

Created on: 3/26/2010 9:12:02 AM

Run Number: 19613
 Patient 1 of 1
 Report Number:

Finalized: Yes

PATIENT

Harper, Paula 52 Years (Actual) Female Ethnicity: Not Hispanic/Latino Race: White
 Chief Complaint: DOA;

NARRATIVE

52 y/o w/f pt c/o of doa. pt is supine in alley way. before our arrival we were advised by dispatch that we are the 2nd unit dispatched to call. pt called in as doa 3 hours before our call. dispatch related that detectives on scene said they saw pt breath. uoa cpr was being performed by fire and advising no shock, fire relates they have not seen pt breathing. pt had no pulse, no respirations, lips, feet, legs, hands and arms are blue with lividity. pt is ice cold to touch centrally. pt pupils are fixed and dilated. pt placed our monitor showing cpr, and going to asystole once cpr stopped. i checked pt carotid pulse x 3 pt has been down for unknown amount of time. since cpr was initiated i called medical control at bmic, spoke to dr. kennedy, explained to her what i have seen, and what detectives report they saw, she called code at 9:29 am. cpr stopped, spoke with officer on scene he gave me pt info, and relates that all they know is that pt husband related that sometime in middle of night pt got up and left drove to her brothers and was found in roadway this am. they had no med hx they knew, and that husband didn't know what time pt left the house. pt covered with sheet by my partner, pt left with no signs of life with 67.

SUBJECTIVE

	ACTUAL	PERTINENT NEGATIVES
Onset	Date/Time: 3/26/2010 6:30:00 AM Activity: Not Recorded/Unspecified Rate of Onset: Unknown	
Allergies	Medications: None Known.	
PMH	General: Unknown.	
Misadmission(s)	Onset	Frequency
Multiple	mg	Unknown

INJURY

Incident Type	Not Work-related
---------------	------------------

FIRST VITAL SIGNS

Time	HR	RR	BP-Sys	BP-Dia	SPO2	ETCO2	Peak Flow	Gluc	TEMP	Pain: Visual	GCS	Position	Done By
M-9:26:13 AM	0 BPM	0 BPM	0 mmHG	0 mmHG	0 %					0 - No Hurt	E 1 V 1 M 1 3	Supine	BJ

INITIAL ASSESS - OBJECTIVE

	ACTUAL	PERTINENT NEGATIVES
Gen. Assessment Time:	3/26/2010 9:39:41 AM,	

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Trip Details

Date of Service: 3/26/2010 Customer Name: <Unknown> Customer SSN: 000-00-0000 Taken By: Jones, Courtney Dispatched By: Owen, Deanne Responded From: No Assigned Post Call Type: ALS Nature of Call: Primary Complaint: <None> Complaint #2: <None> Primary Payor: <None> At Scene Odometer: At Dest Odometer:	Run Number: 19819 Trip Number: 0004-A Vehicle: 408 Pick Up Time: 09:09:30 Trip Time: Dispatched: 09:09:30 Arrived: 09:12:41 At Scene: 09:21:51 Transport: 09:20:09 At Destination: 09:25:00 Partially Available: 09:26:00
Total Loaded Miles	

CREW INFORMATION		
Crew 1: Johnson, Brand	Crew 2: McDonnell, Mike	Crew 3: 3rd Rear

Dispatch Comments: HOMICIDE DET ON SCENE SAYS PT IS BREATHING, CALLER LRCOMM, IN THE ALLEY

PICK UP AND DESTINATION INFORMATION	
<u>Pick Up Information</u> 1322 HUNTERS COVE DR LITTLE ROCK, AR 72211	Initial Priority: 601 UNCONSCIOUS C1 Phone: N/A
<u>Cancellation Information</u> No transport - pt DOA 2010-03-26 at 09:53:18 by Owen, Deanne	Transport Priority: N/A Phone: N/A

TRIP NOTES
Empty area for trip notes

NECESSITY FOR SERVICE

CODES

Position Patient Found: Fatal;
Patient Moved to Stretcher via: Other: none;
Was Patient: Other: deceased;

SIGNATURE

Witness Signature
: pb

Primary Crew
Name: BAJOREK PAT

Secondary Crew
Name: SUMMERLIN KEITH

Created on: 3/26/2010 6:00:41 AM

Run Number: 19586

				Prior Aid Performed By: Patient:
Arrive Patient:	3/26/2010 6:50:00 AM			
On Scene Transfer:				
Depart Scene:	3/26/2010 7:26:01 AM		Transport Priority: Non- Emergency; Transport Mode: No Lights or Sirens;	Response Outcome: DOA;
RL ETA:				
RL Alert:				
Arrive Destination:	3/26/2010 7:26:02 AM	187.90 mi	Destination Type: Morgue;	
Care Transfer:				
Depart Destination:				
Available:	3/26/2010 7:26:04 AM			
Unit Back at Home:				
Wheel Check:				
Arrive Scene 1:				
Arrive Scene 2:				
Depart Scene 1:				
Depart Scene 2:				
Total Miles:		00 mi		


DEMOGRAPHICS

Last Name: Harper
DOB:
Address1: XXXX
County: Pulaski
Country: U.S.A.
Driver's License #:

First Name: Pamela
SSN:
Address2:
State: Arkansas
Tel1:

Middle Name:
MedicAlert #:
City: Little Rock
Zip: 72212
Tel2:

RESPONSIBLE PARTY

Last Name: Harper
DOB: 
Address 1: XXXX
County: Pulaski
Country: U.S.A.

First Name: Pamela
Address2:
State: Arkansas
Tel 1:

Relationship: Self
City: Little Rock
Zip: 72212
Tel 2:

Created on: 3/26/2010 6:00:41 AM

Run Number: 19586

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Name	Crew Role	Crew Level	Position	Number	Registration Type	Crew
SUMMERLIN KEITH	Crew Member	EMT Basic	Secondary Crew		28249	Yes
BAJOREK PAT	Crew Member	EMT Paramedic	Primary Crew		4286	Yes

INCIDENT

	Time	Odometer	Details	Complications / Misc
Incident Date / Time:	3/26/2010 6:36:44 AM		Location Type: Other Traffic way; Address 1: 1305 Cove View Ln City / Town: Little Rock County: Pulaski Province / State: Arkansas Zip / Postal Code: 72212 Country: U.S.A.	
PSAP:				
Call Received:	3/26/2010 6:36:08 AM			
Pre-Alert:				
Unit Dispatched:	3/26/2010 6:36:04 AM		Dispatcher Complaint: unknown Type of Service Requested: Emergency - 911 Location Type: Other Traffic way; Address 1: 1305 Covecreek Lane City / Town: Little Rock County: Pulaski Province / State: Arkansas Zip / Postal Code: 72212 Country: U.S.A.	
Enroute:	3/26/2010 6:36:05 AM		Run Number: 19586 Response Mode: Lights and Sirens; Number of Patients: 1	
Unit Cancelled:				
Arrive Scene:	3/26/2010 6:49:48 AM	187.90 mi		Other Services at Scene: Fire - Little Rock; Law Enforcement - Little Rock; Scene Hazards: Other: none; Estimate Initial Responder on Scene: Not Known; Outcome of the Prior Aid: Deteriorated;

Created on: 3/26/2010 6:00:41 AM

Run Number: 19586

INITIAL ASSESS - OBJECTIVE		
C	Skin:	Other: depressed; Temperature: Cold; Color: Mottled; Moisture: Dry; Cap Refill: None.
	Pulse:	Site: Other: none; Rate: Absent; Rhythm: NA; Strength: Absent;
	Estimated Blood Loss:	0 ml.
D	Pupils:	(L) Size: 1mm; Reactivity: Non- reactive; (R) Size: 1mm; Reactivity: Non-Responsive;
	Mental Status:	Other: depressed.
	Loss of Consciousness:	Yes; Time Unknown; Unknown.

VITAL SIGNS													
Time	HR	RR	BP-Sys	BP-Dia	SPO2	ETCO2	Peak Flow	Gluc	TEMP	Pain: Visual	SCS	Position	Done By
M- 7:10:21 AM	0 BPM	0 BPM	0 mmHG	0 mmHG	0 %					0 - No Hurt	E 1 V 1 M 1 3	Other: left fetal pos.	PB
M- 7:11:27 AM	0 BPM	0 BPM	0 mmHG	0 mmHG	0 %					0 - No Hurt	E 1 V 1 M 1 3	Other: left fetal pos.	PB

ASSESS/PLAN

Start Time	Stop Time	Section	Item	Summary	Done By
3/26/2010 7:12:30 AM		Assessment	Pulse Status	Rate: Absent; Site: Other: none; Rhythm: NA; Strength: Absent;	PAT BAJOREK
3/26/2010 7:12:58 AM		Assessment	Skin	Temperature: Cold; Moisture: Dry; Color: Mottled; Cap Refill: None;	PAT BAJOREK
3/26/2010 7:13:40 AM		Assessment	Breathing Signs	Breathing Signs: Apnea;	PAT BAJOREK

VEHICLE(S)

MEMS	Agency Number	District/Region	Unit Number	Unit Call Sign	Vehicle Number	EMS Called By	Vehicle Type	Primary Role of Unit	Station
		Metro	503			Patient / Family	ALS Emergency	ALS Transport	

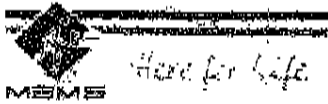
CREW MEMBERS

ID	Crew	Current

Created on: 3/26/2010 6:00:41 AM

Run Number: 19586

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Created on: 3/28/2010 6:00:41 AM

Run Number: 19586

Patient 1 of 1

Report Number:

Finalized: Yes

PATIENT

Harper, Pamela 50 Years (Estimate) Female Ethnicity: Unknown Race: White

Chief Complaint: DOA;

NARRATIVE

approximately 50 yofemale found pulseless breathless blood pooling on dependant surfaces of pt. extremities. blood on sweat pants leg pt was in underwear and a short night gown. outside temp in 40 degree. rigor mortis present. pt was found by people walking. unknown when pt was last seen to and alert.

