

Form NPS-4A  
(Addendum)
**MORTALITY IN CORRECTIONAL INSTITUTIONS 2019**  
**STATE PRISON INMATE**  
**DEATH REPORT**

 U.S. DEPARTMENT OF JUSTICE  
 BUREAU OF JUSTICE STATISTICS  
 AND ACTING AS COLLECTION AGENT:  
 RTI INTERNATIONAL
**FORM COMPLETED BY:**

Name	<input type="text"/>	Title	<input type="text"/>
Official Address	<input type="text"/>	Telephone	<input type="text"/>
City	<input type="text"/>	FAX	<input type="text"/>
State	<input type="text"/>	Zip	<input type="text"/>
		E-mail	<input type="text"/>

**Instructions for Completion**If no deaths occurred in 2019:

- You do not need to complete this form.

If you had more than one death in 2019:

- Make copies of this form for each additional death.
- Complete the entire form for each inmate death.
- Once your death records are complete, there are several ways to submit a death report:

**ONLINE:** Complete the report online at: <https://bjsmci.rti.org>
**E-MAIL:** [bjsmci@rti.org](mailto:bjsmci@rti.org)
**FAX (TOLL-FREE):** (866) 800-9179

**MAIL:** RTI International, Attn: Data Capture  
 Project #: 0215015.001.300.117.102.100  
 5265 Capital Boulevard  
 Raleigh, NC 27690-1652

*If you need assistance, contact the data collection team at RTI International toll-free at (800) 344-1387 or [bjsmci@rti.org](mailto:bjsmci@rti.org)*
**What deaths should be reported?**INCLUDE deaths of ALL persons...

- Confined in your correctional facilities, whether housed under your jurisdiction or that of another state
- Under your jurisdiction but housed in private correctional facilities, whether located in or out of state
- Under your jurisdiction but in special facilities (e.g., medical/treatment/release centers, halfway houses, police/court lockups, or work farms)
- In transit to or from your facilities while under your supervision

EXCLUDE deaths of ALL persons...

- Executed in your state
- Confined in local jail facilities, whether located in or out of state
- Under your jurisdiction but housed in a state-operated correctional facility in another state or in a federal facility
- Under probation or parole supervision in your state
- Under your jurisdiction but on AWOL or escape-status at the time of death

**BURDEN STATEMENT**

Under the Paperwork Reduction Act, we cannot ask you to respond to a collection of information unless it displays a currently valid OMB control number. The burden of this collection is estimated to average 30 minutes per each reported death, including reviewing instructions, searching existing data sources, gathering necessary data, and completing and reviewing this form. Send comments regarding this burden estimate or any aspect of this survey, including suggestions for reducing this burden, to the Director, Bureau of Justice Statistics, 810 Seventh Street, NW, Washington, DC 20531. Do not send your completed form to this address.

# STATE PRISON INMATE DEATH REPORT

Are the review

1. What was the inmate's name?

Walker

LAST

Brittany

FIRST

M

MI

2. On what date did the inmate die?

1 0

MONTH

0 7

DAY

2 0 1 9

YEAR

3. What was the name and location of the correctional facility involved?

Facility Name:

Concordia Parish Correctional Facility

Facility City:

Ferriday

Facility State:

LA

4. What was the inmate's date of birth?

0 8

MONTH

1 4

DAY

1 9 8 4

YEAR

5. What was the inmate's sex?

☐ Male

☒ Female

6. Was the inmate of Hispanic, Latino, or Spanish origin?

☐ Yes

☒ No

7. In addition, what was the inmate's race? Please select one or more of the following racial categories:

☒ White

☐ Black or African American

☐ American Indian or Alaska Native

☐ Asian

☐ Native Hawaiian or Pacific Islander

☐ Some other race



Please Specify:

8. On what date was the inmate admitted to one of your correctional facilities?

1 0

MONTH

0 7

DAY

2 0 1 9

YEAR

9. For what offense(s) was the inmate being held?

a. Schedule II

b.

c.

d.

e.

