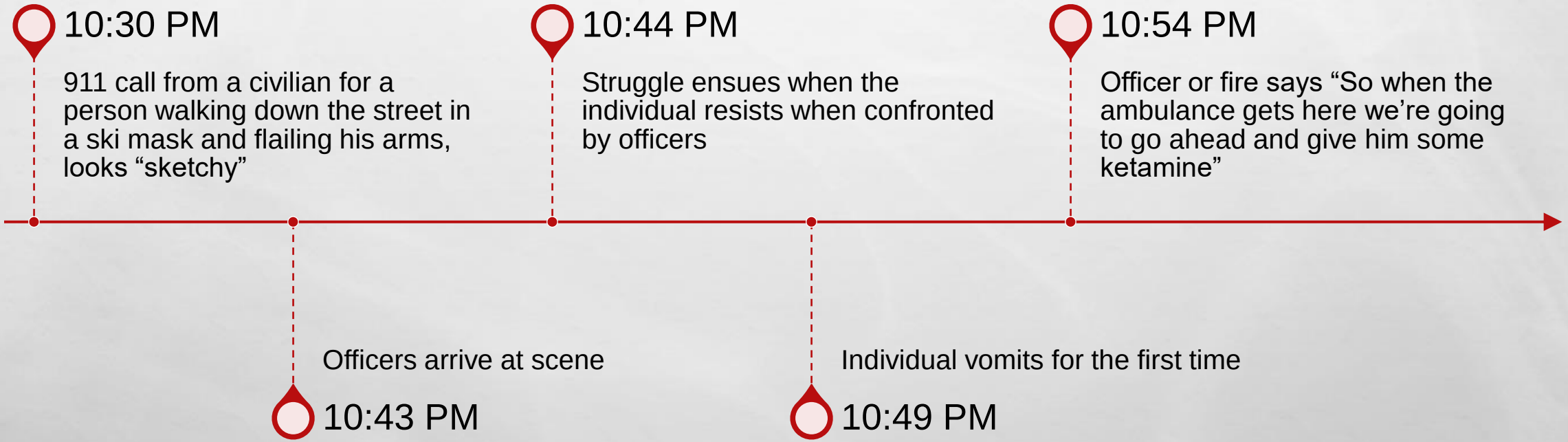
A CASE


10:30 PM
911 call from a civilian for a person walking down the street in a ski mask and flailing his arms, looks “sketchy”
10:43 PM
Officers arrive at scene
10:44 PM
Struggle ensues when the individual resists when confronted by officers
10:49 PM
Individual vomits for the first time
10:54 PM
Officer or fire says “So when the ambulance gets here we’re going to go ahead and give him some ketamine”


COURTESY: AURORA POLICE DEPARTM
GMT-6

WHEN YOU ARRIVE

- You see 3 police officers struggling with a 20s-year-old male who is on the ground and handcuffed behind his back
- 15-minute summary:
  - Cuffed, placed on the ground, chokehold with brief LOC (“snoring”), and multiple episodes of emesis
  - “He just grabbed your gun dude!”

10:59pm

- You administer 500 mg ketamine IM
- “We’ll give that a minute or two, see if that works. And once it is, if you guys are ok with it, we’ll uncuff him, we’ll go up with the right arm, down with the left.”

11:01pm

- Patient loaded into ambulance

11:07pm

- Patient goes into cardiac arrest

3 DAYS LATER

- Patient is pronounced brain dead

3 DAYS AFTER THAT

This is the case of Elijah McClain.
He was 23 years old when he died.

OBJECTIVES

1. Rights of patients in police custody
2. Assessing and treating patients in police custody
3. Working with law enforcement

PATIENT RIGHTS

- We have a moral and legal obligation to the patient
- Bioethics (autonomy), privacy, dignity
- Treat the medical issues, not the custody issues

ASSESSMENT

- Safety first
- Be weary of dispatch bias (and other)
- Do you own assessment
  - Get down to their level
  - Vitals
  - Touch them (cardiac arrest too…)
  - Be assertive

TREATMENT

- Treat them like any other patient
- Follow your protocols
- Talk to each other
- Practice “6 Rights” of med admin
- Chemical sedation?
  - “Treat like RSI”

“Avoiding the major pitfalls of physical and chemical restraint”

- Eric Jaegar, JD, NRP, EMS IC

1. Prone restraint is inherently dangerous
2. Proceed with chemical restraint only if patient is an active threat to self or others
3. Never administer chemical sedation at the direction of law enforcement
4. Look for organic causes of behavioral disturbance
5. Beware of unconscious and anchoring biases
6. Consider an alternative agent
7. Never administer chemical sedation to a prone patient
8. Monitoring and resuscitation equipment must be at patient's side prior to sedation
9. Personnel must be laser focused on the patient (don't allow for distractions)
10. Increased risk of death in obese patients, intoxicated patients