SUBJECTIVE

	ACTUAL	PERTINENT NEGATIVES
Onset	Date/Time: 3/28/2010 6:59:00 AM	
Provocation	Afternoon - Physical	
Severity: Visual	0 - No Hurt;	

FIRST VITAL SIGNS

Time	HR	RR	BP-Sys	BP-Dia	SPO2	ETCO2	Peak Flow	Gluc	TEMP	Pain: Visual	GCS	Position	Done By
M- 7:10:21 AM	0 BPM	0 BPM	0 mmHG	0 mmHG	0 %					0 - No Hurt	E 1 V 1 M 1 3	Other: left fetal pos.	PB

INITIAL ASSESS - OBJECTIVE

	ACTUAL	PERTINENT NEGATIVES
Gen. Assessment Time:	3/28/2010 7:00:02 AM	
Scene Findings:	Blood	
Barriers to Patient Care:	None	
Emergency Information:	Not Known;	
Alcohol/Drug Use Indicators:	Not Known;	
Level Of Consciousness:	Unresponsive;	
A Airway Status:	Patent (Open);	
Airway Signs:	Additional Details: deceased;	
B Breathing Sounds:	Left Upper: Absent; Left Lower: Absent; Right Upper: Absent; Right Lower: Absent;	
Breathing Signs:	Apnea;	
Breathing Quality:	Rate: 0 BPM Regularity: Other: deceased; Effort: None; Depth:	

Created on: 3/28/2010 6:00:41 AM

Run Number: 19586

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Trip Details

Date of Service: 3/29/10 Customer Name: <Unknown> Customer SSN: 000-00-0000 Taken By: Jones, Courtney Dispatched By: Johnson, Erica Responded From: A-NLR-1 30 & BROADWAY Call Type: ALS Nature of Call: Primary Complaint: <None> Complaint #2: <None> Primary Payor: <None> At Scene Odometer: At Dest Odometer:	Row Number: 19525 Trip Number: 0542-A Vehicle: 588 Pick Up Time: 08:38:03 Total Loaded Miles
<p style="text-align: center;">TIME</p> Call Time: 08:37:40 Dispatched: 08:40:00 Responded: 08:46:32 Arrived: 08:49:46 Transport: 09:00:00 Arrived Dest: 09:00:00 Partially Available: 09:00:00	

CREW INFORMATION

Crew 1: Daborsk, Pat	Crew 2: Summerlin, Keith	Crew 3: 2nd Right
----------------------	--------------------------	-------------------

Dispatch Comments: in the alley behind this address female down, CALLER LRCOMM

PICK UP AND DESTINATION INFORMATION

<u>Pick Up Information</u> 1305 COVE VIEW LN LITTLE ROCK, AR 72212	Initial Priority: 652 UNKNOWNC2 Phone: N/A
<u>Cancellation Information</u> No transport - pt DOA 2010-03-26 at 07:38:10 by Owen, Deanne	Transport Priority: N/A Phone: N/A

TRIP NOTES

Little Rock Woman Dies after Paramedics Make Wrong Call - JEMS.org

Page 1 of 1

JEMS.com

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Little Rock Woman Dies after Paramedics Make Wrong Call

BRENT SOLOMON
FOX 16 Little Rock, AR
2010 Mar 29

Two senior paramedics with Metropolitan EMS are on paid leave. Two senior paramedics with Metropolitan EMS are on paid leave. The medics thought a patient died, but she was very much alive. The woman died Sunday.

The MEMS director is not faulting his employees just yet. He says all of his paramedics are highly trained to detect a patient's vital signs and make important medical decisions on the spot. So what happened Friday when two paramedics responded to an emergency and determined the patient was dead when she was actually alive?

Read More, [Update: Woman dies day after paramedics make wrong call](#)

- [Get EMS news & articles delivered to your inbox!](#)

User Comments

↓

AMBULANS

3/31/2010

Customer Number	COMMENTS
0036000072	



AMBULANCE

3/31/2010

MED DIR	Drug Policy	SER ID	GSEP	ANO Response	HAN test #1	Han Refusal
Dr. Chuck Mason		334	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

AMBULIANS

3/31/2010

CVAP	Huber Needle	Cardiac Thrombotic	Adult Tidal	Transport Protocols	DNIR App
04/2005			05/13/2008	8/31/09	YES

5

AMBULANS

3/31/2010

REG	DEA EXP	AGLS EXP	ORGANIZ	INSP MO	LIC MO	RSI	CCAP
C	01/2010	07/2011	Third serv	July	August		

AMERICAN

372-2000

Emer Phone	Business Phone	FAX	E-MAIL ADDR			
501-301-1407	501-301-1407	501-301-1408	greg@metudents.com		Pulaski	

ARIZONA

3/31/2010

ending Operation	City	State	Zip
5th and Chester Street, Ltd	P.O. Box 2452	Little Rock	AR 72203

AMBULANCE

3/31/2010

ID NO	Agency	SVC	Contact Name	Phone
334	Metropolitan	EMS	Greg Thompson	

UPDATE: Woman dies day r... treatment... wrong call... Page 2 of 2

"It is surprising that she did the test on her," Heister said.

Saturday morning, Heister was still in critical condition at Baptist Hospital. Saturday night, hospital officials confirmed she was still there.

Swanson says he's been alive for 10 years and has seen many people who
and the media in question are... and probably... during
the internal investigation... will determine what... action to take... the
suspension of the...
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UPDATE: Woman dies day after paramedics make wrong call

UPDATE: Woman dies day after paramedics make wrong call

Reported by: [Redacted]
Email: [Redacted]

Last Update: 3/9/18 7:15 pm

Two senior paramedics with Little Rock EMS are on paid leave. Two senior paramedics with Metropolitan EMS are on paid leave. The medical director of the hospital said she was very much alive. The woman died Sunday.

The MEMS director is reprimanding his employees, but yet. He says all of his paramedics are highly trained to take a patient's vital signs and make important medical decisions on the spot. So what happened Friday when two paramedics responded to an emergency and determined the patient was dead when she was actually alive?



"It's a lovely quiet neighborhood," says Janet Hoover describing her community.

It's why people in her west Little Rock subdivision were shocked to see all of the commotion Friday morning.

"When I came out I saw a fire truck, an ambulance, and a police car."

Her only thought was, "What's going on?"

Authorities say they responded to a home on Hunters Cove Drive after getting a call that 52 year old Pamela Harper was lying unresponsive in the yard.

"We had a unit respond initially and assess the patient, leave, another unit was called in," says MEMS Executive Director Jeff Swanson.

Both paramedics said the woman was dead, but when a detective and a deputy coroner arrived, they found otherwise. That's when another paramedic showed up to get the woman to a hospital.

"At this point you're not sure if protocol was followed or not?" we asked Swanson.

"That's the point of the investigation is to make sure we understand all the facts," he replied.

Swanson says he has faith in all of his medics, but wants to get to the bottom of the issue.

"They obviously encountered something extremely unusual, something that we had not encountered before so the whole point of the investigation is to find out what did happen," he said.

Neighbors wonder how the situation even got to that point.

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Larry New

From:
Sent:
Subject:

AESN ARKANSAS EMERGENCY SERVICE NETWORK

Ark. ambulance service suspends 2 EMS crew members who thought living woman was dead

By Associated Press

4:38 PM CDT, March 27, 2010

LITTLE ROCK, Ark. (AP) — Officials say a woman lay in the yard of a west Little Rock home for more than three hours while ambulance crews, police and coroner's office officials debated whether she was dead or alive.

She was eventually taken to a hospital Friday morning by the third ambulance crew called to the scene.

Officials of Metropolitan Emergency Medical Services say they've suspended the senior members of the first two ambulance crews that concluded 52-year-old Pamela Harper had died, though she was still alive. An emergency room doctor also pronounced the woman dead before she was eventually taken to the hospital after she took a breath as a deputy coroner and his horses watched.

Mark Lowman, a spokesman for Baptist Medical Center, said Saturday he could only confirm that Harper is a patient at the hospital. He said he could not provide a condition report on her because the hospital did not have a signed patient-privacy waiver in hand.

ASH FLAT ARKAIT — A Sharp County woman was killed in a house fire Tuesday afternoon in Ash Flat. According to the Sharp County Sheriff's Department the Ash ...

Hazmat team responds after body found in home

By Gavin Lesnick

14

Coroner looks for answers in misdiagnosed death case



Reported by [Jesse J. Barry](#)

Email: jessj@post.com

Last Update: 3/9/2011 2:00 am

As the Pulaski County coroner inquires into the bizarre case of a woman misdiagnosed as dead, he wants to find a way to prevent this kind of thing from happening again. The mistake happened Friday, but she ended up dying this weekend.

"We want to tweak the system, make sure it works better in the future," says Pulaski County Coroner Garland Camper.

That's because last Friday Metropolitan EMS crews who responded to a Little Rock home thought 52-year-old Pamela Harper was dead and those at the coroner's office later determined she wasn't. MEMS is investigating too, putting the two paramedics in question on leave.

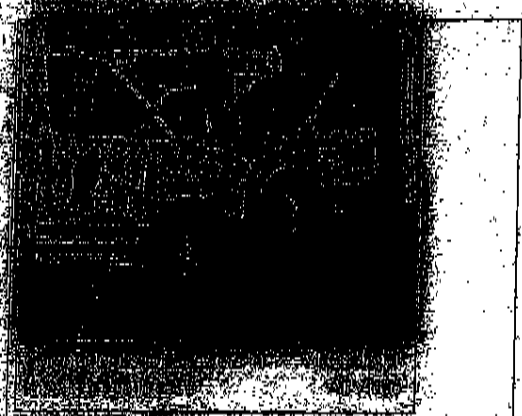
MEMS executive director Jon Swanson said, "I don't doubt the motivation or the skills of the people involved in this case, but obviously something unusual happened."

Pulaski County Coroner Garland Camper says Harper might have gotten to the hospital sooner if someone had called the coroner's office earlier.

"She probably wouldn't have laid out there in the elements the way she was if they had initially made contact with us," Camper said.

So far Camper has not determined a cause of death and he says the investigation into this case could take a month or more. Until then the paramedics will remain on leave. The Harper family declined to comment.

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Related links

- [Woman dies day after paramedics make wrong call](#)

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SECTION ON DELIVERY

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Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & F

Sent To

Street, Apt. No. or PO Box No.

City, State, ZIP+4

Metropolitan EMS
Attn: Jon Swanson
P.O. Box 2452
Little Rock, AR 72203

PS Form 3811, February 2004

4. Restricted Delivery (Endorsement) Yes

Department of Health

72204-1763 • Telephone (501) 661-2262

or and State Health Officer

2. Article Number (Transfer from Service label) 7059 1144 0001 6744 5299

PS Form 3811, February 2004 Damage Return Receipt 102402-02 M-1540

P.O. Box 2452
Little Rock, AR 72203

Dear Mr. Swanson:

The Section of EMS & Trauma Systems (Section) will be conducting an investigation of Metropolitan EMS (MEMS) and two (2) MEMS' paramedics regarding a recent incident where two (2) of MEMS' paramedics thought a Little Rock woman was deceased when in fact she was not. According to Rense Mallory, MEMS will be conducting an internal investigation regarding the same allegation. After speaking to you, Mrs. Mallory informed the Section that MEMS' internal investigation should be completed in approximately two (2) or three (3) weeks. The Section is requesting all of your findings discovered during your internal investigation. Please submit your findings within fifteen (15) calendar days after the receipt of this letter.

If the following is not part of the internal investigation, please submit the additional documents listed:

- * Your protocols for "Do Not Resuscitate";
- * Your hypothermia protocols;

The Section will notify you of our findings upon completion. If the Section can be of any assistance please notify us at 501.661.2262.

Thanks in advance for your assistance.

