

**COLORADO PARAMEDICS  
CONVICTED OF FELONIES: A  
WHOLE NEW MEANING TO CYA**

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- **2019**
- **What happened:**
- **Aurora, CO PD called for suspicious person**
- **Struggle began in less than 60 seconds**
- **Choke hold applied**
- **FD called to sedate person**

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- PD stated excited delirium to FD medics
- Medics administered 500 mg of ketamine IM
- Pt's weight estimate to be 200 lbs when actually was 140 lbs
- Pt. given 150% of appropriate dose
- Pt. coded in ambulance approx. five min later
- Have you ever been called by PD to sedate patient?

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- Pt. resuscitated but declared brain dead, taken off life support
- Coroner declared undetermined cause of death
- DA declined to press any charges

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- Online petition with six million signatures
- Governor instructed state Attorney General to investigate
- Grand jury investigated and brought charges against 3 officers and 2 medics
- Coroner revised cause of death to probable ketamine OD

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- Excited delirium defined as aggressive behavior, extreme strength, and hyperthermia
- ACEP stated in 2009 excited delirium a “real and unique syndrome”
- Recent review of in-custody deaths listing excited delirium in coroner’s report showed high percentage of black and latino males
- 2023 ACEP withdrew its paper on excited delirium and stated the term should not be used

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- At trial, in 2023, police officers testified that their use of choke hold did not kill patient. Medics killed patient with ketamine
- Medics testified they used the medication as per their protocol
- Testimony stated that patient seemed coherent and was answering questions of medics while being held face down by officers

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- Both medics found guilty of criminally negligent homicide and injector also guilty of 2<sup>nd</sup> degree felony assault
- One medic got probation, the one who actually administered the drug was sentenced to five years in prison
- Judge later reduced five year sentence to time served in 2024. Less than a year served.

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Repercussions :

- Aurora city council ban used of ketamine
- Colorado legislature passed bill which defined when and how ketamine to be used (not the state health dept)
- Colorado state health board reviewing all uses of ketamine now
- Can you imagine what relationship between Aurora PD and FD will be in future?

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Only fact of improper care was dose of ketamine too large and poor assessment and reassessment

- How to estimate adult body weight
- Are we depending too much on chemical restraint?
- Other states requiring reporting of chemical restraint use
- Review of chemical restraint in other states reveals other deaths

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- Another 2019 situation
- Medic in South Carolina used IM ketamine on a prone agitated patient being held down by PD
- Patient never regained consciousness and died 2 weeks later
- Coroner listed death as homicide blaming restraint asphyxia and toxic effects of ketamine plus cardiovascular disease
- SC Attorney General determined insufficient evidence for criminal prosecution

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- PD lost lawsuit and paid out 3 million dollars
- Lawsuit against county EMS still pending (4 other ketamine lawsuits pending)
- 2021 SC Dept. of Health investigation found no wrong doing by medics
- 2022 more extensive investigation by D. of H. with new sources of info concluded medics committed misconduct, violating protocols including not measuring BG
- SC also now requiring all use of ketamine be reported to state

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**Side notes**

- Several prehospital studies on the use of ketamine for combative patients have been done
- Results show generally safe drug if used properly
- However, several studies showed high level of intubation for combative patients administered ketamine, up to 30%
- Another small retrospective study looked at incidence of intubation with patient use of drugs
- Patients using cocaine had a five times higher rate of intubation compared to having other drugs in system

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- Investigation showed 94 in-custody deaths from 2012-2021 with patient receiving prehospital sedation ; ½ with ketamine, ½ with versed
- After several high profile cases and more extensive examination of outcomes, several states are revising there combative patient protocols

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- Influence of PD on physical and chemical restraint
- In many in-custody deaths patient was in prone position
- Proactive position paper from your EMS medical director to PD on acceptable restraint methods
- Use of medical control base station MD

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Possible wider implications:

- Concept of legal precedent
- Closer examination of use of sedatives with PD on scene
- Wider application of criminal negligent homicide, i.e. ET tube mis/displacement

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Technology – double edged sword:

- Body cameras
- Dash cams
- Tape recordings
- Citizen cell phone cameras
- Ambulance cams
- OneWeight gurney scale linked to app for weight-based med calcs-compatible with Stryker and Ferno gurneys

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