication History

Medication History

Order: cefotaxime (CLAFORAN PEDIATRIC SYRINGE)

Order Start Date/Time: 10/28/2014 00:00

Order Status: Completed Clinical Category: Medications Medication Type: Inpatient

End-state Date/Time: 10/27/2014 23:44

End-state Reason:

Ordering Physician: Boltin,Megan Shuler

Consulting Physician:

Entered By: Reese RN,Angelia E on 10/25/2014 22:53

Order Details: neonatal sepsis, 425 mg, IV Syringe, Start date 10/28/14 12:00:00 AM EDT, Stop date 10/27/14 11:44:47 PM EDT, Infuse over 30 minute

Order Comment: Target Dose: CLAFORAN PEDIATRIC SYRINGE 100 mg/kg 10/25/2014 22:53:18 see new preparation per package insert

Order: sodium chloride (*INT FLUSH)

Order Start Date/Time: 10/28/2014 00:00

Order Status: Completed Clinical Category: Medications Medication Type: Inpatient

End-state Date/Time: 10/28/2014 01:04

End-state Reason:

Ordering Physician: Boltin,Megan Shuler

Consulting Physician:

Entered By: Craft RN,Susan M on 10/25/2014 22:00

Order Details: 1 mL, Injection, IV Push, Start date 10/28/14 12:00:00 AM EDT

Order Comment: As needed

Order: ampicillin (ampicillin injection PEDIATRIC)

Order Start Date/Time: 10/27/2014 23:00

Order Status: Completed Clinical Category: Medications Medication Type: Inpatient

End-state Date/Time: 10/27/2014 23:09

End-state Reason:

Ordering Physician: Boltin,Megan Shuler

Consulting Physician:

Entered By: Hagwood,Brian Kip on 10/25/2014 22:55

Order Details: neonatal sepsis, 425 mg, IV Syringe, Start date 10/27/14 11:00:00 PM EDT, Stop date 10/27/14 11:09:03 PM EDT, Infuse over 20 minute

Order Comment: 100 mg/ml concentration add 5 ml of sterile water to ampicillin 500 mg vial. [100 mg/1 ml] withdraw dose from vial as requested per order based on concentration Target Dose: ampicillin injection PEDIATRIC 100 mg/kg 10/25/2014 22:53:05 100 mg/ml concentration add 5 ml of sterile water to ampicillin 500 mg vial. [100 mg/1 ml] withdraw dose from vial as requested per order based on concentration

Request ID: 5707699

Print Date/Time 06/12/2015
06:36

All tests performed at RMC Laboratory, 3000 St Matthews Road, Orangeburg, SC, unless otherwise noted.

Additional clinical information may be available for the patient via Horizon Patient Folder.

Please contact the Regional Medical Center Health Information Department at 803-395-2272 for additional information.

TRMC0015



Regional Medical Center
3000 St Matthews Road
Orangeburg, SC 29118-
(803) 395-2200

Patient: Middleton Jr, Robert Lee
MRN: 0000552507
Account Number: 1001231708
DOB/AGE/SEX: 09/23/2014 8 months Male
Location: 2E; 2350; 01

Admit/Discharge 10/25/2014
Discharge Date: 10/30/2014
Admitting: Boltin MD,Megan Shuler
Attending: Boltin MD,Megan Shuler

Medication History

Medication History

Order: sodium chloride (*INT FLUSH)

Order Start Date/Time: 10/27/2014 20:00

Order Status: Completed Clinical Category: Medications Medication Type: Inpatient

End-state Date/Time: 10/27/2014 21:19

End-state Reason:

Ordering Physician: Boltin,Megan Shuler

Consulting Physician:

Entered By: Craft RN,Susan M on 10/25/2014 22:00

Order Details: 1 mL, Injection, IV Push, Start date 10/27/14 8:00:00 PM EDT

Order Comment: As needed

Order: ampicillin (ampicillin injection PEDIATRIC)

Order Start Date/Time: 10/27/2014 17:00

Order Status: Completed Clinical Category: Medications Medication Type: Inpatient

End-state Date/Time: 10/27/2014 17:48

End-state Reason:

Ordering Physician: Boltin,Megan Shuler

Consulting Physician:

Entered By: Hagwood,Brian Kip on 10/25/2014 22:55

Order Details: neonatal sepsis, 425 mg, IV Syringe, Start date 10/27/14 5:00:00 PM EDT, Stop date 10/27/14 5:48:59 PM EDT, Infuse over 20 minute

Order Comment: 100 mg/ml concentration add 5 ml of sterile water to ampicillin 500 mg vial.