Sincerely,

Larry New, NREMT-P/Instructor
Regulatory Administrator
Section of EMS & Trauma Systems
Arkansas Department of Health

LN: 

Cc: MEM's Investigation File

Coroners discuss ways to prevent more mistaken deaths - FOX16.com Little Rock, AR Page 2 of 2

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Coroners discuss ways to prevent more mistaken deaths

Reported by: Stan Soliman
Email: bsoliman@fox16.com

Last Update: 4/9/2011 8:01 am

Last month, two Metropolitan EMS paramedics arrived at a West Little Rock home to find 52-year-old Pamela Harper dead. That Friday morning, it took a Pulaski County deputy coroner and a detective to realize she was actually alive.

"In the event that something like that was to happen I think that it would look better for all our agencies to have some type of uniform training," said Pulaski County Coroner Garland Camper.

At a newly formed Arkansas coroner's task force meeting, Chair Garland Camper told the group there are flaws in the policy that governs the state's death investigators.

"We've got some coroners that have not had any formal training and they are required to be in charge of a death scene investigation and they are in charge of certifying a death and this is something that they have no knowledge of," he said.

Though MEMS paramedics had a tough call to make, state leaders acknowledge in some rural areas where coroners are not trained, a situation like this one could have ended differently.

Jim Clark of the Criminal Justice Institute volunteered to host special training for all of Arkansas' coroners.

"I feel like this is such an important issue and it affects the entire state of Arkansas," Clark said.

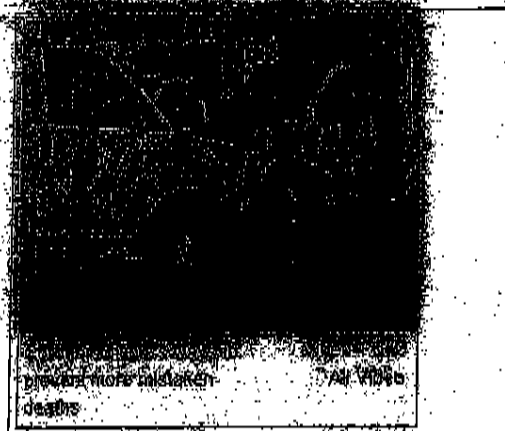
It's an offer Camper plans to accept right away.

"It helps everyone that's involved," Camper said.

"Mistakes may not happen as often as mistakes do happen," Clark added.

Some against the idea of mandatory training said it would violate state law, which only requires that a coroner live in the county he's elected in. Those in favor of the training say part of the reason the group was formed is to get state laws up to date.

MEMS is conducting an investigation as two paramedics are on paid leave. Meanwhile Camper says his office is also interviewing several people to get a better idea how it happened. That investigation could take at least a month.



Related Links

- [Coroner looks for answers in mistaken death case](#)
- [UPDATE: Woman dies day after paramedics make wrong call](#)

Larry New

From: Jon Swanson [mailto:Jon.Swanson@MEMS.com]
Sent: Friday, April 16, 2010 11:07 AM
To: Larry New
Subject: MEMS request for extension

Mr. New,

I am requesting an extension to the deadline to provide our findings discovered from our internal investigation regarding our response to patient Pamela Herber on 26 March, 2010. We have one more matter to review with the Piasa County coroner before we can finalize our work, but he will not be available until today. I received your letter on April 9, and your request for a reply within 13 days would make it Tuesday, April 20. Can we please extend this deadline until Friday, April 23rd?

Thanks in advance

Jon Swanson
MEMS Executive Director

Larry New

From: [REDACTED]
Sent: Friday, April 16, 2010 11:13 AM
To: [REDACTED]
Subject: RE: MEMS request for extension

Mr. Swanson:

The Section of EMS & Trauma Systems (Section) will honor your request for an extension to the deadline of April 20, 2010. The deadline will be extended until April 23, 2010. If the Section can be of further assistance please feel free to contact me at 501.661.2262.

Thanks

Larry New, Regulatory Administrator

From: Jon Swanson [mailto:jswanson@metraems.com]
Sent: Friday, April 16, 2010 10:59 AM
To: Larry New
Subject: MEMS request for extension

Mr. New,

I am requesting an extension to the deadline to provide our findings discovered during our internal investigation regarding our response to patient Pamela Harper on 26 March, 2010. We have one more matter to review with the Pulaski county coroner before we can finalize our work, but he will not be available until Monday. I received your letter on April 5th, and your request for a reply within 15 days would make it Tuesday, April 20th. Can we please extend this deadline until Friday, April 23rd?

Thanks in advance

Jon Swanson
MEMS Executive Director

Paramedics who ruled live woman dead acted properly

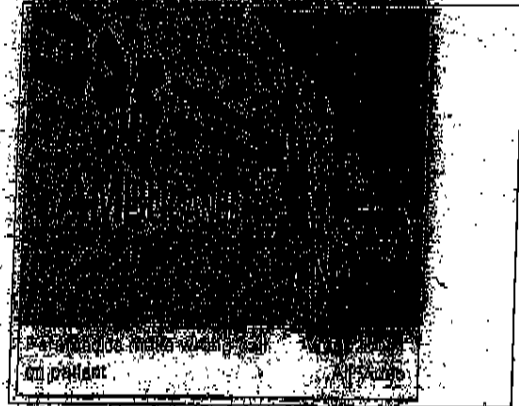
Last Update: 4/20 3:58 pm

LITTLE ROCK, Ark. (AP) — An Arkansas Emergency Medical Services official says two paramedics who ruled a woman dead when they pronounced her still living acted properly.

An internal investigation by EMS says all paramedics followed proper protocol when they pronounced 52-year-old Pamela Harper dead on March 26.

Harper was found lying outside a west Little Rock home and was pronounced dead by the first ambulance crew. A second crew was called when a police detective arrived and believed she was alive — but she was again pronounced dead after a consultation with an emergency room doctor.

A third crew was called when the coroner arrived and saw Harper take a breath. Harper died later at a Little Rock hospital.



Related Links

- [Coroner looks for answers in mistaken death case](#)
- [Coroners discuss ways to prevent more mistaken deaths](#)
- [UPDATE: Woman dies day after paramedics make wrong call](#)

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Associated Press

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CONWAY AREA CAREER CENTER
Conway High School - West Campus
200 Prince Street
Conway, AR 72034

Date: <u>4/16/10</u>	# of pages including cover sheet: <u>5</u>
To: <u>Tammy Hester</u>	From: <u>Conway Area Career Center</u>
<u>MEMO</u>	
Phone: <u>501-</u>	Phone: <u>501-430-4888</u>
Fax: <u>501-301-1487</u>	Fax: <u>501-430-6655</u>
CC:	

Remarks:

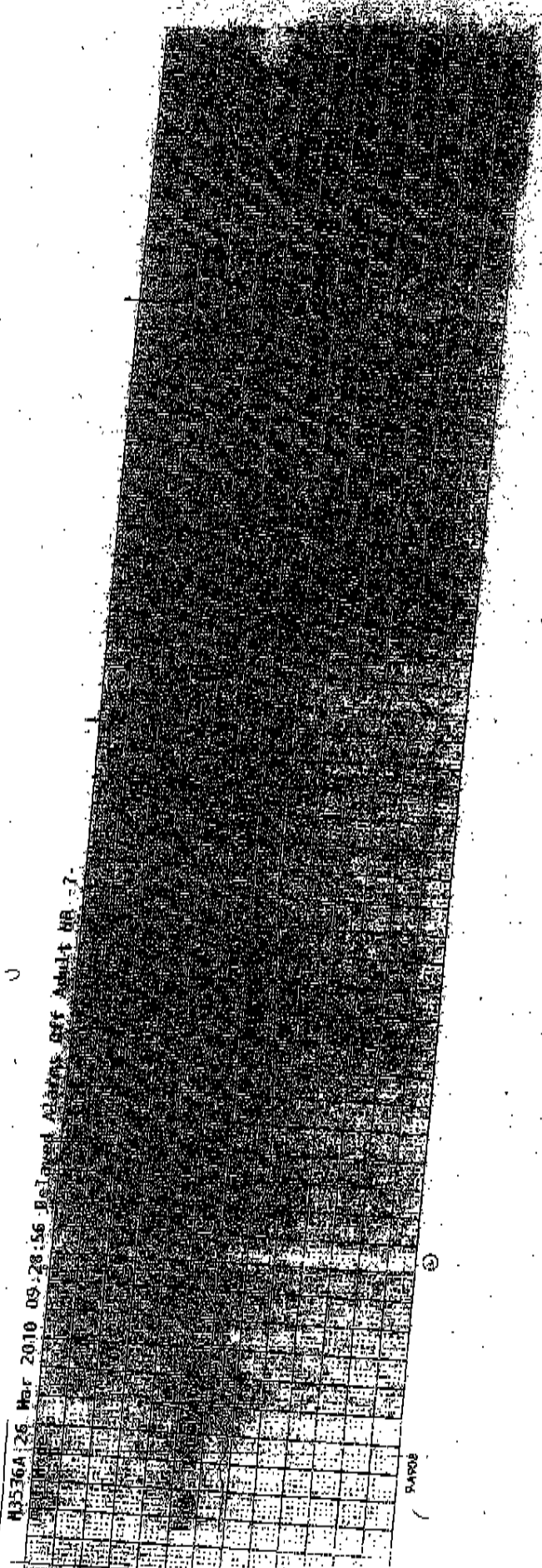
Student PCR's

J. Hester



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H3536A 26 Mar 2010 09:28:56 .Delayed. AR. DEMOCRAT-GAZETTE OFF. ADULT BR. 7.