10. Since admission, did the inmate ever stay overnight in a mental health facility?

☐ Yes

☐ No

☒ Don't Know

11. Where did the inmate die?

☐ In a general housing unit in the facility or in a general housing unit on prison grounds

☐ In a segregation unit

☐ In a special medical unit/infirmery within your facility

☐ In a special mental health services unit within your facility

☒ In a medical center outside your facility

☐ In a mental health center outside your facility

☐ While in transit

☐ Elsewhere



Please Specify:



Are the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or review of medical records) available to establish an official cause of death?

☒ YES → **CONTINUE TO Q13**

☐ Evaluation complete—results are pending

→ **SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH**

☐ No evaluation is planned → **CONTINUE TO Q13**

**13. What was the cause of death? \*\*\* Please SPECIFY cause of death—it is critical information\*\*\***

☒ Illness—Exclude AIDS-related deaths [Specify] → Cardiac Arrest

☐ Acquired Immune Deficiency Syndrome (AIDS)

☐ Accidental alcohol/drug intoxication [Describe] →

☐ Accidental injury to self [Describe] →

☐ Accidental injury by other (e.g., vehicular accidents during transport) [Describe] →

☐ Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe] →

☐ Homicide [Describe] →

☐ Other cause(s) [Specify] →

**14. Where did the incident (e.g., accident, suicide, or homicide) causing the death take place?**

☒ NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related

☐ In the prison facility or on the prison grounds

[PLEASE SPECIFY]

☐ In the inmate's cell/room

☐ In a temporary holding area/lockup

☐ In a common area within the facility (e.g., yard, library, cafeteria)

☐ In a special medical unit/infirmery

☐ In a special mental health services unit

☐ In a segregation unit

☐ On death row, special unit awaiting capital punishment

☐ Elsewhere within the prison facility

→ Please Specify:

☐ Outside the prison facility (e.g., while on work release or on work detail)

☐ Elsewhere

→ Please Specify:

**15. When did the incident (e.g., accident, suicide, or homicide) causing the death occur?**

☒ NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related

☐ Morning (6 am to Noon)

☐ Afternoon (Noon to 6 pm)

☐ Evening (6 pm to Midnight)

☐ Overnight (Midnight to 6 am)

Excluding emergency care provided at the time of death, did the inmate receive any of the following medical services for the medical condition that caused his/her death after admission to your correctional facilities?

☐ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide

	YES	NO	DON'T KNOW
a. Evaluated by physician/medical staff .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Diagnostic tests (e.g., X-rays, MRI) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Medications .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Treatment/care other than medications .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e. Surgery .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Confinement in special medical unit .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**PLEASE PROVIDE A  
RESPONSE FOR  
EACH ITEM (a-f)**

17. Was the cause of death the result of a pre-existing medical condition or did the inmate develop the condition after admission? (If multiple conditions caused the death and any of the conditions were pre-existing, mark "Pre-existing medical condition.")

- ☐ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
- ☒ Pre-existing medical condition
- ☐ Deceased developed condition after admission
- ☐ Could not be determined

Please add any additional notes regarding this death here:

Form C-05-001-X  
14 May 2018

Women's  
Facility

Louisiana Department of Public Safety and Corrections  
Standardized Death Report Format

Unit Name:

DATE OF REPORT:

TO: James M. Le Blanc  
Secretary

FROM: Unit Head or Designee  
Title

RE: Offender's Name *Brittany*  
Offender's DOC # *718827*

Age: *34*

Manner of Death: (Please check one of the following boxes)

☐ Expected ☒ Unexpected

Autopsy: *Acute Myocardial Infarction*

Medical Diagnosis: *NIDDM, Cardiac Disease*

NARRATIVE:

**CONCORDIA PARISH CORRECTIONAL FACILITY**

2019060230 WALKER

BRITTANY

MARIE

ADMITTED WITH NO PREA RISKS. ALLERGIC TO MORPHINE. PPD NEG ON 11/2018. LMP 05/01/2019. MEDICAL HX OF DM, CARDIAC DISEASE. SURGICAL HX OF CARDIAC STENTS X 3 AND APPENDECTOMY. DENIES ALCOHOL USE. ADMITS TO USING CRACK COCAINE AND HAS SMOKED FOR 3 YEARS. PREA AND HYGIENE INSTRUCTIONS GIVEN, ALONG WITH P&P EXPLANATIONS, V/U. M. STOCKSTILL, LPN