[100 mg/1 ml] withdraw dose from vial as requested per order based on concentration Target Dose: ampicillin injection

PEDIATRIC 100 mg/kg 10/25/2014 22:53:05 100 mg/ml concentration add 5 ml of sterile

water to ampicillin 500 mg vial. [100 mg/1 ml] withdraw dose from vial as requested per order based on concentration

Order: cefotaxime (CLAFORAN PEDIATRIC SYRINGE)

Order Start Date/Time: 10/27/2014 16:00

Order Status: Completed Clinical Category: Medications Medication Type: Inpatient

End-state Date/Time: 10/27/2014 16:08

End-state Reason:

Ordering Physician: Boltin,Megan Shuler

Consulting Physician:

Entered By: Reese RN,Angelia E on 10/25/2014 22:53

Order Details: neonatal sepsis, 425 mg, IV Syringe, Start date 10/27/14 4:00:00 PM EDT, Stop date 10/27/14 4:08:22 PM EDT, Infuse over 30 minute

Order Comment: Target Dose: CLAFORAN PEDIATRIC SYRINGE 100 mg/kg 10/25/2014 22:53:18 see new preparation per package insert

Request ID: 5707699

Print Date/Time 06/12/2015
06:36

All tests performed at RMC Laboratory, 3000 St Mathews Road, Orangeburg, SC, unless otherwise noted.

Additional clinical information may be available for the patient via Horizon Patient Folder.

Please contact the Regional Medical Center Health Information Department at 803-395-2272 for additional information.

TRMC0016



Regional Medical Center
3000 St Matthews Road
Orangeburg, SC 29118-
(803) 395-2200

Patient: Middleton Jr, Robert Lee
MRN: 0000552507
Account Number: 1001231708
DOB/AGE/SEX: 09/23/2014 8 months Male
Location: 2E; 2350; 01

Admit/Discharge 10/25/2014
Discharge Date: 10/30/2014
Admitting: Boltin MD, Megan Shuler
Attending: Boltin MD, Megan Shuler

Medication History

Medication History

Order: sodium chloride (*INT FLUSH)

Order Start Date/Time: 10/27/2014 16:00

Order Status: Completed Clinical Category: Medications Medication Type: Inpatient

End-state Date/Time: 10/27/2014 16:08

End-state Reason:

Ordering Physician: Boltin, Megan Shuler

Consulting Physician:

Entered By: Craft RN, Susan M on 10/25/2014 22:00

Order Details: 1 mL, Injection, IV Push, Start date 10/27/14 4:00:00 PM EDT

Order Comment: As needed

Order: sodium chloride (*INT FLUSH)

Order Start Date/Time: 10/27/2014 12:00

Order Status: Completed Clinical Category: Medications Medication Type: Inpatient

End-state Date/Time: 10/27/2014 11:43

End-state Reason:

Ordering Physician: Boltin, Megan Shuler

Consulting Physician:

Entered By: Craft RN, Susan M on 10/25/2014 22:00

Order Details: 1 mL, Injection, IV Push, Start date 10/27/14 12:00:00 PM EDT

Order Comment: As needed

Order: ampicillin (ampicillin injection PEDIATRIC)

Order Start Date/Time: 10/27/2014 11:00

Order Status: Completed Clinical Category: Medications Medication Type: Inpatient

End-state Date/Time: 10/27/2014 11:43

End-state Reason:

Ordering Physician: Boltin, Megan Shuler

Consulting Physician:

Entered By: Hagwood, Brian Kip on 10/25/2014 22:55

Order Details: neonatal sepsis, 425 mg, IV Syringe, Start date 10/27/14 11:00:00 AM EDT, Stop date 10/27/14 11:43:45 AM EDT, Infuse over 20 minute

Order Comment: 100 mg/ml concentration add 5 ml of sterile water to ampicillin 500 mg vial.

[100 mg/1 ml] withdraw dose from vial as requested per order based on concentration Target Dose: ampicillin injection

PEDIATRIC 100 mg/kg 10/25/2014 22:53:05 100 mg/ml concentration add 5 ml of sterile water to ampicillin 500 mg vial. [100 mg/1 ml] withdraw dose from vial as requested per order based on concentration

Request ID: 5707699

Print Date/Time 06/12/2015
06:36

All tests performed at RMC Laboratory, 3000 St Matthews Road, Orangeburg, SC, unless otherwise noted.

Additional clinical information may be available for the patient via Horizon Patient Folder.

Please contact the Regional Medical Center Health Information Department at 803-395-2272 for additional information.