RAYOB

Page 1 of 6

Strip 1

M3536A Z6 Mar

REGISTRATION NO. 38181

page 2 of 6

Strip 1

19:29:17 Delayed Starts Off Again for Obama

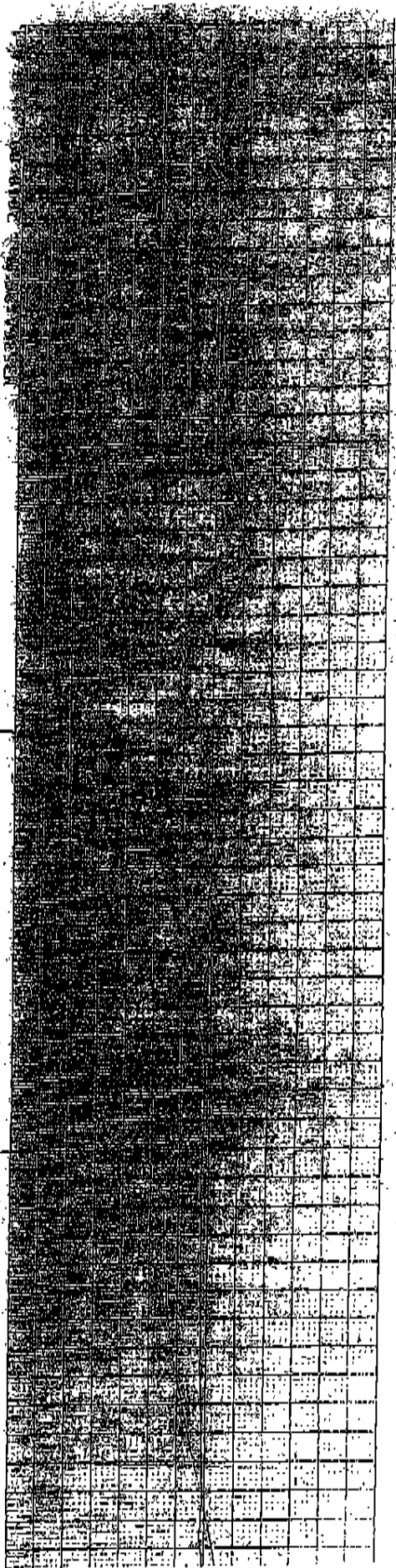
UNITED STATES

6-9908

6

Strip 1

page 3 of 6



page 4 of 6

Strip 1

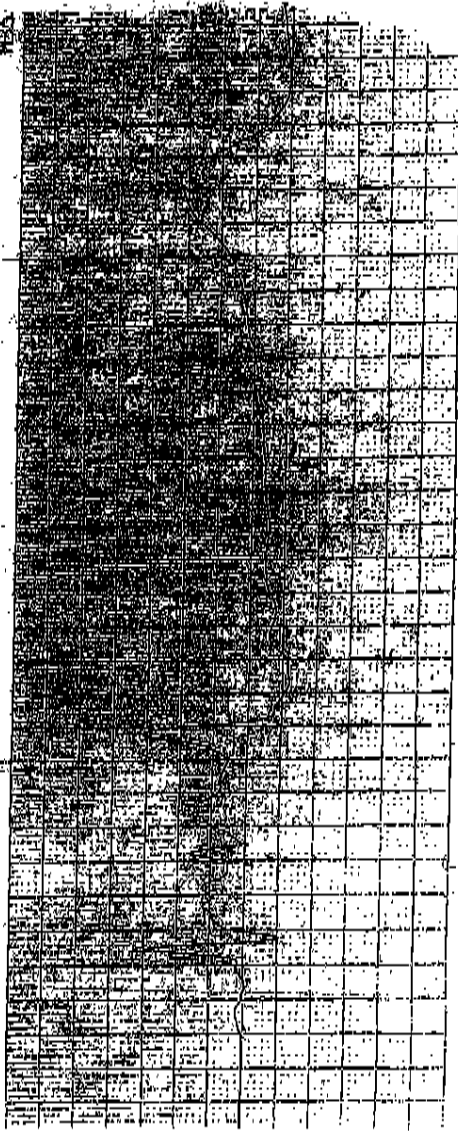
APR 10 2011

11:00 AM

11

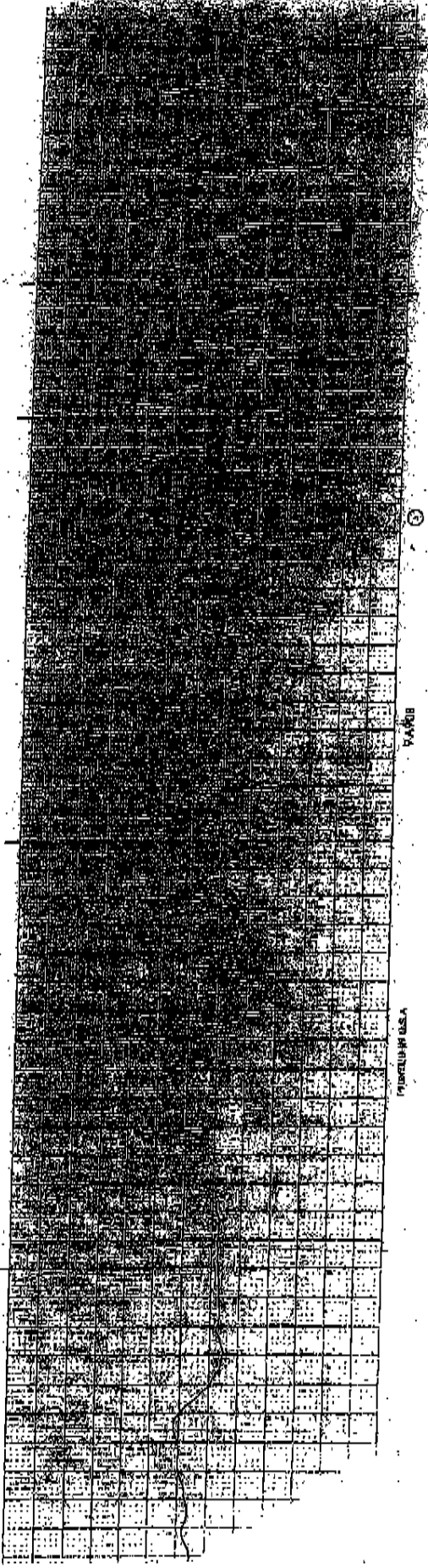
SHAP I

page 5 of 6



page 6 of 6

strip 7



2

PAKOB

PAPERLUM SAS A

page 1 of 5

Strip 2

44

42

PLANNED IN US\$

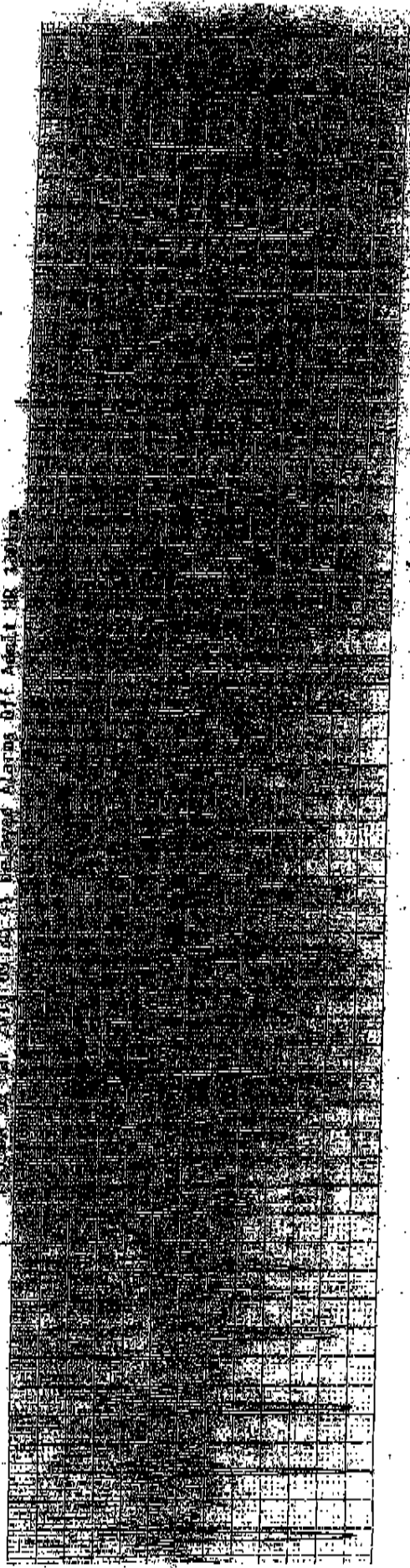
PLANNED IN US\$

page 3 of 5

Strip 2

1A

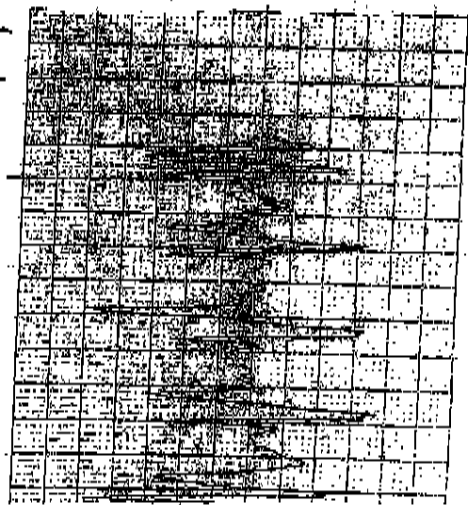
RECEIVED 26 Mar 2010 09:20 41 Delaysd Alarms Off Admit HR 1201



page 4 of 5 c/m

Strip 2

Handwritten mark



page 5 of 5. C/A

STEP 2

Addendum

An EMT student was a third responder on both the first and second crews responding to this scene. Both are enrolled in the EMT class at the Conway High School which MEMS supports by providing the required ambulance ride time. Both students are 18 years old. The course is taught by Ms. Louise Prather (school 501-450-4883).

The EMT student on the first response was [REDACTED]. She observed the events on this call and did not participate in providing patient care.

The EMT student on the second call was [REDACTED]. She observed the events on the second call and performed CPR at the end of the crew's interaction with the patient.

Their reports, which they are required to prepare as part of their course work, are included in this addendum. These students can be reached through Ms. Prather at the above phone number.

LITTLE ROCK POLICE DEPARTMENT SUPPLEMENTAL REPORT

ORIGINAL INCIDENT#

2010-30129

PAGE 5 OF 5

Officers advised Mr. Harper that Mrs. Harper was seated behind Mr. Harper and Mrs. Harper may have passed out since the pill bottle was found on the floor.

Detective M. Nelson responded to the scene and advised that Mrs. Harper appeared to be a 5'11" female, black, wearing glasses from her body. She was pronounced deceased again.

Coroners G. Hubble and G. Cooper responded to the scene and examined Mrs. Harper. Mr. Hubble advised he administered Mrs. Harper two breathers at approx 10:17 and had MEMS respond back to the scene for the 3rd time.

MEMS whichers then transported Mrs. Harper to Baptist IR for follow up treatment. At time of report, Mrs. Harper was receiving medical treatment.

Mrs. Harper had the following ailments, she was being treated for; Lupus, Diabetes, Renards, Shagrenis and Fibromyalgia.

Detective Nelson got MEMS call times and names for the report from their supervisor.

Signature of Officer

[Signature]

Employee Number (Officer)

12669

Date

03-26-2010

Time

1245

Signature of Supervisor

[Signature]

Employee Number (Supervisor)

116785

Date

3-26-10

Time

1400

INCIDENT# 2011-30429

SUSPECT WITNESS

SUSPECT # NAME: Last

RESIDE # ADDRESS

RES. STATUS: (R) Resident (N) Nonresident (U) Unknown

ARREST LOCATION

CHARGE 1

SEX: (M) Male (F) Female (U) Unknown

ETHNIC: (H) Hispanic (W) White (A) Asian (O) Other

THIS SUSPECT RELATES TO WHICH OF THE FOLLOWING: #1 #2 #3 #4 #5 #6 #7 #8 #9 #10 #11 #12

Table with columns: Hat, Coat, Shirt, Pants/Dress, Shoes. Rows include COMPLEXION-1, COMPLEXION-2, HAIR LENGTH-2, BUILD-1, BUILD-2, and ADDED DESCRIPTION.

VEHICLE # 1
WANTED SUSPECT SUBJECT OF REPORT STOLEN ABANDONED STORED OTHER HOLD AUTH.

YEAR MAKE MODEL STYLE VIN LICENSE NO. LIC YR STATE

OWNER'S NAME

COLOR DISPOSITION OF RECOVERY NIC # INSURANCE/POLICY #

VEHICLE #
WANTED SUSPECT SUBJECT OF REPORT STOLEN ABANDONED STORED OTHER HOLD AUTH.