Date : 10/09/2019

## MEDICATION INFORMATION REPORT

CONCORDIA PARISH CORRECTIONAL FACILITY

BOOKING NO : 2019060230 CELL : DORM 84 -

INMATE NAME : WALKER, BRITTANY MARIE

MEDICATION/ PRESCRIBING DOCTOR	DOSAGE	INSTRUCTIONS
PRASUGREL 10MG	1.00	ONE TABLET DAILY

MOAK

METOPROLOL 200MG	1.00	ONE TABLET DAILY
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MOAK

LISINOPRIL 2.5MG	1.00	ONE TABLET DAILY
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MOAK

ASA 81MG	2.00	2 TABLET DAILY
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MOAK

METFORMIN 500MG	1.00	ONE TABLET TWICE A DAY
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MOAK

ATORVASTATIN 40MG	1.00	ONE TABLET AT NIGHT
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MOAK

GABAPENTIN 800MG	1.00	ONE TABLET THREE TIMES A DAY
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MOAK

# MEDICAL CONDITION/HEALTH HISTORY PROFILE

## CONCORDIA PARISH CORRECTIONAL FACILITY

Date <b>06/20/2019</b>	BOOKING NO. <b>2019060230</b>	FILE NUMBER : <b>32068</b>	RACE <b>WHITE</b>	BIRTH DATE <b>08/14/1984</b>	AGE <b>34</b>	SEX <b>Female</b>
INMATE'S NAME : <b>WALKER, BRITTANY MARIE</b>				CELL ASSIGNED <b>DORM 84</b>		
List any current medical treatment : <b>GENERAL POPULATION</b> Medication allergies : <b>MORPHINE</b> Other allergies : Special dietary needs :  Insurance Co. : (Group) Policy No. : <b>PPD 11/2018 NEG</b>						
Evidence of recent injuries to inmate : How injured - according to inmate : Was inmate treated for his/her injuries prior to admission? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						
Inmate shows evidence of : Lice/Vermin Problems <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Body Abnormalities <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Alcohol Influence <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Drug Influence <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						

Do you have now, or have you ever had : (Check all that apply)

<input checked="" type="checkbox"/>	Shortness of Breath	<input type="checkbox"/>	Epilepsy/Seizures	<input type="checkbox"/>	Diabetes
<input type="checkbox"/>	Asthma	<input type="checkbox"/>	Veneral Disease(s)	<input type="checkbox"/>	
<input type="checkbox"/>	High Blood Pressure	<input type="checkbox"/>	AIDS	<input type="checkbox"/>	
<input type="checkbox"/>	Ulcers	<input type="checkbox"/>	Pregnant/Pregnancy	<input type="checkbox"/>	
<input type="checkbox"/>	Heart Problems	<input type="checkbox"/>	Birth Control	<input type="checkbox"/>	
<input type="checkbox"/>	Hay Fever	<input type="checkbox"/>	Alcoholism Problems	<input type="checkbox"/>	
<input type="checkbox"/>	Hepatitis/Jaundice	<input type="checkbox"/>	Drug Dependency Problems	<input type="checkbox"/>	
<input type="checkbox"/>	Kidney Trouble	<input type="checkbox"/>	Suicidal Tendencies	<input type="checkbox"/>	
<input type="checkbox"/>	Hemophilia	<input type="checkbox"/>	Psychiatric Care	<input type="checkbox"/>	
<input type="checkbox"/>	Fractures/Broken Bones	<input type="checkbox"/>	Dental Problems	<input type="checkbox"/>	

<b>X</b>		<b>X</b>	
INMATE'S SIGNATURE	DATE	OFFICER	DATE



# MEDICAL VISIT INFORMATION REPORT

CONCORDIA PARISH CORRECTIONAL FACILITY

Date <b>06/20/2019</b>	BOOKING NO. <b>2019060230</b>	FILE NUMBER : <b>32068</b>	RACE <b>WHITE</b>	BIRTH DATE <b>08/14/1984</b>	AGE <b>34</b>	SEX <b>Female</b>
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INMATE'S NAME : **WALKER, BRITTANY MARIE**

CELL ASSIGNED  
**DORM 84**

## GENERAL INFORMATION

Medication allergies : **MORPHINE**

Other allergies :

