



**U.S. Immigration and Customs Enforcement (ICE)
Detainee Death Report: GALLEGO-Agudelo, Diego Fernando**

General Demographic/Background Information

- **Date of Birth:** July 15, 1975
- **Date of Death:** March 15, 2021
- **Age:** 45
- **Gender:** Male
- **Country of Citizenship:** Colombia
- **Marital Status:** N/A
- **Children:** N/A

Immigration History

- On March 2, 2021, U. S. Border Patrol (USBP) apprehended and arrested Mr. GALLEG-O-Agudelo in Rio Grande, Texas (TX), for unlawful entry into the U.S.
- On March 3, 2021, USBP released Mr. GALLEG-O-Agudelo into ICE Enforcement and Removal Operations (ERO)-San Antonio's custody, and ICE housed him at Port Isabel Detention Center (PIDC) in Los Fresnos, TX.

Criminal History

- None

Medical History

Medical Records from CCJ

On March 2, 2021, Mr. GALLEG-O-Agudelo was cleared for housing in general population following medical intake screening.

On March 6, 2021 Mr. GALLEG-O-Agudelo was escorted to the facility's medical clinic, due to complaint of chest pain (CP) while playing soccer in the morning, during recreation. Mr. GALLEG-O-Agudelo denied having any cardiac conditions, rated his pain level an 8/10 [(8/10); zero equals no pain, ten equals maximum pain], with associated dizziness, chest pressure, headache, nausea, cold sensation to his bilateral arms, and bilateral jaw cramping. His vital signs (VS) were: BP – 180/106 millimeters of mercury [(mmHg); normal 90/60 – 120/80 mmHg], pulse (P) range – 48-50 beats per minute [(bpm); normal: 60 to 100 bpm], and oxygen saturation [(SpO₂): fraction of oxygen saturated hemoglobin in the blood] of 100 percent [(%); normal oxygen saturation 95 – 100%] on room air. The RN consulted with the advanced practice provider (APP). The APP gave the RN a verbal order to activate emergency medical services (EMS) and to transport Mr. GALLEG-O-Agudelo to the local emergency department (ED) via ambulance. While waiting for EMS to arrive, an RN and APP evaluated Mr. GALLEG-O-Agudelo, respectively. The RN administered two liters of supplemental oxygen therapy, via nasal canula, and continued to monitor him.

The APP evaluated Mr. GALLEG-O-Agudelo for his CP. Mr. GALLEG-O-Agudelo reported playing soccer, resting for one hour, and experiencing an exacerbation of CP, nausea, and dizziness, during his attempt to play soccer again. Mr. GALLEG-O-Agudelo described his CP as pressure, with associated cramping of his jaw. He rated his pain level an 8/10. In addition, the APP noted Mr. GALLEG-O-



Agudelo was diaphoretic (sweating), uncomfortable, with associated shortness of breath (SOB) when speaking, and intermittent CP. The APP noted Mr. GALLEGO-Agudelo's P range of 45 - 50 bpm, and withheld nitroglycerin (a medication used to relieve chest pain).

- EMS personnel transported Mr. GALLEGO-Agudelo to Valley Baptist Medical Center (VBCM) in Harlingen, TX. While en route to VBCM, EMS personnel performed an electrocardiogram [(ECG); a machine that records the electrical activity of the heart], which showed findings consistent with an inferior ST-elevated myocardial infarction [(STEMI); heart attack].

Mr. GALLEGO-Agudelo was admitted into the intensive care unit (ICU) and required stent placement oral antiplatelet medication, and intravenous anti-coagulant medication. Mr. GALLEGO-Agudelo's coronavirus 2019 test showed negative results.

On March 8, 2021, Mr. GALLEGO-Agudelo complained of chest discomfort, diaphoresis, and SOB. An MD ordered an ECG, which revealed a ventricular septal rupture measuring approximately seven millimeters at the inferior septum. As a result, Mr. GALLEGO-Agudelo returned to the catheterization lab for a coronary stent evaluation and determination of future medical interventions. Mr. GALLEGO-Agudelo's angiogram results showed a thrombotic occlusion, located at his right mid-RCA. The surgeon attempted to reduce the thrombosis (blood clot) but was unable to remove the blood clot; therefore, an intra-aortic balloon pump (a device that helps the heart to pump more blood) and an Impella cardiac power device [(ICPD); a device used to assist the amount of blood pushed out from the heart with each heartbeat] were inserted in the left common femoral artery to help perfusion and left venous support. Mr. GALLEGO-Agudelo was transferred to the operating room (OR) for an urgent coronary artery bypass graft surgery (CABG). Post-operatively, Mr. GALLEGO-Agudelo was transferred to the ICU for continued monitoring.

On March 10, 2021, an MD evaluated Mr. GALLEGO-Agudelo and documented the following diagnoses: acute inferior STEMI, multi-vessel coronary artery disease, status post coronary artery bypass graft, post-operative anemia, cardiogenic shock (a life-threatening condition in which the heart suddenly cannot pump enough blood and oxygen to vital organs), acute renal failure, ischemic hepatitis (a condition defined as an acute liver injury caused by insufficient blood flow to the liver), and coagulopathy with antiphospholipid syndrome (an autoimmune disorder, which occurs when the body's immune system makes antibodies that attack phospholipids). The MD ordered a post-operative chest x-ray that showed cardiomegaly (enlarged heart) and minimal vascular congestion, continuous veno-venous hemodialysis [(CVVH); short term treatment used in ICU patients with acute or chronic renal failure] due to his decreased urine output and increasing creatinine levels, and anticoagulant therapy (chemical substances that prevent or reduce coagulation of blood, prolonging the clotting time). Mr. GALLEGO-Agudelo remained guarded, but in critical condition, in the ICU.

On March 12, 2021, an MD (surgeon) transferred Mr. GALLEGO-Agudelo to the OR, removed his ICPD, and repaired his left femoral artery. Post-operatively, Mr. GALLEGO-Agudelo remained on ventilatory support.

On March 13, 2021, Mr. GALLEGO-Agudelo presented with left lower extremity (LLE) edema (swelling), diminished pulses, and he remained in critical condition.



On March 14, 2021, a cardiovascular surgeon recommended Mr. GALLEGOS-Agudelo receive an emergent LLE revascularization surgery (restoration of perfusion to a body part or organ) due to minimal blood flow; a L femoral thrombectomy (a surgical procedure that removes blood clots from arteries and veins); and a L upper extremity, four-compartment fasciotomy (a surgical procedure in which the fascia is cut to relieve pressure in the muscle compartment) after restoration of blood flow to his LLE. The surgeon discussed Mr. GALLEGOS-Agudelo's treatment options with his attending MD, chief surgeon, charge nurse, and Mr. GALLEGOS-Agudelo's family.

On March 15, 2021 at 1:04 p.m., a surgeon performed Mr. GALLEGOS-Agudelo's LLE femoral thrombectomy and fasciotomy. Post-operatively, the surgeon re-admitted Mr. GALLEGOS-Agudelo into the ICU in stable condition, but on ventilatory support, and complete thrombotic occlusion, located continued his CVVH therapy.

On March 15, 2021, later, in the evening, Mr. GALLEGOS-Agudelo went into cardiac arrest, requiring life-saving measures; however, VBMC staff's efforts were unsuccessful, and the VBMC's MD pronounced him dead at 6:09 p.m. CDT.