YEAR MAKE MODEL STYLE VIN LICENSE NO. (TYPE) LIC YR STATE

OWNER'S NAME ADDRESS

COLOR DISPOSITION OF RECOVERY NIC # INSURANCE/POLICY #

RACE/BIAS RELATIONSHIP: (88) None IF YES, COMPLETE BELOW
SOCIAL (Anti-), RELIGIOUS (Anti-), ETHNICITY/NATIONAL ORIGIN (Anti-), SEXUAL (Anti-)

INCIDENT # 110-30129 JUVENILE INFORMATION

PERSON REPORTING VICTIM WITNESS OWNER CONTACT MISSING RUNAWAY ATL DRVY

VICTIM # 1 NAME (Last, First, Middle) Hager Pamela K BIRTH NO. (STATE) Ark

ADDRESS: Street [REDACTED] City Little Rock State Ark Zip 72202

OCCUPATION/EMPLOYER: [REDACTED] EMPLOYMENT PHONE: [REDACTED]

SEX: (M) Male (F) Female (U) Unk AGE: 52

ETHNIC: (H) Hispanic (N) Non-Hisp (U) Unk

RACE: (W) White (B) Black (A) American Indian (P) Pacific Islander (U) Unknown

RES. STATUS: (R) Resident (N) Nonresident (U) Unknown

VICTIM TYPE: (I) Individual (G) Government (B) Business (S) Social (O) Other

VICTIM INJURY (Max. 5): (N) None (I) Possible Physical Injury (O) Other Major Injury

AGGRAVATED ASSAULT/ROBBERY (Max. 3): (04) Gangland (08) Other Police Involved (21) Criminal Act by Police Officer (33) Other Non-Firearm Weapon

SUSPECT WITNESS OWNER CONTACT MISSING RUNAWAY ATL WANTED DRIVER

SUSPECT # 1 NAME: Last Maubarak First Trudy Middle [REDACTED] AKA [REDACTED]

ARRESTEE # [REDACTED] ADDRESS: Street [REDACTED] City Little Rock State Ark Zip 72202 DATE OF BIRTH [REDACTED]

RES. STATUS: (R) Resident (N) Nonresident (U) Unknown

ARREST LOCATION [REDACTED] ARREST DATE [REDACTED] ARREST TYPE: (1) Summons Cited (2) Taken into Custody

CHARGE: 1. [REDACTED] 2. [REDACTED] NIC# [REDACTED]

SEX: (M) Male (F) Female (U) Unk AGE: [REDACTED]

ETHNIC: (H) Hispanic (N) Non-Hisp (U) Unk

RACE: (W) White (B) Black (A) American Indian (P) Pacific Islander (U) Unknown

THIS SUSPECT RELATES TO WHICH OFFENSE? 01 02 03 04

HEIGHT: Ft. [REDACTED] In. [REDACTED] WEIGHT: Lbs. [REDACTED]

CLOTHING DESCRIPTION: Hat [REDACTED] Coat [REDACTED] Shirt [REDACTED] Pants/Dress [REDACTED] Shoes [REDACTED]

COMPLEXION: (1) Light (2) Medium (3) Dark (4) Acne (5) Freckled (6) Ruddy (7) Other (8) Unknown

HAIR STYLE: (1) Short (2) Medium (3) Long (4) Bald (ing) (5) Other (6) Unknown

HAIR COLOR: (1) Black (2) Brown (3) Grey (4) Green (5) Red (6) Other (7) Unknown

FACE: (1) Clean Shaven (2) Unshaven (3) Full Beard (4) Partial Beard (5) Shaved (6) Other (7) Unknown

EYE COLOR: (1) Blue (2) Brown (3) Grey (4) Green (5) Red (6) Other (7) Unknown

SCARS: (1) None (2) Scar (3) Other (4) Unknown

TATTOO: (1) None (2) Tattoo (3) Other (4) Unknown

TATTOO LOC: (1) Arm (R) (2) Arm (L) (3) Leg (R) (4) Leg (L) (5) Back (6) Neck (7) Face (8) Head (9) Other (10) Unknown

ADDED DESCRIPTION: _____

LITTLE ROCK POLICE DEPARTMENT (MID) - 11/11/2011

JUVENILE INFORMATION

INCIDENT NUMBER: 2010-80127

DATE(S) OF INCIDENT: 03-26-2010

INCIDENT/OFFENSE TYPE

1. Unknown Medical

2.

3.

4.

SUSPECTS USED (As Many As Apply)

(A) Alcohol (B) Firearm

(C) Computer Equip. (D) Motor Vehicle

LOCATION (Check All That Apply)

(01) Airports (02) Banks

(03) Bars (04) Churches

(05) Commercial District (06) Construction Sites

(07) Convalescent Homes (08) Department Stores

(09) Drug Stores (10) Field Offices

(11) Government/Bldg. (12) Grocery/Supermarket

PERSON REPORTING VICTIM WITNESS OWNER CONTACT UNKNOWN OTHER

VICTIM # _____ NAME (Last, First, Middle) or BUSINESS: Bankoff, Jim COUNTY (STATE): _____ DATE OF BIRTH: _____

ADDRESS: Street City State Zip 1322 Hunters Hill Rd Little Rock AR 72201

OCCUPATION/EMPLOYER: Unk HOME PHONE: _____ EMPLOYMENT PHONE: _____

SEX: (M) Male (F) Female (U) Unknown

ETHNIC: (0) Hispanic (1) Hispanic (2) Black

RACE: (0) White (1) Black (2) Hispanic/Latino

RES. STATUS: (0) Resident (1) Nonresident (2) Unknown

VICTIM TYPE: (0) Individual (1) Business (2) Financial Inst. (3) Unk

VICTIM INJURY: (Max. 5)

(N) None (M) Apparent Minor Injury (B) Apparent Broken Bones

(I) Possible Internal Injury (T) Loss of Teeth (L) Severe Laceration

(O) Other Major Injury (U) Unconsciousness

AGGRAVATED ASSAULT/HOMICIDE (Max. 3)

(04) Gangland (05) Juvenile Gang (06) Lover's Quarrel

(08) Other Felony Involved (09) Other Circumstances (10) Unknown Circumstances

(21) Criminal Killed by Police Officer (30) Child Playing w/Weapon (31) Qph-Cleaning Accident

(33) Other Negligent Weapon Handling (34) Other Negligent Killings

(02) Assault on Law Enk. Officer (03) Drug Deal (07) Mercy Killings (20) Criminal Killed by Private Citizen (32) Hunting Accident

REPORT DATE: 03-26-2010 TIME (Military): 1245 REPORTING OFFICER: R. Rayson EMPLOYEE #: 17669 APPROVING SUPERVISOR: [Signature] EMPLOYEE #: 10785



Arkansas Department of Health

5200 West 10th Street, Suite 300 • Little Rock, Arkansas 72203 • Telephone (501) 661-2262
 Governor Mike Huckabee
 Paul K. Halverson, DPH, PA-C, Director and State Health Officer

April 01, 2010

Metropolitan EMS
 Attn: Jon Swanson
 P.O. Box 2452
 Little Rock, AR 72203

Dear Mr. Swanson:

The Section of EMS & Trauma Systems (Section) will be conducting an investigation of Metropolitan EMS (MEMS) and two (2) MEMS paramedics regarding a recent incident where two (2) of MEMS' paramedics thought a Little Rock woman was deceased when in fact she was not. According to Renee Mallory, MEMS will be conducting an internal investigation regarding the same allegation. After speaking to you, Mrs. Mallory informed the Section that MEMS' internal investigation should be completed in approximately two (2) or three (3) weeks. The Section is requesting that your findings discovered during your internal investigation be submitted to the Section within fifteen (15) calendar days after the completion of the investigation.

If the following is not part of the internal investigation, please submit the additional documents listed:

- * Your protocols for "Do Not Resuscitate";
- * Your hypothermia protocols;

The Section will notify you of our findings upon completion. If the Section can be of any assistance please notify us at 501.661.2262.

Thanks in advance for your assistance.

Sincerely,

Larry New, NREMT-P Instructor
Regulatory Administrator
Section of EMS & Training Systems
Arkansas Department of Health

LN 

Cc: MEM's Investigation File

Larry New

From: Larry New
Sent: Friday, April 16, 2010 11:15 AM
To: Jon Swanson
Subject: RE: MEMS request for extension

Mr. Swanson:

The Section of EMS & Trauma Systems (Section) will honor your request for an extension to the deadline of April 20, 2010. The deadline will be extended until April 23, 2010. If the Section can be of further assistance please feel free to contact me at 501.661.2262.

Thanks

Larry New, Regulatory Administrator

From: Jon Swanson [mailto:jswanson@metrooms.com]
Sent: Friday, April 16, 2010 10:58 AM
To: Larry New
Subject: MEMS request for extension

Mr. New,

I am requesting an extension to the deadline to provide our findings discovered during our internal investigation regarding our response to patient Pamela Hays on 26 March, 2010. We have one more matter to review with the Pulaski County coroner before we can finalize our work, but he will not be available until Monday. I received your letter on April 5th and your request for a reply within 15 days would make it Tuesday, April 20th. Can we please extend this deadline until Friday, April 23rd?

Thanks in advance

Jon Swanson
MEMS Executive Director

Larry New

From: Jon Swanson [mailto:jswan@mems.com]
Sent: Friday, April 8, 2011 10:23 AM
To: Larry New
Subject: MEMS request for extension

Mr. New,

I am requesting an extension to the deadline to allow our internal investigation regarding our response to patient Pamela Blinn on 30 March 2010. We have a number of issues to review with the county coroner before we can finalize our report. Our report will be available on Monday, 11 April. Your letter on April 5 and your request for a reply within 15 days would make it Tuesday, April 20. Can we please extend this deadline until Friday, April 23?

Thanks in advance

Jon Swanson
MEMS Executive Director

82

Larry New

From: Larry New
Sent: Friday, April 16, 2010 11:15 AM
To: Jon Swanson
Subject: RE: MEMS request for extension

Mr. Swanson:

The Section of EMS & Trauma Systems (Section) will honor your request for an extension to the deadline of April 20, 2010. The deadline will be extended until April 23, 2010. If the Section can be of further assistance please feel free to contact me at 501.661.2262.

Thanks

Larry New, Regulatory Administrator

From: Jon Swanson [mailto:jswanson@metroems.com]
Sent: Friday, April 16, 2010 10:58 AM
To: Larry New
Subject: MEMS request for extension

Mr. New,

I am requesting an extension to the deadline to provide our findings discovered during our internal investigation regarding our response to patient Pamela Harper on 29 March, 2010. We have one more matter to review with the Pulaski county coroner before we can finalize our work, but he will not be available until Monday. I received your letter on April 5th and your request for a reply within 15 days would make it Tuesday, April 20th. Can we please extend this deadline until Friday, April 23rd?

