



**U.S. Immigration and Customs Enforcement (ICE)  
Detainee Death Report: Chirino PERALTA, Julio Cesar**

General Demographic/Background Information

- **Date of Birth:** September 1, 1991
- **Date of Death:** October 8, 2023
- **Age:** 32
- **Gender:** Male
- **Country of Citizenship:** Nicaragua
- **Marital Status:** N/A
- **Children:** N/A

Immigration History

- On September 10, 2023, the United States Border Patrol arrested Mr. PERALTA, near Brownsville, TX, upon his illegal entry into the United States.
- On September 12, 2023, Mr. PERALTA was transferred to ICE Enforcement and Removal Operations custody at Port Isabel Detention Center in Los Fresnos, TX.

Criminal History

N/A

Medical History

**On September 12, 2023**, Mr. PERALTA's intake screening was completed by a registered nurse (RN) with no abnormalities or medical issues noted. Mr. PERALTA denied any current or past medical history, except abdominal cramps, and was cleared for general population.

**On September 19, 2023**, an RN evaluated Mr. PERALTA for right lower molar pain (worsened with brushing) and documented normal vital signs, mild swelling around the gum, and no abscess. Using a clinical nurse guideline for dental pain, the RN provided Mr. PERALTA 200 mg ibuprofen by mouth, as needed for one day, and instructed him on proper oral hygiene.

**On September 20, 2023**, Mr. PERALTA submitted a sick call for dental pain and was evaluated the same day. The dentist documented right buccal mucosa swelling caused by tooth #32 biting the cheek, a mild eruption of tooth #32 (3<sup>rd</sup> molar, lower right wisdom tooth), and poor oral hygiene. The dentist ordered an oral antiseptic, an antibiotic, and 600 mg ibuprofen. Later that day, an RN completed Mr. PERALTA's comprehensive physical exam, documented a normal exam and Mr. PERALTA's denial of any past medical or mental health histories, and cleared him for general population.

**On September 22, 2023**, during a dental follow-up evaluation, Mr. PERALTA reported improvement with dental pain. The dentist documented "no additional medications required at this time" and cleared Mr. PERALTA for general population.



**On September 26, 2023**, a registered dental hygienist completed Mr. PERALTA's dental follow-up evaluation and documented Mr. PERALTA's self-reported improvement of his gum swelling and pain. The registered dental hygienist instructed Mr. PERALTA to return to sick call as needed.

**On September 27, 2023**, Mr. PERALTA submitted a sick call request for dental pain and was evaluated the same day. An RN documented normal vital signs, no signs of infection, carious top molars (*i.e.*, tooth decay), and bottom molar pain. Using a clinical nurse guideline for dental pain, the RN provided Mr. PERALTA acetaminophen 325 mg (two tablets by mouth), instructed him to return to medical if his pain worsened, and cleared him for general population.

**On September 29, 2023**, a dentist completed Mr. PERALTA's follow-up evaluation, confirmed full course of antibiotics was taken as prescribed, and documented the following: mild fever resolved with acetaminophen, nocturnal dental pain due to lingual mucosa swelling, redness adjacent to tooth #32, and a grossly decayed tooth #1, upper right molar. The dentist noted the inability to obtain dental x-ray due to "clinic closure and repair," ordered amoxicillin-potassium clavulanate (antibiotic), and instructed Mr. PERALTA to return for further evaluation should his condition worsen.

**On September 30, 2023**, an RN evaluated Mr. PERALTA for complaints of general weakness and headaches for two days, and documented Mr. PERALTA's self-reported fatigue and muscle aches. The RN noted Mr. PERALTA's ongoing dental treatment for pericoronitis (swelling and infection of the gum tissue) with antibiotics, normal vital signs, and a normal assessment. The RN instructed Mr. PERALTA on proper handwashing, encouraged him to drink two to three liters of water daily and to return to medical if he develops chest pain, numbness/tingling, nausea and vomiting, visual disturbances, or any unrelieved headache, and cleared him for general population.

**On October 3, 2023**, during a dental follow-up evaluation, Mr. PERALTA reported worsening dental pain radiating to his right ear and affecting his ability to chew and eat. The dentist documented no significant changes from the previous exam and normal vital signs and noted Mr. PERALTA's body weight decreased by two pounds and no improvement despite two rounds of antibiotics. The dentist ordered a soft diet and referred Mr. PERALTA to an oral surgeon (off-site provider).

- **On the same date**, an oral surgeon evaluated Mr. PERALTA and documented a periapical abscess around tooth #32 and a non-restorable fracture of teeth #1, #3, and #14 requiring surgical extractions. The surgeon shared his findings with Mr. PERALTA, who requested immediate extraction of the affected teeth; however, the surgeon was unable to extract Mr. PERALTA's teeth because he ate breakfast.
- **On that same date**, an RN completed Mr. PERALTA's off-site return assessment and documented normal vital signs. The facility dentist noted Mr. PERALTA would return to the off-site oral surgeon for extraction within one week.

**On October 5, 2023, at approximately 7:45 a.m.**, custody staff announced a medical emergency.

- **At approximately 7:48 a.m.**, responding health staff arrived at Mr. PERALTA's dormitory. An advanced practice provider (APP) noted Mr. PERALTA was lying on the top bunk with airway and circulation intact but self-reported he could not move the left side of his body for the past three hours. The APP documented that responding health staff transferred Mr. PERALTA from the bunk onto a stretcher and transported him to the urgent care room. Health staff assessed Mr. PERALTA's vital signs, provided emergency medical care, and the APP referred Mr.



PERALTA to the Valley Baptist Medical Center (V BMC) emergency room (ER) via ambulance for stroke evaluation.

**On October 5, 2023, at approximately 10:15 a.m.**, a V BMC ER physician documented Mr. PERALTA presented with left-sided paralysis and bleeding in the mouth. The physician also noted Mr. PERALTA's stroke score was consistent with mild to moderately severe stroke symptoms, and imaging and laboratory studies showed a subdural hematoma (brain bleed), an elevated white blood cell count and a low platelet count. The ER physician documented suspected acute leukemia (blood cancer) with disseminated intravascular coagulation (a condition in which blood clots form throughout the body), which was later confirmed, and consulted oncology, neurosurgery, and an intensivist.

- **On the same date**, the ER physician intubated (a procedure involving the passage of a tube into the trachea to help a person breathe) Mr. PERALTA, admitted him to the neurological intensive care unit on ventilatory support, and ordered intravenous critical care drips, high blood pressure medicine, seizure medicine, pain medicine, a sedative-hypnotic and a sedative, an anti-acid, corticosteroids, as well as antibiotics.

**Between October 5 and 6, 2023**, Mr. PERALTA remained intubated and continued receiving critical care drips, antibiotics, mechanical ventilatory support, blood plasma, platelets (to prevent clotting), and cancer medicine.

**On October 7, 2023, at approximately 12 p.m.**, V BMC health staff noted Mr. PERALTA's stroke score worsened, he had dilated pupils unreactive to light, and low blood pressure managed with low blood pressure medicine.

**On October 8, 2023, at 7:46 p.m.**, a V BMC physician declared Mr. PERALTA deceased.