TRMC0017



Regional Medical Center
3000 St Matthews Road
Orangeburg, SC 29118-
(803) 395-2200

Patient: Middleton Jr, Robert Lee
MRN: 0000552507
Account Number: 1001231708
DOB/AGE/SEX: 09/23/2014 8 months Male
Location: 2E; 2350; 01

Admit/Discharge 10/25/2014
Discharge Date: 10/30/2014
Admitting: Boltin MD, Megan Shuler
Attending: Boltin MD, Megan Shuler

Medication History

Medication History

Order: cefotaxime (CLAFORAN PEDIATRIC SYRINGE)

Order Start Date/Time: 10/27/2014 08:00

Order Status: Completed

Clinical Category: Medications

Medication Type: Inpatient

End-state Date/Time: 10/27/2014 08:09

End-state Reason:

Ordering Physician: Boltin, Megan Shuler

Consulting Physician:

Entered By: Reese RN, Angelia E on 10/25/2014 22:53

Order Details: neonatal sepsis, 425 mg, IV Syringe, Start date 10/27/14 8:00:00 AM EDT, Stop date 10/27/14 8:09:14 AM EDT, Infuse over 30 minute

Order Comment: Target Dose: CLAFORAN PEDIATRIC SYRINGE 100 mg/kg 10/25/2014 22:53:18 see new preparation per package insert

Order: sodium chloride (*INT FLUSH)

Order Start Date/Time: 10/27/2014 08:00

Order Status: Completed

Clinical Category: Medications

Medication Type: Inpatient

End-state Date/Time: 10/27/2014 08:09

End-state Reason:

Ordering Physician: Boltin, Megan Shuler

Consulting Physician:

Entered By: Craft RN, Susan M on 10/25/2014 22:00

Order Details: 1 mL, Injection, IV Push, Start date 10/27/14 8:00:00 AM EDT

Order Comment: As needed

Order: sodium chloride (*INT FLUSH)

Order Start Date/Time: 10/27/2014 06:00

Order Status: Completed

Clinical Category: Medications

Medication Type: Inpatient

End-state Date/Time: 10/27/2014 04:36

End-state Reason:

Ordering Physician: Boltin, Megan Shuler

Consulting Physician:

Entered By: Boltin, Megan Shuler on 10/25/2014 22:00

Order Details: 1 mL, Injection, IV Push, Start date 10/27/14 6:00:00 AM EDT

Order Comment: As needed

Request ID: 5707699

Print Date/Time 06/12/2015
06:36

All tests performed at RMC Laboratory, 3000 St Matthews Road, Orangeburg, SC, unless otherwise noted.

Additional clinical information may be available for the patient via Horizon Patient Folder.

Please contact the Regional Medical Center Health Information Department at 803-395-2272 for additional information.

TRMC0018



the Regional Medical Center

Regional Medical Center
3000 St Matthews Road
Orangeburg, SC 29118-
(803) 395-2200

Patient: Middleton Jr, Robert Lee
MRN: 0000552507
Account Number: 1001231708
DOB/AGE/SEX: 09/23/2014 8 months Male
Location: 2E; 2350; 01

Admit/Discharge 10/25/2014
Discharge Date: 10/30/2014
Admitting: Boltin MD, Megan Shuler
Attending: Boltin MD, Megan Shuler

Medication History

Medication History

Order: ampicillin (ampicillin injection PEDIATRIC)

Order Start Date/Time: 10/27/2014 05:00

Order Status: Completed

Clinical Category: Medications

Medication Type: Inpatient

End-state Date/Time: 10/27/2014 04:36

End-state Reason:

Ordering Physician: Boltin, Megan Shuler

Consulting Physician:

Entered By: Hagwood, Brian Kip on 10/25/2014 22:55

Order Details: neonatal sepsis, 425 mg, IV Syringe, Start date 10/27/14 5:00:00 AM EDT, Stop date 10/27/14 4:36:09 AM EDT, Infuse over 20 minute

Order Comment: 100 mg/ml concentration add 5 ml of sterile water to ampicillin 500 mg vial. [100 mg/1 ml] withdraw dose from vial as requested per order based on concentration Target Dose: ampicillin injection PEDIATRIC 100 mg/kg 10/25/2014 22:53:05 100 mg/ml concentration add 5 ml of sterile water to ampicillin 500 mg vial. [100 mg/1 ml] withdraw dose from vial as requested per order based on concentration

Order: sodium chloride (*INT FLUSH)

Order Start Date/Time: 10/27/2014 02:00

Order Status: Completed

Clinical Category: Medications

Medication Type: Inpatient

End-state Date/Time: 10/27/2014 04:36

End-state Reason:

Ordering Physician: Boltin, Megan Shuler

Consulting Physician:

Entered By: Boltin, Megan Shuler on 10/25/2014 22:00

Order Details: 1 mL, Injection, IV Push, Start date 10/27/14 2:00:00 AM EDT

Order Comment: As needed

Order: cefotaxime (CLAFORAN PEDIATRIC SYRINGE)