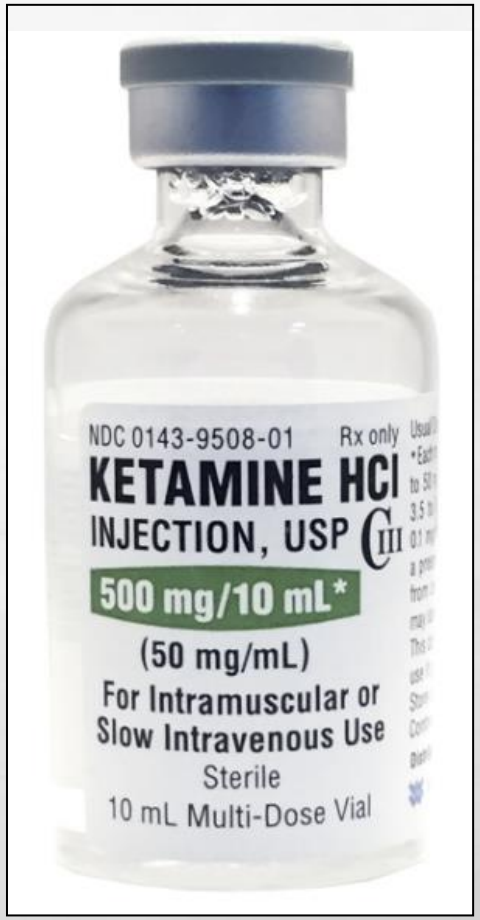

019/08/24 23:01:51 GMT-6
E5-014969

After this, Elijah was transferred to the ambulance.
The medics noticed Elijah's chest "was not rising on its own, and he did not have a pulse."

Good	Bad
• "We're trying to keep him on his side but he keeps fighting us" • "Make sure he can breathe" • "We'll put an end tidal cannula on him too" • "Let's get him in and we'll suction"	• Positioning? • Indication? (Bias? Talk to patient? Assessment? Call MD?) • Monitoring equipment at patient's side? • Ketamine dose?

IS KETAMINE SAFE?

- NMDA receptor antagonist, mu receptor antagonist, catecholamine reuptake inhibitor
- Dosing
  - Usually 4-5 mg/kg
  - Medics gave 500 mg
    - Estimated Elijah's weight at 220 lbs (100 kg)
    - He weighed 140 lbs (64 kg)
  - 1970s: not uncommon to give 7-15 mg/kg
- Usually does not cause apnea (bronchodilatory effects)



Annals of Emergency Medicine
Volume 78, Issue 1, July 2021, Pages 123-131

Emergency medical services/original research

Out-of-Hospital Ketamine: Indications for Use, Patient Outcomes, and Associated Mortality

Antonio R. Fernandez PhD, NRP [a b], Scott S. Bourn PhD, RN [a], Remle P. Crowe PhD, NREMT [a], E. Stein Bronsky MD [c d e f], Kenneth A. Scheppke MD [g h], Peter Antevy MD [i j k], J. Brent Myers MD, MPH [a]

"In this large sample…Patient mortality was rare. Ketamine could not be ruled out as a contributing factor in 8 deaths, representing 0.07% of those who received ketamine."

2019 MCCLAIN CAUSE OF DEATH

- Initial autopsy was inconclusive and the cause of death was listed as “undetermined”
- County coroner Dr. Stephen Cina:
  - “Accident resulting from an idiosyncratic drug reaction,
  - Homicide if the officers' use of the carotid hold contributed to his death, or
  - Natural if he had an undiagnosed mental illness that led to excited delirium, if his intense physical exertion combined with a narrow coronary artery led to an arrhythmia, if he had an asthma attack, or if he aspirated vomit while restrained.”

2022 AMENDED AUTOPSY REPORT

- Cause of death as "complications of ketamine administration following forcible restraint”
- Adams County chief coroner Monica Broncucia-Jordan:

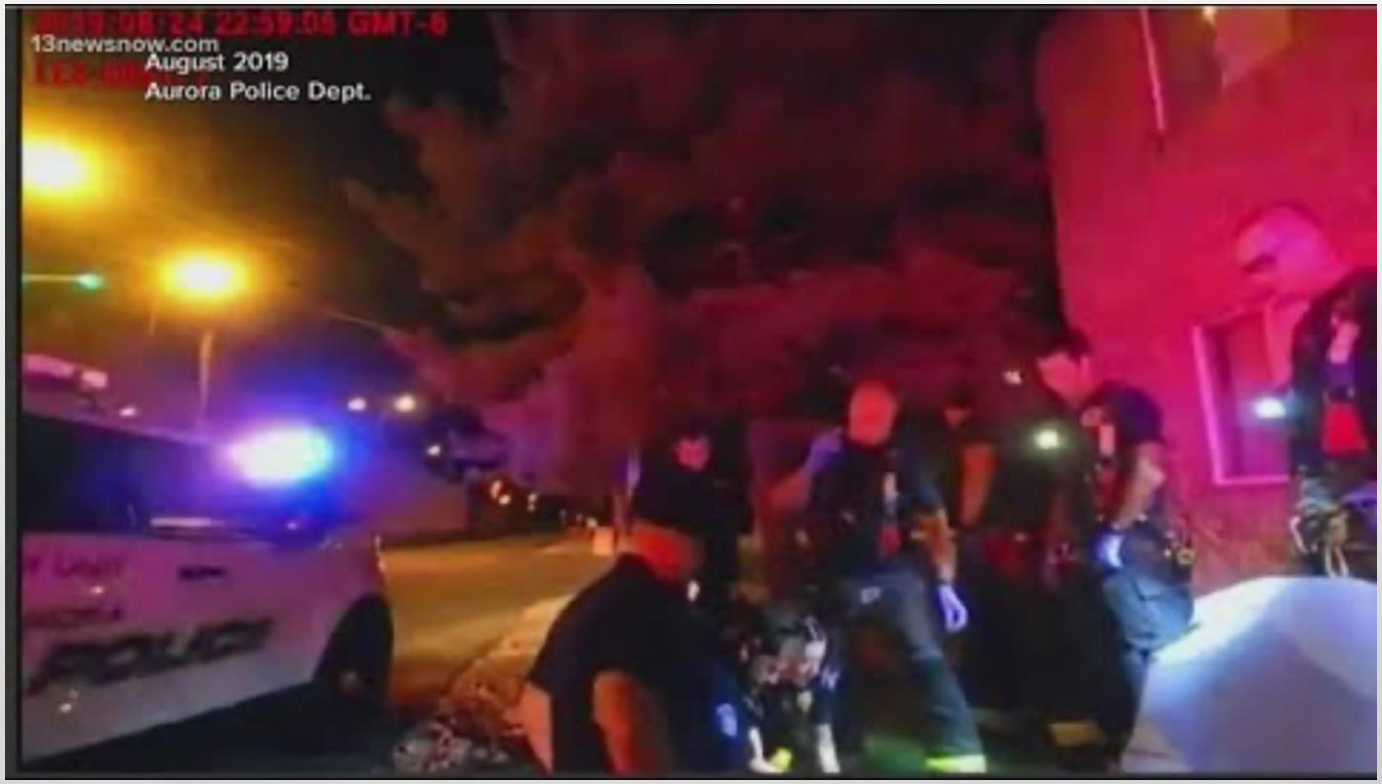
> “Simply put, this dosage of ketamine was too much for this individual and it resulted in an overdose, even though his blood ketamine level was consistent with a 'therapeutic' blood concentration. I believe that Mr. McClain would most likely be alive but for the administration of ketamine.”

WORKING WITH LAW ENFORCEMENT

Relationships

- Police Department/Sheriff's Office
  - Train with them
  - “Police to EMS handoff”
  - Chain of command
- Patient
  - “First, do no harm”
  - Treat the medical issues not the custody issues
- Medical Director
  - Protocols
  - Availability

WHAT HAPPENED TO THE MEDICS?



CRIMINALLY NEGLIGENT HOMICIDE

- Unprecedented
- Arrested and charged September 2021
- Trial began in November 2023
- December 2023 both paramedics were found guilty of criminally negligent homicide
  - Cichuniec was also convicted of second-degree assault with a drug
- March 2024 Cichuniec was sentenced to 5 years in prison and 3 years probation, Cooper was sentenced to 4 years probation
- September 2024, Cichuniec's sentence was reduced to 4 years probation (served 10 months)

MAIN POINTS

1. Rights of patients
   - We have a moral and legal obligation to the patient
   - Bioethics
   - Treat the medical issues, not the custody issues

2. Assessment and treatment
   - You must try to talk to them and examine them
   - You must have medical equipment ready
   - “Treat chemical sedation like RSI”

3. Law enforcement
   - Mutual respect, training, relationships
   - Know your protocols and your MD
   - Advocate for patient care!

10:46pm

“I can't breathe. I have my ID right here. My name is Elijah McClain. That's my house. I was just going home. I'm an introvert. I'm just different. That's all. I'm so sorry. I have no gun. I don't do that stuff. I don't do any fighting. Why are you attacking me? I don't even kill flies! I don't eat meat! But I don't judge people, I don't judge people who do eat meat. Forgive me. All I was trying to do was become better. I will do it. I will do anything. Sacrifice my identity, I'll do it. You all are phenomenal. You are beautiful and I love you. Try to forgive me. I'm a mood Gemini. I'm sorry. I'm so sorry. Ow, that really hurt! You are all very strong. Teamwork makes the dream work. [Elijah vomits] Oh, I'm sorry, I wasn't trying to do that.

I just can't breathe correctly.”

He went into cardiac arrest 21 minutes later.

February 25, 1996 - August 30, 2019

THANK YOU

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