Special dietary needs :

Insurance Co. :

(Group) Policy No. : **PPD 11/2018 NEG**

## EVENT INFORMATION

Event Description : **MID CHEST BURNING**

Start Date/Time : **10/07/2019 - 13:20**

Stop Date/Time : / / -

## EVENT/PHYSICIAN/NURSE COMMENTS

OFFENDER WAS IN CLASS AND WAS COMPLAINING OF MID CHEST BURNING. SHE STATED SHE HAD TAKEN SOME GERIMOX EARLIER AND THAT RELIEVED THE BURNING. I GAVE HER A ZANTAC 150MG TABLET AND INSTRUCTED HER TO LET ME KNOW IF THAT HELPED. HER PULSE WAS 80. REGULAR RATE AND RYTHM. HER BP WAS 108/74. SHE SAID SHE KNEW WHAT CARDIAC CHEST PAIN FELT LIKE AND THIS DIDN'T FEEL LIKE THAT

## CHARGES/PROCEDURES PERFORMED

<u>CODE</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>	<u>CHARGE</u>
		0	\$ 0.00

# MEDICAL VISIT INFORMATION REPORT

## CONCORDIA PARISH CORRECTIONAL FACILITY

Date <b>06/20/2019</b>	BOOKING NO. <b>2019060230</b>	FILE NUMBER : <b>32068</b>	RACE <b>WHITE</b>	BIRTH DATE <b>08/14/1984</b>	AGE <b>34</b>	SEX <b>Female</b>
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INMATE'S NAME : **WALKER, BRITTANY MARIE**

CELL ASSIGNED  
**DORM 84**

### GENERAL INFORMATION

Medication allergies : **MORPHINE**

Other allergies :

Special dietary needs :

Insurance Co. :

(Group) Policy No. : **PPD 11/2018 NEG**

### EVENT INFORMATION

Event Description : **911 CALL**

Start Date/Time : **10/07/2019 - 16:40**

Stop Date/Time : / / -

### EVENT/PHYSICIAN/NURSE COMMENTS

SEVERAL OFFENDERS CAME UP AND SAID WE NEEDED TO CHECK ON OFFENDER WALKER. THAT SHE WAS PASSED OUT IN THE BATHROOM. I CALLED 911 AT 1643 AND PROCEEDED TO THE BACK. THEY WERE BRINGING OFFENDER OUT OF BATHROOM IN A WHEELCHAIR. WHEN THEY GOT TO THE DINING HALL I COULD SEE THAT OFFENDER WAS HAVING TROUBLE BREATHING. I INSTRUCTED AN OFFICER TO GO GET THE AED AND WE PLACED OFFENDER WALKER ON THE GROUND. I POSITIONED HER HEAD TO MAKE BREATHING EASIER. I COULD NO FEEL A PULSE AND I INITIATED CPR. WHEN THE AED ARRIVED I PLACED PADS ON OFFENDER AND THE AED INSTRUCTED TO CONTINUE CPR. I DID CHEST COMPRESSION AND BREATHS UNTIL AMBULANCE ARRIVED. THEY ASSUMED CARE OF OFFENDER. I DID A FSBS WHICH WAS 252.

### CHARGES/PROCEDURES PERFORMED

<u>CODE</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>	<u>CHARGE</u>
		0	\$ 0.00



## Medical Summary Report for a Deceased Offender

(Must be submitted within 72 hours of death excluding weekends and holidays)

DATE: 10/22/19

TO: DPS&C Medical/Mental Health Director

FROM: Mackey Stockstill, LPN  
Medical Director or Treating Physician

FACILITY: Concordia Parish Correctional Facility

Name/DOC#: Brittany Walker 718827

Age/DOB: 34 / 8-14-84

Date of Death: 10/7/19

Place of Death: Riverland Medical Center  
(Facility)

(Other)  
(Attach ER, D/C summary, Hospital notes, etc.)

