COMMONWEALTH OF KENTUCKY
Justice Cabinet
OFFICE OF THE ASSOCIATE CHIEF MEDICAL EXAMINER
Centralized Laboratory Facility
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FINAL

I. Hypertensive and Atherosclerotic Cardiovascular Disease (Heart wt. 350 g).

- A. Coronary artery atherosclerosis: left circumflex – 10%, right coronary artery – 50% stenosed.
- B. Calcifications of aorta.
- C. Severe nephrosclerosis with benign renal cortical cysts.
- D. Right pleural effusion – 250 ml.
- E. Glial scar of white matter at right lateral ventricle.
- F. History of sudden collapse.

II. Obesity: 230 Pounds for a 5 Feet 6 Inch Tall Female.

- A. Body Mass Index = 37 kg/m^2.

III. Diabetes Mellitus, Type II.

IV. Hepatitis C Infection with Cirrhosis.

- A. Splenomegaly – 300 gm.
- B. Chronic inflammation of the liver.

V. Remote Cranial Trauma.

- A. Remote contusion, right frontal pole glial scar.
- B. History of seizures.
- C. Healed right burhole – 1.0 cm.

VI. History of Drug Abuse per Investigation.

- A. Scars of arms.
- B. Polarizable foreign material of lungs.

VII. Postmortem Toxicological Examination.

- A. Postmortem femoral blood Fluoxetine concentration 1.2 mg/L.
- B. Postmortem femoral blood Amitriptyline concentration 0.8 mg/L.
- C. Postmortem femoral blood Nortriptyline concentration 0.6 mg/L.
- D. Postmortem femoral blood Phenytoin concentration 3.5 mg/L.
- E. Presence of Fluoxetine, Amitriptyline, Nortriptyline, and Doxepin in postmortem urine.

Summary of Review Team Findings:

The KDOC Review Team has identified the following significant issues:

1. Diabetic monitoring was inconsistent and the clinician was not notified of hypoglycemic or hyperglycemic conditions. Nursing documentation was inappropriately completed on the segregation activity log. This same important documentation was not completed in the medical record for clinician review. There is inconsistent use of forms to document refusal of Accucheck and medication. There is no indication of intervention techniques in response to the refusal of diabetic medication. The lack of refusal documentation and intervention techniques creates a perception that it was acceptable to permit a patient to refuse medical treatment despite diagnosed mental health concerns and impaired reasoning brought about by a worsening medical condition.
2. There is a significant lack of communication between nursing staff and the clinician concerning critical patient care issues.
3. The practice of administering Accucheck and diabetic medication in the Medical Area instead of the Segregation Unit created a "barrier to treatment" as the inmate did not cooperate with the application of full restraints for daily escort to the Medical Area for treatment. As the inmate became more withdrawn, her cooperation with the escort process and treatment declined. Upon placement in segregation on 6-13-08, the medication review indicates a substantial number of missed dosages of insulin placing the inmate at risk.
4. There is a significant lack of communication between Medical, Mental Health, Security, and Unit Management to provide integrated care and treatment plans for inmates with special needs. Each discipline should understand and accept their individual responsibility in this endeavor.
5. Inmate Murphy was placed in a medical observation room by order of the physician for the purpose of monitoring her medical condition. The physician was not consulted when security staff removed her from the medical area to be placed in segregation. There was no process implemented which provided for the same level of medical observation in segregation as was provided in the medical observation area. A review of the medical observation room finds it to be a secure cell similar to that in segregation.
6. Medical and Mental Health documentation was not entered into the electronic file in a timely manner as required for seamless medical treatment. For example, a comprehensive mental health contact dated 6-18-08 was not entered into the record until after the inmate's death.