



**U.S. Immigration and Customs Enforcement (ICE)
Detainee Death Report: ROCHA-Cuadra, Ernesto**

General Demographic/Background Information

- **Date of Birth:** March 30, 1981
- **Date of Death:** June 23, 2023
- **Age:** 42
- **Gender:** Male
- **Country of Citizenship:** Nicaragua`
- **Marital Status:** N/A
- **Children:** N/A

Immigration History

- On April 17, 2022, the U.S. Border Patrol (USBP) encountered Mr. ROCHA-Cuadra near Andrade, CA, and determined him to be amenable to removal under section 241(a)(5) of the INA, as a noncitizen who entered the United States without authorization after having been removed.
- On April 26, 2022, USBP transferred Mr. ROCHA-Cuadra to ICE Enforcement and Removal Operations custody at Richwood Correction Center (RCC), in Richwood, LA.
- On May 19, 2022, ERO New Orleans transferred Mr. ROCHA-Cuadra to Central Louisiana ICE Processing Center (CLIPC), in Jena, Louisiana (LA).

Criminal History

N/A

Medical History

On May 19, 2022, a registered nurse (RN) reviewed Mr. ROCHA-Cuadra's RCF transfer summary which reflected his diagnoses of right (R) hand injury and acute reaction to stress and the following medications: amitriptyline (anti-depressant), hydroxyzine (anti-anxiety), duloxetine (antidepressant), and fluticasone propionate nasal suspension (steroid treatment for allergies). The RN completed Mr. ROCHA-Cuadra's intake screening and documented self-reported history of insomnia and anxiety since his detention and R wrist pain, left knee pain, and chronic lower back pain. Mr. ROCHA-Cuadra did not report any history of hypertension (HTN). The RN documented his blood pressure (BP) reading of 128/89 millimeters of mercury [(mmHg); normal: 120/80 mmHg], height of 5 feet, 6 inches, and weight of 180 lbs. The RN completed Mr. ROCHA-Cuadra's coronavirus disease 2019 test, which showed negative results, submitted a referral to a behavioral health provider (BHP) for further evaluation, created an auto generated advanced practice provider (APP) appointment for the next day, and cleared Mr. ROCHA-Cuadra for placement into general population.



On May 20, 2022, a BHP evaluated Mr. ROCHA-Cuadra's for self-reported history of insomnia and anxiety, diagnosed him with post-traumatic stress disorder (PTSD), and scheduled him a follow-up appointment in two weeks.

On the same day, an APP completed Mr. ROCHA-Cuadra's initial physical examination (PE) and documented his BP reading of 130/75 mmHg. Mr. ROCHA-Cuadra reported a history of R hand injury with deformity, chronic left knee pain, elevated BP reading without a diagnosis of HTN, allergic rhinitis, constipation, acute stress reaction, and insomnia. The APP diagnosed Mr. ROCHA-Cuadra with a R hand contusion, R palmar fascial fibromatosis (a deformity of the right hand), acute stress reaction, elevated BP reading without a diagnosis of HTN, allergic rhinitis, and constipation. The APP ordered baseline laboratory tests and an electrocardiogram (a recording of the heart's electrical activity), which showed a normal sinus rhythm. The APP ordered Mr. ROCHA-Cuadra acetaminophen (analgesic) 325 milligram (mg), two tablets, by mouth (PO), four times a day, as needed (PRN), menthol-methyl salicylate cream (analgesic), apply as directed, externally, at bedtime, PRN, amitriptyline 25 mg tablet, PO, PRN, hydroxyzine 50 mg, two capsules, PO, three times a day, PRN, duloxetine 60 mg, one capsule, PO, daily, fluticasone propionate nasal suspension, two sprays to each nostril, daily, cetirizine (anti-histamine) 10 mg, one tablet, PO, daily, docusate sodium (stool softener) 100 mg, one capsule, PO, daily, PRN, and daily BP checks for three days, completed a referral for an off-site orthopedic appointment for his R hand deformity, and scheduled him for a follow-up appointment.

On May 23, 2022, a licensed practical nurse (LPN) documented Mr. ROCHA-Cuadra's BP reading of 122/82 mmHg.

On May 24, 2022, an APP reviewed Mr. ROCHA-Cuadra's most recent laboratory results, which showed values consistent with hyperlipidemia (elevated cholesterol and triglyceride levels).

Between May 24 and October 23, 2022, CLIPC completed Mr. ROCHA-Cuadra BP checks fifteen times and five of his BP readings showed abnormal results (95/88, 142/86, 148/88, 134/93, and 158/88 mmHg).

On August 26, 2022, and On October 12, 2022, an APP reviewed Mr. ROCHA-Cuadra's most recent laboratory results, which showed values consistent with hyperlipidemia.

On October 24, 2022, an APP completed Mr. ROCHA-Cuadra's chronic care (CC) follow-up appointment for R hand pain. The APP reviewed his past laboratory studies, diagnosed Mr. ROCHA-Cuadra with hypertriglyceridemia (elevated triglyceride level) and hyperprolactinemia (elevated prolactin hormone level), documented a BP reading of 134/93 mmHg and a weight of 236 lbs., ordered Gemfibrozil (lipid lowering agent) 600 mg, one tablet, PO, twice a day before morning and evening meals, and a follow-up in six weeks.