Thanks in advance

Jon Swanson
MEMS Executive Director

Larry New

From: [Redacted]
Sent: [Redacted]
To: [Redacted]
Subject: Memo request for extension

Mr. New,

I am requesting an extension to the deadline to provide our findings regarding our internal investigation regarding our response to patient Pamela Hepler on 25 March 2010. We have not completed our review with the Pulaski county coroner before we can finalize our work. Our report will not be available until Monday. I received your letter on April 5th and your request for a reply within 15 days would make it Tuesday, April 26th. Can we please extend this deadline until Friday, April 23rd?

Thanks in advance

Jon Swanson
MEMS Executive Director

06/22/2010 10:46 AM

0000000000

P.002002



Pulaski County

CORONER

Coroner's Office
Pulaski County, Arkansas
Little Rock, AR 72201
501-372-8223 FAX

Date: June 22, 2010

OTIS

ALEXANDER

CAMMACK VILLAGE

JACKSONVILLE

LITTLE ROCK

MAUMELLE

NORTH LITTLE ROCK

SHERWOOD

WRIGHTSVILLE

I, Garland L. Camper, F-ABMDI, Coroner of Pulaski County, Arkansas, hereby request a copy of the final investigative report of Larry New, Regulatory Administrator, Section of EMS. I request this report pursuant to the Freedom of Information Act.

Garland L. Camper, F-ABMDI
Office of Coroner of Pulaski County, Arkansas
201 S. Broadway #440
Little Rock, AR 72201

UNINCORPORATED
TOWNS

800 SQUARE MILES

MILITARY
BASES

LRA's

CAMP ROBINSON

Report of the
Coroner's Investigation Case: 10-1017

**Office of the
Coroner of
Pulaski County,
Arkansas**

201 South Broadway
Suite 340 Little Rock,
Arkansas 72201
501-340-8355 Office
501-340-8358 Fax

Report of the Coroner's Investigation Case: 10-1017

Decedent: [REDACTED]
DOB: [REDACTED]
Age: 52 YR
Race: WHITE
Sex: F
Address: [REDACTED]
City: Little Rock
State: AR
Zip code:

Employer:
Occupation:
Address:
City:
State: AR
Zip code:

Type of Death: Suspicious
At Work: N
Notification By: POLICE
Means Weapon:

MVA:
Seat Belt:
Model:
Make:
Year:

Report of the Coroner's Investigation Case: 10-1017



	Date	Time
Last Seen Alive	03/26/2010	0637
Injury/Illness	03/26/2010	Unknown
Death	03/28/2010	1430
Police Notified	03/26/2010	0635
Coroner Notified	03/26/2010	0901
View of Body	03/26/2010	0955
M.E. Notified	03/28/2010	1607

	Location	City/County	Type/Premises
Injury/Onset	1322 Hunters Cv	Little Rock	Alley
Death	1322 Hunters Cv	Little Rock	Alley
View Body	1322 Hunters Cv	Little Rock	Alley



Physician / Diagnosis

Dr Eleanor Lipsmeyer	Elbow Surgery
Dr Ryan David	Pronounced
Dr Ryan David	

Witness/ Relation

005

**Report of the
Coroner's Investigation Case: 10-1017**



Name of kin

Name: Tanny Harper
Relation: Husband
Address: Same
City:
State: AR
Zip code:
Phone: (501) [REDACTED]

Toxicology

Toxicology Sent:
Blood:
Urine:
Other:
Blood Alcohol:
Carbon Monoxide:
Test by:
Autopsy: Y
Autopsy by: ASCL
Other Information: See ASCL Report

Report of the

Coroner's Investigation Case: 10-1017

Remains Transported by: CRIME LAB
Remains Transported to: CRIME LAB
Released to: CRIME LAB

Investigation Date: 03/26/2010
Investigative Agency: Little Rock
Officer / Detective: Matt Thomas

County Investigator: Patrick McElroy
Incident #: 10-30129

CASE # 10-1017

At 0901 Kerry Station received a call from the Little Rock Police Department advising his office of a death in an alleyway behind 1227 Hunters Cove. Dispatch advised to contact Detective Matt Nelson with the Little Rock Police Department. I contacted Detective Nelson who advised that he would have to call me back because the decedent is thought to be still breathing. Detective Nelson advised that he would have MEMS to return to the scene at the residence and then call back if necessary.

At 0930 hours I received a call from Detective Nelson advising the decedent received CPR by the Little Rock Fire Department and that MEMS arrived took over the resuscitative efforts, and Dr. James Kennedy at Baptist Medical Center pronounced the death at 0949 hours. The Paramedic on scene was said to be a Brian Johnson. I advised Chief Deputy Coroner Garone Hobbbs, who contacted Coroner Garland Camper of the incident and we responded to the scene.

Upon arrival at the scene I spoke with Detective Matt Nelson and was advised the decedent has had elbow surgery at some point in the past and was taking prescribed generic Darvocet for the pain of the injury. An empty prescription bottle was retrieved, the prescription filled for Pamela K Harper on 3-15-10 at Kroger Pharmacy at 14000 Cantrell Rd for 60 of Propoxyphene-APAP 100-320 MG TB. Detective Matt Nelson also advised the decedent was seeing a Psychiatrist for unknown reasons. Detective Nelson stated the decedent called her brother-in-law, Jim Duckett (501-██████████) who resides at the address of the scene approximately 0200 hours this morning. The decedent was said to have been thought to be intoxicated and stated that "she couldn't take it anymore". Mr. Duckett stated he told the decedent to go to sleep. The decedent was witnessed by her husband in bed at her residence at around midnight.

The decedent was found face down on the pavement by Judy Mobarak (501-██████████) a neighbor of Mr. Duckett (brother-in-law) and authorities were called. Detective Nelson advised initially MEMS arrived on scene no effort was made to resuscitate the decedent. After the MEMS unit left the scene, Detective Nelson and a female Little Rock Police Department Officer saw the decedent breathe while they were contacting the Coroner's office, to request a response to the scene. MEMS was again summoned and returned to the scene. LRPD also responded the scene and began CPR until MEMS arrived and took over. The decedent was then said to have been pronounced by the emergency room physician at Baptist Medical Center. Coroner Camper spoke with Mr. Duckett and advised him that we will photograph the body, conduct our investigation, and we would advise him of what we the next step in the process after the investigation.

As I was photographing the scene and the body, I noted the decedent to be lying supine on the pavement west of the residence. The area the decedent was laying was shaded and noted to be cool. The decedent was noted with her head facing east towards the residence and her feet towards the west. The decedent was covered with a white sheet. This sheet was removed and I observed a middle aged white female, who was identified by the Little Rock Police Department. The decedent was noted to be wearing a gray shirt

and white and blue patches with pink colored markings. The decedent had two patch stickers on her upper right chest and lower left chest. Patches on the decedent's right shoulder were a patch of white, yellow, black, blue, and pink. The decedent's eyes were blue in color, were closed, and dry. No other markings were noted. The decedent's skin was pale and cool. The decedent was found to be cold to the touch and was checked for vital signs by opening the jaw. The jaw opened without resistance. Her lips were blue and white. Her eyes were closed. The decedent's head, and then her torso, were moved for being sure of stability by the decedent's nose. Her nose was blue and dry. Her breaths were shallow and exposed, and examined for a period of approximately 5-10 seconds. At that time, I witnessed the decedent take a deep breath which caused her abdomen to rise and fall, along with her chest. The time was 10:17 hours by my watch. Coroner Camper was then started and advised of the decedent's breathing and heard LRPD officer Randall Robinson to contact MEMS and have them to respond immediately. At the scene, after several other respirations were noted. All the respirations at that point were noted to be deep, and were witnessed by this officer, and LRPD Detective Matt Nelson, Officer Robinson prior to MEMS arriving on the scene. The decedent's carotid pulse was checked bilaterally by me, to which none was noted. I then, having no knowledge of trauma or injury, tilted the decedent's head back and opened her airway. After which, the decedent's respirations became deeper and gurgling was noted upon exhalation. The decedent was covered with a white sheet, up to her neck, and a red blanket was used to cover her up to her neck as well, as we waited for MEMS arrival for the third response.

MEMS arrived, Paramedic Josh Richmond and his female partner were advised by Coroner Camper and I, the decedent was having respirations. The MEMS employees then attached the face patch stickers to their cardiac monitor and stated that the decedent was A-systolic. The decedent received no mechanical respirations or chest compressions for at least approximately 5 minutes after MEMS arrived on scene. Coroner Camper advised the MEMS crew that he had spoken to Dr. Kennedy at Baptist Medical Center emergency room and he advised her that upon arrival of the ambulance, to admit Mrs. Hamper in the emergency room. He then advised the crew to transport Mrs. Hamper to the emergency room. Once inside the ambulance MEMS Supervisor Chris Marshall arrived and ended their resuscitation efforts. The decedent remained inside the ambulance on scene for approximately 10-15 more minutes prior to leaving. Upon arrival at the emergency room I was advised by the emergency room staff that the decedent did have a heartbeat. I then heard Dr. Kennedy say the decedent was cold and was being warmed, and CPR was being performed by staff.

Supplemental

March 28, 2010

Patrick McElroy, Deputy Coroner

On 3-28-10 at 1423 hours I received a call from Vicki Miller with Baptist Medical Center advising me that the decedent had been pronounced. The decedent was then viewed at the Baptist Morgue at 1531 hours on 3-28-10. The decedent was viewed and identified by

Vicky Miller. I observed the decedent to be lying supine on the stretcher in the transport cart. The decedent was noted to be wearing blue jeans which were soiled and the decedent was dressed in a gown and a pair of blue socks. The decedent had an oxygen mask on each shin as well as a halo on her head. Her hair was dark and pulled back. The decedent was noted to have both an endotracheal tube and a nasogastric tube protruding from her mouth. The decedent had EKG and chest x-ray stickers on her chest. Her abdomen was noted to have an IV to the left clavicle area and the right wrist. There were two IVs noted, one to the right antecubital fossa and the other to the right wrist. The decedent had a Foley Catheter protruding from her urethra. The decedent was noted to have abrasions to the left shoulder and the left elbow.

I contacted Chief Deputy Higgs and after a conference with Coroner Camper, Coroner Camper advised to transport the decedent to the State Crime Lab for examination. Upon arrival at the State Crime Lab the decedent's body bag was secured in the morgue with PCCO lock #02209.

Supplemental

May 21, 2010

Jeff Thrasher, Deputy Coroner

Garland L. Camper, Coroner

This office conducted multiple interviews of personnel from LRPD, LRFD, MEMS and private citizens who were either a witness in the death of Mrs. Harper or were directly involved with the incident as a first responder. During this investigation our office established that the first two attempts by responders failed to detect life signs of the decedent. The interview of lead veteran paramedic Pat Bajonke failed to find obvious signs of life of the patient upon his arrival. Cold weather, very little clothing and the patient being under the influence of narcotic being present were all related. This office found that Paramedic Bajonke failed to follow MEMS protocol for hypothermia. The fact known at the time led him to overlook the potential signs of life and possibility of hypothermic emergency. After this office issued a subpoena for the protocol, and reviewed the protocol, we determined the treatment for hypothermia called for Mrs. Harper to be transported to the nearest and appropriate emergency facility. Mr. Bajonke stated weather did play a role in determining which protocol he used, but in his report he noted the outside temperature to be 40 degrees, and recorded rigor mortis to be present. Mr. Bajonke then vacated the scene thinking there were no signs of life, leaving Mrs. Harper. Upon leaving the scene of what they thought to be a death, MEMS failed to notify the Coroner according to the State Statute 12-12-315. It is clearly stated that the responsibility of a person with knowledge of a death to notify the Coroner.