Order Start Date/Time: 10/27/2014 00:00

Order Status: Completed

Clinical Category: Medications

Medication Type: Inpatient

End-state Date/Time: 10/26/2014 22:56

End-state Reason:

Ordering Physician: Boltin, Megan Shuler

Consulting Physician:

Entered By: Reese RN, Angelia E on 10/25/2014 22:53

Order Details: neonatal sepsis, 425 mg, IV Syringe, Start date 10/27/14 12:00:00 AM EDT, Stop date 10/26/14 10:56:39 PM EDT, Infuse over 30 minute

Order Comment: Target Dose: CLAFORAN PEDIATRIC SYRINGE 100 mg/kg 10/25/2014 22:53:18 see new preparation per package insert

Request ID: 5707699

Print Date/Time 06/12/2015
06:36

All tests performed at RMC Laboratory, 3000 St Matthews Road, Orangeburg, SC, unless otherwise noted.

Additional clinical information may be available for the patient via Horizon Patient Folder.

Please contact the Regional Medical Center Health Information Department at 803-395-2272 for additional information.

TRMC0019



the Regional Medical Center

Regional Medical Center
3000 St Matthews Road
Orangeburg, SC 29118-
(803) 395-2200

Patient: Middleton Jr, Robert Lee
MRN: 0000552507
Account Number: 1001231708
DOB/AGE/SEX: 09/23/2014 8 months Male
Location: 2E; 2350; 01

Admit/Discharge 10/25/2014
Discharge Date: 10/30/2014
Admitting: Boltin MD, Megan Shuler
Attending: Boltin MD, Megan Shuler

Medication History

Medication History

Order: ampicillin (ampicillin injection PEDIATRIC)

Order Start Date/Time: 10/26/2014 23:00

Order Status: Completed Clinical Category: Medications Medication Type: Inpatient

End-state Date/Time: 10/26/2014 22:56

End-state Reason:

Ordering Physician: Boltin, Megan Shuler

Consulting Physician:

Entered By: Hagwood, Brian Kip on 10/25/2014 22:55

Order Details: neonatal sepsis, 425 mg, IV Syringe, Start date 10/26/14 11:00:00 PM EDT, Stop date 10/26/14 10:56:38 PM EDT, Infuse over 20 minute

Order Comment: 100 mg/ml concentration add 5 ml of sterile water to ampicillin 500 mg vial. [100 mg/1 ml] withdraw dose from vial as requested per order based on concentration Target Dose: ampicillin injection PEDIATRIC 100 mg/kg 10/25/2014 22:53:05 100 mg/ml concentration add 5 ml of sterile water to ampicillin 500 mg vial. [100 mg/1 ml] withdraw dose from vial as requested per order based on concentration

Order: sodium chloride (*INT FLUSH)

Order Start Date/Time: 10/26/2014 22:00

Order Status: Completed Clinical Category: Medications Medication Type: Inpatient

End-state Date/Time: 10/26/2014 22:56

End-state Reason:

Ordering Physician: Boltin, Megan Shuler

Consulting Physician:

Entered By: Boltin, Megan Shuler on 10/25/2014 22:00

Order Details: 1 mL, Injection, IV Push, Start date 10/26/14 10:00:00 PM EDT

Order Comment: As needed

Order: sodium chloride (*INT FLUSH)

Order Start Date/Time: 10/26/2014 18:00

Order Status: Completed Clinical Category: Medications Medication Type: Inpatient

End-state Date/Time: 10/26/2014 18:18

End-state Reason:

Ordering Physician: Boltin, Megan Shuler

Consulting Physician:

Entered By: Boltin, Megan Shuler on 10/25/2014 22:00

Order Details: 1 mL, Injection, IV Push, Start date 10/26/14 6:00:00 PM EDT

Order Comment: As needed

Request ID: 5707699

Print Date/Time 06/12/2015
06:36

All tests performed at RMC Laboratory, 3000 St Matthews Road, Orangeburg, SC, unless otherwise noted.

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Please contact the Regional Medical Center Health Information Department at 803-395-2272 for additional information.