Medical Conditions: NIDDM, Cardiac Disease

MAR: Prasugrel 10mg QD, Metoprolol 200mg QD, Lisinopril 2.5mg QD,  
ASA 81mg QD, Metformin 500mg BID, Atorvastatin 40mg QHS,  
Gabapentin 800mg TID

Medical Summary: I was notified that offender was unconscious. I immediately  
called 911 and proceeded to the back. The other offenders were bringing  
Offender Walker to the front in a wheelchair. We then placed Offender Walker  
on the ground. I instructed an officer to get the AED. There was no  
pulse and offender had agonal respirations. I began CPR. When the AED  
arrived, I placed pads on offender. AED instructed to continue CPR which  
I did until EMS arrived and assumed care.



☐ Expected  
☒ Unexpected  
☐ Suicide  
☐ Accident  
☐ Homicide

Comments:

RIVERLAND MEDICAL CENTER

1700 EE WALLACE BLVD

FERRIDAY

LA 71334

## RECORD OF ADMISSION

STAY TYPE E/R	SUB TYPE	SERVICE EMER RM	EXPECT DATE 10/07/19				
PATIENT NAME WALKER BRITTANY MARIE		ROOM NO. ER1	NOSE. NO. 10226565	ADDRESS LINE - 1 CONCORDIA CORRECTION		ADDRESS LINE - 2 26356 HWY 15	
AGE 35	BIRTHDATE 08/14/1984	SEX F	BIRTHPLACE FERRIDAY	CITY FERRIDAY	STATE LA	ZIP CODE 71334	COUNTY CODE CON
NATIONALITY W		CIVIL ST. N	MILITARY N	RELIGION	CHURCH	PATIENT TELEPHONE 318-757-1866	
SPOUSE INFORMATION		NAME OF HUSBAND OR NAME OF WIFE		SPOUSE BIRTHPLACE		SPOUSE EMPLOYER NAME	
		SPOUSE ADDRESS		SPOUSE EMPLOYER ADDRESS			
NAME OF FATHER		BIRTHPLACE		NAME OF MOTHER		BIRTHPLACE	
NAME		RELATIONSHIP		ADDRESS		TELEPHONE	
PATIENT EMPLOYER NAME		EMPLOYER ADDRESS		EMPLOYER TELEPHONE		GUARANTOR OCCUPATION	
GUARANTOR NAME CONCORDIA CORR CENTE		GUARANTOR TELEPHONE 318-757-1866		HOSPITALIZATION INSURANCE CORRECT CARE - INTEGRATED HEALTH 438550183			
GUARANTOR ADDRESS - 1 26356 HWY 15		CITY FERRIDAY					
GUARANTOR ADDRESS - 2		STATE LA	ZIP CODE 71334	DATE 10/07/19	TIME 17:31	PLACE ONSET OF SYMPT	EVENT INJURY DUE TO ACCID.
ATTENDING PHYSICIAN ODUDU ISA	CONSULTING PHYSICIAN	ADMITTING SERVICE EMER RM	SMOKER 9	ADMITTING DIAGNOSIS			
ALLERGIES		DATE LAST ADM.		PREV. ADM. NO.	ADMISSION DATE 10/07/19	TIME OF ADMISSION 5:31 PM	INITIALS JSC
FINANCIAL CLASS ZB	MEDICAL RECORDS NUMBER 00119725	ADMISSION CODE 11/EMER	HOME HOSPITAL	SHORT TERM NURSING FACILITY	INTERMEDIATE CARE FACILITY	CANCER/ CHILD, BOSP	HOME HEALTH AGENCY
PRINCIPAL DIAGNOSIS:				ADVANCE DIRECTIVE =		CODE	
SECONDARY DIAGNOSIS:							
PRINCIPAL OPERATION/DATE:							
SECONDARY OPERATIONS:							
Consultation With _____							
Results: <input type="checkbox"/> Recovered <input type="checkbox"/> Improved <input type="checkbox"/> Not Improved <input type="checkbox"/> Not Treated <input type="checkbox"/> Diagnosis Only <input type="checkbox"/> Died <input type="checkbox"/> Released Against Advice							
Cause of Death _____				Autopsy: <input type="checkbox"/> Yes <input type="checkbox"/> No			
I have examined and approved this complete medical record on _____				20 _____			
Signed _____				Attending Physician			

ADMISSION - SUMMARY SHEET



BRITTANY MARIE WALKER (35yoWF)