Interviewing Detective Matt Nelson with Attorney present, Detective Nelson stated he thought what he saw was the decedent breathing, then felt under her nose and detected warm air coming from her nostrils. He then summoned MEMS back to the scene. LRFD responded first and began CPR and MEMS arrived and took over the process.

In the interview with Brandi Johnson of MEMS, she stated that a CPR was performed along with the use of AED. Ms. Johnson also acknowledged that while performing the location, she was interrupted by the arrival of the police. She stated that an officer of the police noticed the accident scene and she took over the CPR and continued until the patient was pronounced dead. Ms. Johnson stated in her medical report the device was not used until it was discovered through the location of the medical records that the cardiac monitor used in the second response, that had been used on the patient, but a slow pulseless electrical activity (PEA) or asystole was present, or asystole not asystole. Johnson also stated the decedent had rigor mortis present.

Ms. Brandi Johnson called to report that the student did not attend with her and actually acted in the resuscitative efforts. This student was a minor and her identity is being withheld but she was under direct supervision of Ms. Johnson at the scene. In the initial process of requesting a list of the responding parties to the scene, Coroner Garber was told there were students with the second unit that responded, but MEMS Directors were evenly forthcoming about the identity of one student and her name was administered and to Mrs. Harper. This information was revealed in an interview with LRFD personnel. Again it is believed that combined with the time that expired from the first 911 call, the unknown down time, and other prior information about the possible use of the narcotics, and along with the failure of the first responding ambulance to transport after determining no life signs, led Ms. Johnson to elect not to transport the patient again. But once again MEMS failed to report what they thought was a deceased person according to the State Statute.

The response of the third MEMS ambulance was led by Josh Richmond, paramedic. This office interviewed him and found inconsistencies in his statement and what was documented in his medical record. Multiple witnesses stated and agreed there was a reluctance to render aid upon the arrival of their crew. Coroner Garber had to insist that the crew transport the patient, informing them of his conversation with Dr. Kennedy prior to their arrival. The crew showed a distrust that Mrs. Harper was viewed having life signs by members of all LRFD personnel and this office. They were informed of the activities that had taken place prior to their arrival. After the aid was finally rendered, and Mrs. Harper was placed in the rear of the ambulance for several minutes, the crew transported to the emergency room.

The first responders for MEMS failed to render aid because of the failure to use a heart monitor and misdiagnosed rigor mortis. The second MEMS ambulances failed in their attempt to render aid due to the lack of or improper reading of the heart monitor records. Both the first and second ambulances failed to follow the hypothermic protocol considering that Mrs. Harper had been found in 40 degree weather with minimal clothing.

Because of the combination of a large amount of narcotics and alcohol initially, consumed and the environmental hypothermia, the cause and manner of death has been ruled accordingly.

Report of the

Coroner's Investigation Case: 10-0017



Conclusions

Cause of Death:

Alcohol, Prescription, and
Acetaminophen Intoxication with
Complications
Environmental Hypothermia

Manner of Death:

SUICIDE

I hereby declare that after receiving notice of the death described herein I took charge of the body and made inquiries regarding the cause and manner of death in accordance with applicable state laws, and that the information contained herein is correct to the best of my knowledge and belief.

Garland L. Camper, F-ABMDI

Coroner of Pulaski County, Arkansas



ARKANSAS STATE CRIME LABORATORY



Mike Beebe
Governor



Kenneth P. Koles, M.D. II
Executive Director

MEDICAL EXAMINER DIVISION

Case No: ME-289-10 Date of Examination: March 29, 2010

Name: HARPER, Pamela

Age: 52 years Race: White Sex: Female

County: Pulaski

CONCLUSIONS

CAUSE OF DEATH: Ethanol, Propoxyphene, and Acetaminophen intoxication with complications.

CONTRIBUTORY CAUSE: Environmental Hypothermia.

MANNER OF DEATH: Suicide.

Charles P. Koles, M.D. - Chief Medical Examiner
Pathologist of Record

Francis Perone, M.D. - Forensic Pathologist
Associate Medical Examiner

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Medical Examiner

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NAME: HARPER, Pamela

DATE: 03-29-10

NO: ME-387-10

EXTERNAL DESCRIPTION

The body was that of a small developed, well nourished, white female, clad only in a hospital type gown. A pair of gray hospital socks were present on her feet. The body weighed 148 pounds, measured 60 inches in height, and appeared consistent with the stated age of 28 years. Body temperature was cold. Pulse, minute was 110, regular, bounding, and present in the extremities. Blood, mucous, and stool was present on the lower body surface. Areas of the body exposed to pressure, located on the lower back, were multiple, roughly horizontally oriented, postmortem skin indentations. These were roughly linear in shape. Tardieu spot formation was present in several of these indentations, and no stain areas were nearly complete. This imparted a linear appearance to the Tardieu spots. The scalp was covered by hair measuring up to 12 inches in length. The natural hair color was gray. Most of the hair had been turned red-stain. On initial examination, the scalp appeared to display an excessively scaly appearance. On closer examination, this appeared to be due to application of adhesive material and small pieces of fabric. The adhesive and fabric had loosened, imparting the scaly appearance. The scalp was without evidence of antemortem injury. The eyelids were gray and the corneas were clear. The conjunctivae and sclerae showed no petechial hemorrhages or other significant changes. The external ears were unremarkable. The nasal passages and mouth were clear. The teeth were natural and in fair condition. The neck was without external evidence of antemortem injury. The chest was normally developed, generally symmetric, and showed no evidence of recent injury. The breasts were normally developed and without palpable masses. A 1 3/4 inch long healed linear scar was noted on the superior lateral right breast. The abdomen was flat and showed no evidence of injury or abnormality. The external genitalia were those of a normally developed adult female. The external genitalia appeared slightly edematous, but was otherwise unremarkable. Pubic hair was absent. The lower extremities were normally developed and generally symmetric. Superficial injuries involving the knees and right lower leg will be described below. Superficial injuries involving both heels will be described below. The ankles and feet were otherwise unremarkable. The upper extremities were normally developed and generally symmetric. Superficial injuries involving the upper extremities will be described below. A 1 inch long, healed, linear scar involved the posterior left elbow. A longitudinally oriented, 4 inch long, healed, linear scar involved the distal dorsal outer right forearm. No tattoos or needle tracks were present. Located on the ventral surfaces of both wrists were multiple faint, transversely oriented, well healed, linear scars. The hands were unremarkable except for medical attention to be described below. Examination of posterior body surfaces did not reveal evidence of antemortem injury on the back. Tardieu spot formation on the lower back has been previously noted. Superficial injury on the right presacral area will be described below. The buttocks and anus were without evidence of injury or abnormality.

EVIDENCE OF MEDICAL ATTENTION:

An endotracheal tube and an orogastric tube were inserted in the mouth.

Multiple ECG pads were present on the upper anterior chest, lower lateral left chest, and lower lateral right chest.

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A Foley catheter was normally inserted. It was connected to a container which held approximately 100 ml of dark yellow urine.

A gauze and tape bandage covered a fresh needle puncture mark on the proximal anterior left lower leg.

Pressure cuffs were positioned around both lower legs.

A triple lumen catheter was inserted in the left infralavicular skin.

An intravenous line was inserted in the right antecubital fossa.

Two hospital type identification bands were present around the right wrist.

An arterial line was inserted in the ventral radial right wrist. The insertion site of the arterial line was surrounded by a wide are of purple-red ecchymosis.

A pulse monitor was attached to the right middle finger.

Fresh needle puncture marks with surrounding purple-red ecchymosis were present in the left antecubital fossa, on the ventral radial left wrist, and on the dorsal left hand.

Defibrillator pads were present on the mid anterior chest and left lateral back.

EVIDENCE OF OLD INJURY:

None present.

EVIDENCE OF RECENT INJURY:

Scattered over anterior skin surfaces of the forehead were approximately six superficial yellow-brown abrasions, ranging from 1/8 inch to 3/16 inch in greatest diameter.

A 3/8 inch diameter yellow-brown abrasion was located on the upper anterior left cheek, just inferior to the eye.

Located on the anterior right knee was a 2 1/2 inch diameter area of superficial purple-red ecchymosis.

Present on the posterior right heel was a 7/8 inch diameter area of purple-red ecchymosis.

Two faint purple-blue contusions, measuring 3/8 inch and 5/8 inch in diameter, were present on the mid posterior right lower leg.

A 1 1/2 inch diameter purple-red ecchymosis involved the posterior left heel.

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Located on the anterior left elbow was a red-brown abrasion measuring 4 inches in greatest diameter. Located on the posterior left elbow was a 1/4 inch diameter red-brown abrasion. Another 1/4 inch diameter red-brown abrasion was present at the medial aspect of the elbow.

Located on the anterior left shoulder was a 2 inch diameter area of red-brown abrasion and purple-red contusion.

Located on the upper posterior left elbow area was a 3/8 inch diameter red-brown abrasion.

Located on the inferior left elbow area was a discontinuous area of red-brown abrasion measuring 3/4 inch in greatest diameter.

A 1/4 inch diameter red-brown abrasion involved the lateral left elbow area.

Located on the posterior medial right elbow area was a 1/4 inch diameter red-brown abrasion.

Located on the posterior right elbow was a wide, discontinuous area of red-brown abrasion and purple-blue contusion measuring 1 3/4 inches in greatest diameter.

Located on the right precarum was an area of superficial abrasion measuring 2 x 1 1/4 inches in greatest overall dimensions.

INTERNAL EXAMINATION

The subcutaneous fat layer measured up to 1 3/4 inches. No adhesions were present in the body cavities. The right pleural cavity contained 100 ml of watery, minimally sanguinous fluid. The left pleural cavity contained 150 ml of watery, minimally sanguinous fluid. The peritoneal cavity contained 200 ml of watery, minimally sanguinous fluid. Internal soft tissues were generally noted to be mildly to moderately edematous. Petechial hemorrhages were not present on the thoracic organs. All body organs were present in normal anatomic position. There was no internal evidence of blunt force or penetrating injury to the thoracoabdominal region.