TRMC0020



the Regional Medical Center

Regional Medical Center
3000 St Matthews Road
Orangeburg, SC 29118-
(803) 395-2200

Patient: Middleton Jr, Robert Lee
MRN: 0000552507
Account Number: 1001231708
DOB/AGE/SEX: 09/23/2014 8 months Male
Location: 2E; 2350; 01

Admit/Discharge 10/25/2014
Discharge Date: 10/30/2014
Admitting: Boltin MD,Megan Shuler
Attending: Boltin MD,Megan Shuler

Medication History

Medication History

Order: ampicillin (ampicillin injection PEDIATRIC)

Order Start Date/Time: 10/26/2014 17:00

Order Status: Completed Clinical Category: Medications Medication Type: Inpatient

End-state Date/Time: 10/26/2014 18:18

End-state Reason:

Ordering Physician: Boltin,Megan Shuler

Consulting Physician:

Entered By: Hagwood,Brian Kip on 10/25/2014 22:55

Order Details: neonatal sepsis, 425 mg, IV Syringe, Start date 10/26/14 5:00:00 PM EDT, Stop date 10/26/14 6:18:44 PM EDT, Infuse over 20 minute

Order Comment: 100 mg/ml concentration add 5 ml of sterile water to ampicillin 500 mg vial. [100 mg/1 ml] withdraw dose from vial as requested per order based on concentration Target Dose: ampicillin injection PEDIATRIC 100 mg/kg 10/25/2014 22:53:05 100 mg/ml concentration add 5 ml of sterile water to ampicillin 500 mg vial. [100 mg/1 ml] withdraw dose from vial as requested per order based on concentration

Order: cefotaxime (CLAFORAN PEDIATRIC SYRINGE)

Order Start Date/Time: 10/26/2014 15:00

Order Status: Completed Clinical Category: Medications Medication Type: Inpatient

End-state Date/Time: 10/26/2014 15:52

End-state Reason:

Ordering Physician: Boltin,Megan Shuler

Consulting Physician:

Entered By: Hagwood,Brian Kip on 10/25/2014 22:55

Order Details: neonatal sepsis, 425 mg, IV Syringe, Start date 10/26/14 3:00:00 PM EDT, Stop date 10/26/14 3:52:21 PM EDT, Infuse over 30 minute

Order Comment: Target Dose: CLAFORAN PEDIATRIC SYRINGE 100 mg/kg 10/25/2014 22:53:18 see new preparation per package insert

Order: sodium chloride (*INT FLUSH)

Order Start Date/Time: 10/26/2014 14:00

Order Status: Completed Clinical Category: Medications Medication Type: Inpatient

End-state Date/Time: 10/26/2014 14:33

End-state Reason:

Ordering Physician: Boltin,Megan Shuler

Consulting Physician:

Entered By: Boltin,Megan Shuler on 10/25/2014 22:00

Order Details: 1 mL, Injection, IV Push, Start date 10/26/14 2:00:00 PM EDT

Order Comment: As needed

Request ID: 5707699

Print Date/Time 06/12/2015
06:36

All tests performed at RMC Laboratory, 3000 St Mathews Road, Orangeburg, SC, unless otherwise noted.

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Please contact the Regional Medical Center Health Information Department at 803-395-2272 for additional information.

TRMC0021



the Regional Medical Center

Regional Medical Center
3000 St Matthews Road
Orangeburg, SC 29118-
(803) 395-2200

Patient: Middleton Jr, Robert Lee
MRN: 0000552507
Account Number: 1001231708
DOB/AGE/SEX: 09/23/2014 8 months Male
Location: 2E; 2350; 01

Admit/Discharge 10/25/2014
Discharge Date: 10/30/2014
Admitting: Boltin MD,Megan Shuler
Attending: Boltin MD,Megan Shuler

Medication History

Medication History

Order: ampicillin (ampicillin injection PEDIATRIC)

Order Start Date/Time: 10/26/2014 11:00

Order Status: Completed Clinical Category: Medications Medication Type: Inpatient

End-state Date/Time: 10/26/2014 11:23

End-state Reason:

Ordering Physician: Boltin,Megan Shuler

Consulting Physician:

Entered By: Hagwood,Brian Kip on 10/25/2014 22:55

Order Details: neonatal sepsis, 425 mg, IV Syringe, Start date 10/26/14 11:00:00 AM EDT, Stop date 10/26/14 11:23:04 AM EDT, Infuse over 20 minute

Order Comment: 100 mg/ml concentration add 5 ml of sterile water to ampicillin 500 mg vial. [100 mg/1 ml] withdraw dose from vial as requested per order based on concentration Target Dose: ampicillin injection PEDIATRIC 100 mg/kg 10/25/2014 22:53:05 100 mg/ml concentration add 5 ml of sterile water to ampicillin 500 mg vial. [100 mg/1 ml] withdraw dose from vial as requested per order based on concentration

Order: sodium chloride (*INT FLUSH)

Order Start Date/Time: 10/26/2014 10:00

Order Status: Completed Clinical Category: Medications Medication Type: Inpatient

End-state Date/Time: 10/26/2014 09:21

End-state Reason:

Ordering Physician: Boltin,Megan Shuler

Consulting Physician:

Entered By: Boltin,Megan Shuler on 10/25/2014 22:00

Order Details: 1 mL, Injection, IV Push, Start date 10/26/14 10:00:00 AM EDT

Order Comment: As needed

Order: cefotaxime (CLAFORAN PEDIATRIC SYRINGE)

Order Start Date/Time: 10/26/2014 07:00

Order Status: Completed Clinical Category: Medications Medication Type: Inpatient

End-state Date/Time: 10/26/2014 07:17

End-state Reason:

Ordering Physician: Boltin,Megan Shuler

Consulting Physician:

Entered By: Hagwood,Brian Kip on 10/25/2014 22:55

Order Details: neonatal sepsis, 425 mg, IV Syringe, Start date 10/26/14 7:00:00 AM EDT, Stop date 10/26/14 7:17:29 AM EDT, Infuse over 30 minute

Order Comment: Target Dose: CLAFORAN PEDIATRIC SYRINGE 100 mg/kg 10/25/2014 22:53:18 see new preparation per package insert

Request ID: 5707699

Print Date/Time 06/12/2015
06:36

All tests performed at RMC Laboratory, 3000 St Matthews Road, Orangeburg, SC, unless otherwise noted.

Additional clinical information may be available for the patient via Horizon Patient Folder.

Please contact the Regional Medical Center Health Information Department at 803-395-2272 for additional information.

TRMC0022



the Regional Medical Center

Regional Medical Center
3000 St Matthews Road
Orangeburg, SC 29118-
(803) 395-2200

Patient: Middleton Jr, Robert Lee
MRN: 0000552507
Account Number: 1001231708
DOB/AGE/SEX: 09/23/2014 8 months Male
Location: 2E; 2350; 01

Admit/Discharge 10/25/2014
Discharge Date: 10/30/2014
Admitting: Boltin MD, Megan Shuler
Attending: Boltin MD, Megan Shuler

Medication History

Medication History

Order: sodium chloride (*INT FLUSH)

Order Start Date/Time: 10/26/2014 06:00

Order Status: Completed Clinical Category: Medications Medication Type: Inpatient

End-state Date/Time: 10/26/2014 05:07

End-state Reason:

Ordering Physician: Boltin, Megan Shuler

Consulting Physician:

Entered By: Boltin, Megan Shuler on 10/25/2014 22:00

Order Details: 1 mL, Injection, IV Push, Start date 10/26/14 6:00:00 AM EDT

Order Comment: As needed

Order: ampicillin (ampicillin injection PEDIATRIC)

Order Start Date/Time: 10/26/2014 05:00

Order Status: Completed Clinical Category: Medications Medication Type: Inpatient

End-state Date/Time: 10/26/2014 05:07

End-state Reason:

Ordering Physician: Boltin, Megan Shuler

Consulting Physician:

Entered By: Hagwood, Brian Kip on 10/25/2014 22:55

Order Details: neonatal sepsis, 425 mg, IV Syringe, Start date 10/26/14 5:00:00 AM EDT, Stop date 10/26/14 5:07:37 AM EDT, Infuse over 20 minute

Order Comment: 100 mg/ml concentration add 5 ml of sterile water to ampicillin 500 mg vial.

[100 mg/1 ml] withdraw dose from vial as requested per order based on concentration Target Dose: ampicillin injection

PEDIATRIC 100 mg/kg 10/25/2014 22:53:05 100 mg/ml concentration add 5 ml of sterile water to ampicillin 500 mg vial. [100 mg/1 ml] withdraw dose from vial as requested per order based on concentration

Order: sodium chloride (*INT FLUSH)

Order Start Date/Time: 10/26/2014 02:00

Order Status: Completed Clinical Category: Medications Medication Type: Inpatient

End-state Date/Time: 10/26/2014 02:49

End-state Reason:

Ordering Physician: Boltin, Megan Shuler

Consulting Physician:

Entered By: Boltin, Megan Shuler on 10/25/2014 22:00

Order Details: 1 mL, Injection, IV Push, Start date 10/26/14 2:00:00 AM EDT

Order Comment: As needed

Request ID: 5707699

Print Date/Time 06/12/2015
06:36

All tests performed at RMC Laboratory, 3000 St Matthews Road, Orangeburg, SC, unless otherwise noted.

Additional clinical information may be available for the patient via Horizon Patient Folder.

Please contact the Regional Medical Center Health Information Department at 803-395-2272 for additional information.