Med Rec #: 00119725

Visit #: 10226565

DOS: 10/07/2019  
17:31:00**Nursing Notes**

Date/Time	Clinician	Note Type	Commentary
10/07 17:24	trpenn	Note	Arrived-PEA..
10/07 17:27	trpenn	Note	Agonal respirations.
10/07 17:29	trpenn	Note	Intubated. 7.5 ETT @ 24 @ lip.
10/07 17:30	trpenn	Note	Pulse check, no shock advised, compressions continued. IV NS wide open started..
10/07 17:31	trpenn	Note	Assigned by trpenn; assigned at 10/07/2019 17:31; Department: ED; Room: 01.
10/07 17:35	trpenn	Note	Monitor ST. Pulse 126-132 BP 169/88..
10/07 17:39	trpenn	Procedure	Blood Glucose/Accu-Chek®: Performed by trpenn; 184 mg/dL(Normal 70-110); MD notified.
10/07 17:40	trpenn	Procedure	Catheterization: Performed by trpenn; foley cath insertion; used a size 16 French catheter; urinary volume 100 milliliters; urine appearance is clear.
10/07 17:40	trpenn	Procedure	Airway, Tracheal Intubation:
10/07 17:40	trpenn	Procedure	Catheterization:
10/07 17:40	trpenn	Procedure	NG Tube Procedure:
10/07 17:44	trpenn	Note	HR-129 BP 131-99 R-15 Pupils sluggish to react 8mm.
10/07 17:49	trpenn	Note	BP 145/98 ST-124.
10/07 17:49	trpenn	Focused Assessment	Respiratory: Unresponsive-CPR in progress on arrival. Placed on cardiac monitor and ACLS protocol continues..
10/07 17:54	trpenn	Note	Vent settings AC-12 TV-500 PEEP-5 Fio2-60% Decorticate posturing BP-128/99 ST-115.
10/07 18:04	trpenn	Note	Radiology at bedside for portable.
10/07 18:06	trpenn	Note	BP-126/88 ETT to 25cm at lip.
10/07 18:14	scoleman	Note	SPOKE WITH TINA AT RAPIDES TRANSFER CENTER. WAITING CALL BACK..
10/07 18:17	trpenn	Note	Levaphed infusion started at 5mcg/min or 18.8 ml/hr.
10/07 18:22	trpenn	Note	
10/07 18:22	scoleman	Note	Tina with Rapides Transfer Center states Dr. Brian Adams in ER accepts patient.
10/07 18:28	scoleman	Procedure	Specimen Collection: Performed by scoleman; urine specimen collected via catheter; specimen appearance yellow; specimen was sent to laboratory.
10/07 18:32	dcarroll	Procedure	Electrocardiogram (ECG/EKG): Performed by dcarroll.
10/07 18:40	msmith	Procedure	: INCREASED FIO2 TO 100% AND INCREASED PEEP FROM 5 TO 10
10/07 19:35	vzuccaro	Note	Report received and verified from NEELY GREENE, RN.
10/07 19:40	vzuccaro	Note	LEVAFED INFUSING @ 32 MCG/MIN, PROPOFOL INFUSING @ 20 ML/HR, NS TO GRAVITY, FOLEY TO GRAVITY, NG TO SUCTION, PT REMAINS ON VENT, IV'S INFUSING TO EACH EJ WITHOUT ANY SIGNS OF REDNESS, INFILTRATION, COLOR GOOD.
10/07 20:00	vzuccaro	Note	NELA AMBULANCE HERE FOR TRANSPORT-REPORT GIVEN TO LYNN, AFTER REPORT GIVEN, ADVISED MEDIC TO GET SECOND MEDIC TO GO WITH HER R/T ALL OF THE EQUIPMENT/IV MEDS-SHE CALLED HER DISPATCH.
10/07 20:09	trpenn	Note	Report called to Beth, RN at RRMCC ER. Accepting MD is Dr. B. Adams..