CARDIOVASCULAR SYSTEM:

Pericardial surfaces were smooth and intact. The pericardial sac contained 10 ml of watery, minimally sanguinous fluid and there were no adhesions. The heart weighed 260 g, and appeared generally normal in size, shape, and configuration. The coronary arteries arose normally and followed the usual course. The dominant right coronary artery and the left circumflex artery were without significant atherosclerotic narrowing. The proximal left anterior descending artery showed a single focus of 60% atherosclerotic narrowing. The remainder of this vessel was without significant atherosclerosis. Acute thrombus formation was not present in

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GENITOURINARY SYSTEM:

The right kidney weighed 140 g. The left kidney weighed 130 g. Each was covered by an intact capsule which stripped away easily. Cut surfaces of the kidneys were uniform and smooth. The surfaces of the kidneys revealed brownish-gray, granular changes. There was good corticomedullary differentiation. The calyces, pelvis, and ureters were unremarkable. The urinary bladder was empty and was lined by intact, gray mucosa. The uterus and right ovary were relatively absent. The left ovary was identified but appeared atrophic.

IMMUNOLOGIC SYSTEM:

The spleen weighed 120 g and was covered by an intact capsule. Cut surfaces were uniform, dark purple-red, normally firm, and without focal changes. The white pulp was nonprominent. The thymus was not grossly identified. Lymphadenopathy was not present.

ENDOCRINE SYSTEM:

The pituitary, thyroid, and adrenal glands were free of obvious disease.

MUSCULOSKELETAL SYSTEM:

Skeletal muscle generally displayed uniform pale red-tan coloration, with no focal changes present. No gross bone or joint abnormalities were present. The cervical, thoracic and lumbar spine were free of hemorrhage and other abnormalities.

CENTRAL NERVOUS SYSTEM:

Reflection of the scalp revealed no hemorrhage or edema. The calvarium and basilar skull were intact. There was no epidural, subdural, or subarachnoid hemorrhage present. The brain weighed 1250 g. The leptomeninges were thin and clear. Initial examination of the cerebral hemispheres revealed diffuse, moderate flattening of the cerebral gyri. Examination of the brain base revealed bilateral grooving of both hippocampal unci. This grooving was unaccompanied by gross necrosis or hemorrhage. Crossing of the cerebellar tentils was not present. Other structures at the base of the brain, including cranial nerves and major blood vessels were intact and unremarkable. Serial coronal sections of the cerebral hemispheres revealed symmetry between anatomic structures of the left and right sides, with no focal changes present. The lateral ventricles were symmetric, but somewhat reduced in size. Cut surfaces of the brain stem and cerebellum were unremarkable.

RADIOLOGY:

-No radiographs were taken.

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IDENTIFICATION:

The body was received as identified by the Little Rock Police Department.

EVIDENCE:

Evidence collected at autopsy included blood matrix card, fingerprints, and pulled head hair.

SPECIMENS:

Specimens collected for toxicology at autopsy included peripheral blood, vitreous humor, urine (from collection container), and stomach contents. Also submitted for toxicology were four labeled tubes of blood from hospital.

WITNESSES:

Present at the autopsy were Pulaski County Coroner Garland Camper and Pulaski County Deputy Coroner Gerone Hobbs.

HISTOLOGY:

Multiple sections of brain were reviewed. These included sections of pons, cerebellum, cerebellar cortex, basal ganglia, and amygdala. Review of these sections did not reveal evidence of hemorrhage or inflammation. Neuronal necrosis was not identified. Two sections of trachea showed similar findings, with focal areas of edema, vascular congestion, and hemorrhage located in the submucosa. A relatively mild and focal mononuclear inflammatory cell infiltrate was also present in the submucosa. Multiple sections of lung were reviewed. These included at least one section from each lung lobe. All of the lung sections showed involvement by acute bronchopneumonia. In some sections, this process was more advanced than in other areas. The pneumonia was characterized by increased numbers of granulocytes within the alveolar spaces, along with varying amounts of proteinaceous material. Focal areas of acute hemorrhage were also present. Occasional macrophages were also seen within the alveolar spaces. The lung sections were otherwise notable for focal vascular congestion and mild to moderate emphysematous changes. Airways did not show evidence of underlying chronic inflammation. Some of the airways did contain aspirated foreign food material. Three sections of heart were reviewed. Two of these were from the interventricular septum and one was from the left ventricular free wall. All showed mild, focal perivascular fibrosis. One section showed a small focus of interstitial fibrosis. Occasional mild arteriosclerotic narrowing of the microvasculature was present. The heart sections did not show evidence of necrosis, hemorrhage, inflammation, or other pathologic changes. A section of liver showed mildly increased numbers of mononuclear inflammatory cells in some portal tracts, but no evidence of excessive fibrosis or hepatocellular necrosis. Centrilobular necrosis was not present. Sections of pancreas and spleen were without significant pathologic changes. Kidney sections showed occasional sclerotic glomeruli, along with red cell tubular casts. No other pathologic changes were present.

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NO. ME 210-0

LABORATORY RESULTS**TOXICOLOGY:**

Antemortem blood

Volatiles assay

Ethanol

0.15%

Peripheral blood

Volatiles assay

Ethanol

<0.01%

General Toxicology

Promethazine

1.5 ug/mL

Nortriptyline

7.0 ug/mL

Lidocaine

not seen

Acetaminophen

not seen

Levamisole

present

Tetrahydrocannabinol artifact

present

Urine

Immunoassay

Amphetamines

Positive

Barbiturates

Negative

Benzodiazepines

Negative

Cannabinoids

Negative

Cocaine Metabolite

Negative

Opiates

Negative

PCP

Negative

General Toxicology

Amphetamine

present

Lidocaine

present

Promethazine

present

Nortriptyline

present

Quinine

present

Trazodone

present

Vitreous humor

Volatiles assay

Ethanol

not detected

NAME: HARPER, Pamela

DATE: 03-29-10

NO: ME-259-10

INDINGS

- I. Scattered superficial blunt force injuries.
- II. Environmental hypothermia (clinical).
- III. Cardiopulmonary arrest (by history).
 - A. Cerebral edema.
 - B. Hypoxic encephalopathy (clinical).
- IV. Acute bilateral bronchopneumonia.
- V. Arteriosclerotic cardiovascular disease.
 - A. Focal, moderate coronary artery atherosclerosis.
 - B. Mild aortic atherosclerosis.
- VI. Hysterectomy (remote).
- VII. Bilateral pleural effusions (250 ml total).
- VIII. Ascites (200 ml).

OPINION:

This 52-year-old white female, Pamela Harper, died of Ethanol, Propoxyphene, and Acetaminophen intoxication with complications. Environmental hypothermia contributed to death.

According to investigation, she was last seen alive by her husband at around midnight on March 26, 2010. At around 2:00 AM, she apparently called her brother-in-law on the phone. He subsequently reported that she sounded intoxicated. At around 6:55 AM, she was found lying facedown in the alley behind her brother-in-law's residence. Paramedics were summoned to the scene, declared her dead, and then left. Law enforcement personnel subsequently observed what they thought might be signs of life and paramedics were again called to the scene. She was again thought to be deceased, and paramedics left. The Pulaski County Coroner's Office was then summoned to the scene. They arrived shortly after 10:00 AM, and examined the body. When they examined her, she was cold, but then took a deep respiration. Paramedics were summoned a third time and she was transported to a local hospital. After prolonged resuscitation attempts, medical personnel successfully restored cardiac function. She did, however, remain hypotensive and required medical support to sustain her blood pressure. She remained unconscious and on a ventilator. At the time of admission, she was also noted to be extremely hypothermic. Measures were also taken to restore normal body temperature. Initial toxicology testing showed a

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markedly elevated level of acetaminophen in her blood, as well as a level of propoxyphene in excess of 10000. Her condition worsened and she was placed on a ventilator dependent and was unable to breathe on her own. She also developed seizures, which were controlled with medication. She had a head injury and a laceration was made to her forehead. This was done on an early afternoon of March 28, 2010. Death was pronounced at 2:30 PM.

External examination of body surface revealed a few scattered superficial lacerations and injuries on the body surface. There were no major wounds with associated hemorrhage on the face and elbows. There was no internal evidence of injury, except minor contusions and a number of secondary injuries related to her initial collapse and hospital course. Her brain was edematous, a finding which correlates with the given history of cardiac arrest, prolonged resuscitation, and hypoxic cerebral ischemia. No evidence of significant cardiac structural disease was identified. There was no evidence of significant pulmonary pathology. The liver appeared grossly unremarkable. Focal hemorrhages were noted on the inner lining of the stomach. This latter finding is often associated with hypothermia.

Microscopic tissue examination confirmed the presence of bronchopneumonia. Examination of liver tissue did not reveal changes typically associated with acetaminophen toxicity. Tissue microscopy otherwise showed nonspecific changes reflective of her post resuscitation survival. Toxicology testing revealed a blood ethanol level of 1.1 g/L in hospital blood. A very low level of ethanol was detected in blood obtained at the time of autopsy. Drug testing was performed on blood obtained at autopsy. Propoxyphene (a narcotic) and its metabolite norepropoxyphene were present at levels considered toxic. Acetaminophen was still present. Lidocaine (a drug administered during resuscitation attempts) was also detected. Two seizure medications, benzocaine and topiramate were detected in blood. A urine drug screen was positive for amphetamines, but no drugs in that class were detected in blood. Urine screening also revealed theophylline (antiarrhythmic) and quinine. Quinine can be used as a treatment for muscle cramps, but is also found in some water.

Overall findings in this case indicate the death primarily occurred as a result of ethanol and propoxyphene, and acetaminophen intoxication. Although the propoxyphene level was not determined in hospital blood, the fact that it was still present in autopsy samples at a toxic level indicates that it was present in her system at even higher concentrations during her initial hospitalization. The markedly elevated acetaminophen level observed during her hospitalization indirectly supports this. Acetaminophen is commonly combined with propoxyphene in a single pill (Darvocet). Investigation indicates that she had a prescription for Darvocet filled on 3/15/2010. At that time, she had been issued sixty tablets, and the medication container at the scene was empty. The markedly elevated acetaminophen level determined in the hospital indicates a very large quantity of this drug was taken at one time. By inference, the propoxyphene level would have been correspondingly high. Propoxyphene is a potent central nervous system depressant, as is ethanol. Together these two substances produced marked central nervous system depression and suppression of normal respiratory drive. Had this occurred under normal environmental conditions, it is likely death would have taken place sooner. As it was, her loss of consciousness occurred in a relatively cold, outdoor environment. The subsequent hypothermia likely provided a degree of protection by lowering the body's

NAME: HARPER, DANA

DANA HARPER

NO. 00000000

metabolism and oxygenation. Her body temperature was normal. No interventions were required. She developed other complications including

In light of the fact that she had achieved her goal, the medical team attempted to help her achieve her goal. She made several attempts and the medical team was unable to help her. Her death was a result of her own actions.

It is impossible to say the extent of whether she could have adequately survived her true condition. It is possible that more timely recognition of her condition could have resulted in her survival. It is possible that by the time she was found, her vital functions had diminished to a point where they were not salvageable. Under these circumstances it is likely she had already experienced some degree of hypoxic brain injury. Even if the first responders had initiated resuscitation attempts and taken her to the hospital she would have been at increased risk for developing pneumonia, liver damage from the acetaminophen, and other complications.

MANNER OF DEATH: Suicide.