TRMC0023



the Regional Medical Center

Regional Medical Center
3000 St Matthews Road
Orangeburg, SC 29118-
(803) 395-2200

Patient: Middleton Jr, Robert Lee
MRN: 0000552507
Account Number: 1001231708
DOB/AGE/SEX: 09/23/2014 8 months Male
Location: 2E; 2350; 01

Admit/Discharge 10/25/2014
Discharge Date: 10/30/2014
Admitting: Boltin MD, Megan Shuler
Attending: Boltin MD, Megan Shuler

Medication History

Medication History

Order: ampicillin (ampicillin injection PEDIATRIC)

Order Start Date/Time: 10/25/2014 23:00

Order Status: Completed Clinical Category: Medications Medication Type: Inpatient

End-state Date/Time: 10/25/2014 23:32 End-state Reason:

Ordering Physician: Boltin, Megan Shuler Consulting Physician:

Entered By: Hagwood, Brian Kip on 10/25/2014 22:55

Order Details: neonatal sepsis, 425 mg, IV Syringe, Start date 10/25/14 11:00:00 PM EDT, Stop date 10/25/14 11:32:07 PM EDT, Infuse over 20 minute

Order Comment: 100 mg/ml concentration add 5 ml of sterile water to ampicillin 500 mg vial. [100 mg/1 ml] withdraw dose from vial as requested per order based on concentration Target Dose: ampicillin injection PEDIATRIC 100 mg/kg 10/25/2014 22:53:05 100 mg/ml concentration add 5 ml of sterile water to ampicillin 500 mg vial. [100 mg/1 ml] withdraw dose from vial as requested per order based on concentration

Order: ampicillin (ampicillin injection PEDIATRIC)

Order Start Date/Time: 10/25/2014 23:00

Order Status: Discontinued Clinical Category: Medications Medication Type: Inpatient

End-state Date/Time: 10/29/2014 01:24 End-state Reason:

Ordering Physician: Clunis MD, Derrick Oliver Consulting Physician:

Entered By: Boltin, Megan Shuler on 10/25/2014 22:52

Order Details: neonatal sepsis, 425 mg, IV Syringe, q6hr Interval, Routine, Start date 10/25/14 11:00:00 PM EDT, 7 day, Physician Stop, Stop date 10/29/14 1:24:00 AM EDT, Infuse over 20 minute

Order Comment: 100 mg/ml concentration add 5 ml of sterile water to ampicillin 500 mg vial. [100 mg/1 ml] withdraw dose from vial as requested per order based on concentration Target Dose: ampicillin injection PEDIATRIC 100 mg/kg 10/25/2014 22:53:05 100 mg/ml concentration add 5 ml of sterile water to ampicillin 500 mg vial. [100 mg/1 ml] withdraw dose from vial as requested per order based on concentration

Order: cefotaxime (CLAFORAN PEDIATRIC SYRINGE)

Order Start Date/Time: 10/25/2014 23:00

Order Status: Completed Clinical Category: Medications Medication Type: Inpatient

End-state Date/Time: 10/25/2014 23:32 End-state Reason:

Ordering Physician: Boltin, Megan Shuler Consulting Physician:

Entered By: Hagwood, Brian Kip on 10/25/2014 22:55

Order Details: neonatal sepsis, 425 mg, IV Syringe, Start date 10/25/14 11:00:00 PM EDT, Stop date 10/25/14 11:32:08 PM EDT, Infuse over 30 minute

Order Comment: Target Dose: CLAFORAN PEDIATRIC SYRINGE 100 mg/kg 10/25/2014 22:53:18 see new preparation per package insert

Request ID: 5707699

Print Date/Time 06/12/2015
06:36

All tests performed at RMC Laboratory, 3000 St Mathews Road, Orangeburg, SC, unless otherwise noted.

Additional clinical information may be available for the patient via Horizon Patient Folder.

Please contact the Regional Medical Center Health Information Department at 803-395-2272 for additional information.

TRMC0024



the Regional Medical Center

Regional Medical Center
3000 St Matthews Road
Orangeburg, SC 29118-
(803) 395-2200

Patient: Middleton Jr, Robert Lee
MRN: 0000552507
Account Number: 1001231708
DOB/AGE/SEX: 09/23/2014 8 months Male
Location: 2E; 2350; 01

Admit/Discharge 10/25/2014
Discharge Date: 10/30/2014
Admitting: Boltin MD, Megan Shuler
Attending: Boltin MD, Megan Shuler

Medication History

Medication History

Order: cefotaxime (CLAFORAN PEDIATRIC SYRINGE)

Order Start Date/Time: 10/25/2014 23:00

Order Status: Discontinued Clinical Category: Medications Medication Type: Inpatient

End-state Date/Time: 10/29/2014 01:24 End-state Reason:

Ordering Physician: Clunis MD, Derrick Oliver Consulting Physician:

Entered By: Boltin, Megan Shuler on 10/25/2014 22:53

Order Details: neonatal sepsis, 425 mg, IV Syringe, q8hr Interval, Routine, Start date 10/25/14 11:00:00 PM EDT, 7 day, Physician Stop, Stop date 10/29/14 1:24:00 AM EDT, Infuse over 30 minute

Order Comment: Target Dose: CLAFORAN PEDIATRIC SYRINGE 100 mg/kg 10/25/2014 22:53:18 see new preparation per package insert

Order: acetaminophen (acetaminophen oral liquid INFANT (0-2 years))

Order Start Date/Time: 10/25/2014 22:00

Order Status: Discontinued Clinical Category: Medications Medication Type: Inpatient

End-state Date/Time: 10/31/2014 00:05 End-state Reason:

Ordering Physician: Boltin, Megan Shuler Consulting Physician:

Entered By: Boltin, Megan Shuler on 10/25/2014 22:00

Order Details: 60 mg = 0.6 mL, Liquid, Oral, q4hr Interval, PRN Fever, Routine, Start date 10/25/14 10:00:00 PM EDT, Administer for fever GREATER than 101 degF

Order Comment: Target Dose: acetaminophen oral liquid INFANT (0-2 years) 15 mg/kg 10/25/2014 22:00:02

Order: sodium chloride (*INT FLUSH)

Order Start Date/Time: 10/25/2014 22:00

Order Status: Completed Clinical Category: Medications Medication Type: Inpatient

End-state Date/Time: 10/25/2014 23:32 End-state Reason:

Ordering Physician: Boltin, Megan Shuler Consulting Physician:

Entered By: Boltin, Megan Shuler on 10/25/2014 22:00

Order Details: 1 mL, Injection, IV Push, Start date 10/25/14 10:00:00 PM EDT

Order Comment: As needed

Request ID: 5707699

Print Date/Time 06/12/2015
06:36

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TRMC0025



the Regional Medical Center

Regional Medical Center
3000 St Matthews Road
Orangeburg, SC 29118-
(803) 395-2200

Patient: Middleton Jr, Robert Lee
MRN: 0000552507
Account Number: 1001231708
DOB/AGE/SEX: 09/23/2014 8 months Male
Location: 2E; 2350; 01

Admit/Discharge 10/25/2014
Discharge Date: 10/30/2014
Admitting: Boltin MD, Megan Shuler
Attending: Boltin MD, Megan Shuler

Medication History

Medication History

Order: sodium chloride (*INT FLUSH)

Order Start Date/Time: 10/25/2014 22:00

Order Status: Discontinued Clinical Category: Medications Medication Type: Inpatient

End-state Date/Time: 10/29/2014 01:25 End-state Reason:

Ordering Physician: Clunis MD, Derrick Oliver Consulting Physician:

Entered By: Boltin, Megan Shuler on 10/25/2014 22:00

Order Details: 1 mL, Injection, IV Push, As Directed, PRN, Other (see comment), Start date 10/25/14 10:00:00 PM EDT

Order Comment: Flush Protocol

Order: sodium chloride (*INT FLUSH)

Order Start Date/Time: 10/25/2014 22:00

Order Status: Discontinued Clinical Category: Medications Medication Type: Inpatient

End-state Date/Time: 10/29/2014 01:25 End-state Reason:

Ordering Physician: Clunis MD, Derrick Oliver Consulting Physician:

Entered By: Boltin, Megan Shuler on 10/25/2014 22:00

Order Details: 1 mL, Injection, IV Push, q4hr Interval, Start date 10/25/14 10:00:00 PM EDT

Order Comment: As needed

History and Physical Reports

Document Name	History and Physical
Document Status	Auth (Verified)
Performed By	Boltin, Megan Shuler (10/25/2014 22:20)
Signed By	Boltin, Megan Shuler (10/25/2014 22:57)
Authenticated By	Boltin, Megan Shuler (10/25/2014 22:57); Boltin, Megan Shuler (10/25/2014 22:57)

General Admission H&P

Patient: Middleton Jr, Robert Lee MRN: 0000552507 FIN: 1001231708
Age: 4 weeks Sex: Male DOB: 09/23/2014
Associated Diagnoses: None
Author: Boltin, Megan Shuler

Basic Information

Admit Information: 30 day old AA male infant admitted for neonatal fever.
Source of history: Mother.
Present at bedside: Mother.

Request ID: 5707699

Print Date/Time 06/12/2015
06:36

All tests performed at RMC Laboratory, 3000 St Mathews Road, Orangeburg, SC, unless otherwise noted.

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TRMC0026