BRITTANY MARIE WALKER (35yoWF) Med Rec #: 00119725 Visit #: 10226565 DOS: 10/07/2019 17:31:00

10/07 20:15	vzuccaro	Note	PT'S VS STABLE @ THIS TIME-SUCTIONED MODERATE AMT OF RED FROTHY SPUTUM FROM ET TUBE PER RT-PT TOL WELL.
10/07 20:30	vzuccaro	Note	WAITING FOR SECOND MEDIC TO ARRIVE-PT REMAINS CRITICAL BUT STABLE @ THIS TIME.
10/07 21:36	vzuccaro	Note	CALLED CODE-PT IN PEA-CPR BEGAN, PT TAKEN OFF VENT AND BAGGING BEGAN, MD @ BEDSIDE.
10/07 21:40	vzuccaro	Note	ROSC OBTAINED-B/P 93/44, HR 105, RR 16, O2 SAT 91%.
10/07 21:42	peames	Note	AIR EVAC CALLED FOR POSSIBLE FLIGHT STATUS CONTINUE TO DECLINE D/T WEATHER. CURRENTLY EN ROUTE FROM NATCHEZ TO ASSIST IN TRANSPORT BY GROUND..
10/07 21:54	vzuccaro	Note	CODE CALLED, PT IN PEA, CPR BEGAN, PT TAKEN OFF VENT AND BAGGING BEGAN.
10/07 22:04	vzuccaro	Note	<del>CODE CALLED-PT PRONOUNCED @ 2204 PER DR ODUDU</del>
10/07 22:15	vzuccaro	Note	JIM GRAVES, CORONER NOTIFIED OF DEATH-HE WILL ARRANGE FOR YOUNG'S TO PICK UP BODY FOR AUTIPSY.
10/07 22:19	vzuccaro	Note	CALLED RAPIDES ER AND SPOKE WITH ANGIE, EN AND NOTIFIED HER OF PT'S DEATH.
10/07 23:15	vzuccaro	Note	YOUNG'S HERE, BODY PICKED UP FOR AUTOPSY.
10/08 05:15	vzuccaro	Note	LOPA CALLED AND SPOKE WITH JARED GUILRY-R/O R/T SOCIAL HX.

BRITTANY MARIE WALKER (35yoWF)

Med Rec #: 00119725

Visit #: 10226565

DOS: 10/07/2019  
17:31:00**Discharge Instructions and Patient Disposition****Disposition**

10/7/2019 22:25

iodudu

Expired :

Stable condition; Body transported to funeral home.

10/7/2019 23:15

vzuccaro

Expired :

~~Coroner notified; JIM GRAVES; pronounced at: 10/7/2019 22:04; pronounced by: DR. ISSAC ODUJU; body not released; to Funeral Home; YOUNG'S; funeral home notified YOUNG'S; no patient belongings noted; iv lines, tubes, catheters left in place. BODY SENT TO YOUNG'S FOR AUTOPSY PER CORONER-NOTIFIED YOUNG'S BY JIM GRAVES. BODY PICKED UP BY YOUNG'S FOR AUTOPSY PER JIM GRAVES, CORONER.~~

**Electronic Signature(s)**

blewis	- Brenda Lewis, LPN
dcarroll	- Dana Carroll
msmith	- Meghan Smith, RRT
peames	- Pam Eames, RN
swhite	- Shannan E. White
scoleman	- Sharon Coleman
trpenn	- Trissie Pennington, RN
vzuccaro	- Vickie Zuccaro

To: \_\_\_\_\_

Fax# \_\_\_\_\_

Walker, Brittany  
313-19CON, 10/09/19

### Preliminary Anatomic Diagnosis

Name of Deceased: \_\_\_\_\_

Date of Death: \_\_\_\_\_

Date of Autopsy: \_\_\_\_\_

Type of Autopsy: Full ☒ External & Toxicology only ☐

Preliminary Cause of Death: Acute Myocardial Infarction

Manner of Death : Natural ☒ Accident ☐ Suicide ☐  
Homicide ☐ Undetermined ☐ Pending ☐

Pathologist: Vo

Ok to release body to Mortuary: Yes ☒ No ☐

Name and phone number of Mortuary: \_\_\_\_\_

Signed: \_\_\_\_\_ 10/9/19  
Coroner / Deputy Coroner / Parish / Date

#### NOTE:

Please return this fax with the appropriate release information to the Louisiana Forensic Center, LLC at (337) 504-2808.

If we receive no response from you within 24 hours we will release the body to the appropriate funeral home