Between October 25, 2022, and January 16, 2023, CLIPC medical staff completed Mr. ROCHA-Cuadra's vital signs (VS) eleven times, but two BP readings showed abnormal results (139/93, 149/113 mmHg).

On December 16, 2022, an APP reviewed Mr. ROCHA-Cuadra's most recent laboratory results, which showed values consistent with prediabetes and hyperlipidemia.



On January 12, 2023, an APP reviewed Mr. ROCHA-Cuadra's most recent laboratory results, which showed values consistent with hyperlipidemia.

On January 24, 2023, an APP evaluated Mr. ROCHA-Cuadra for chronic R hand pain, documented a BP reading of 104/75 mmHg, ordered ibuprofen (non-steroid anti-inflammatory) 800 mg, one tablet with food, PO, three times per day, PRN, and informed him to follow-up at his next scheduled appointment with his primary care provider.

On February 17, 2023, an APP completed Mr. ROCHA-Cuadra's CC follow-up appointment, reviewed his previous laboratory studies, documented a BP reading of 128/78 mmHg, diagnosed Mr. ROCHA-Cuadra with essential HTN, and ordered lisinopril (an anti-hypertensive medication) 20 mg, one tablet, PO, daily, per pill-line, and atorvastatin (lipid lowering agent) 40 mg, one tablet, PO, daily.

On March 22, 2023, an APP completed Mr. ROCHA-Cuadra's CC follow-up appointment, documented a slightly elevated BP reading of 144/81 mmHg, increased his lisinopril medication from 20 mg to 40 mg, one tablet, PO, daily, and scheduled him a follow-up appointment in three weeks.

On March 30, 2023, an APP reviewed Mr. ROCHA-Cuadra's most recent laboratory results, which showed values consistent with prediabetes and hyperlipidemia.

On April 12, 2023, an APP completed Mr. ROCHA-Cuadra's annual PE, reviewed his previous laboratory studies, documented a BP reading of 122/88 mmHg, weight of 255 lbs., ordered continuation of current treatment plan, and a follow-up appointment within four weeks.

On May 9, 2023, an APP completed Mr. ROCHA-Cuadra's CC follow-up appointment, documented a BP reading of 113/76 mmHg, ordered continuation of current treatment plan, and scheduled a follow-up appointment in four weeks.

On June 12, 2023, an APP completed Mr. ROCHA-Cuadra's CC appointment. Mr. ROCHA-Cuadra reported having elevated BP readings when he experiences increased R hand pain. The APP documented a pain level of 5/10 on a 1-10 pain scale, an elevated BP reading of 164/86 mmHg, ordered diclofenac sodium gel (analgesic) 1%, one application, externally, twice daily, continuation of current treatment plan, encouraged weight loss due to his weight of 263 lbs., and scheduled a follow-up appointment in four weeks.

On June 23, 2023, at approximately 12:30 p.m., an RN responded to a medical emergency for medical assistance, located in Eagle Bravo dorm. Upon arrival to the dorm, the RN observed Mr. ROCHA-Cuadra sitting in a chair, exhibiting shallow breaths, responding only to painful stimuli, and opening and closing his eyes. The RN placed Mr. ROCHA-Cuadra on a gurney, transferred him to the medical clinic, and documented Mr. ROCHA-Cuadra became more responsive to verbal stimuli during transport to the medical clinic.



- **At approximately 12:36 p.m.**, an APP evaluated Mr. ROCHA-Cuadra for unresponsiveness, documented his initial BP reading of 76/43 mmHg, pulse (P) of 68 bpm, and oxygen saturation level of 65 percent, [(%); normal: 95-100%]. The APP ordered supplemental oxygen therapy at 8 liters per minute, administered prophylactic naloxone HCL liquid (a medication used to help reverse opioid overdose) 4 mg/0.1 milliliters, intranasally, as a single dose; an electrocardiogram, which showed sinus tachycardia (increased heart rate), and a P of 103 bpm. The APP documented Mr. ROCHA-Cuadra became more responsive after treatment. Mr. ROCHA-Cuadra's BP reading increased to 94/57 mmHg, and his oxygen saturation level increased to 80 - 97%. The APP referred him to LaSalle General Hospital (LGH) emergency department (ED), in Jena, LA, for further evaluation.
- **At approximately 12:40 p.m.**, emergency medical services (EMS) personnel arrived and transferred Mr. ROCHA-Cuadra to LGH for further evaluation.

On June 23, 2023, at approximately 12:55 p.m., EMS personnel transferred Mr. ROCHA-Cuadra to LGH and the ED staff assumed his care, observed him in a stable condition and responding appropriately to questions.

- **At approximately 1:11 p.m.**, an LGH medical staff reported Mr. ROCHA-Cuadra suffered a syncopal episode (fainting or passing out), followed by respiratory arrest, and he subsequently went into cardiac arrest. LGH medical staff-initiated life-saving efforts but Mr. ROCHA-Cuadra did not regain consciousness.
- **At approximately 2:59 p.m.**, an LGH physician declared Mr. ROCHA-Cuadra deceased, with a preliminary cause of death as cardiac arrest.