

Rob began experiencing symptoms on November 7, 2021, initially believed to be a sinus infection. He tested positive for COVID-19 on November 11. At a November 12 appointment, his physician determined he did not qualify locally for monoclonal antibody treatment due to being unvaccinated and submitted a request to another county. No response was received from that facility.

On November 15, Rob experienced a seizure and was taken to the ER. His oxygen level was not significantly low. Requests were made for monoclonal antibodies and ivermectin, both were denied. The physician recommended remdesivir. Concerns were raised regarding potential kidney complications, but the physician stated there was no scientific evidence supporting those concerns and indicated that without remdesivir, Rob would receive no treatment and could die.

Rob received remdesivir for five days. He was also given an experimental medication described as a red pill; the name is unknown but may be documented in his medical records. Several days into hospitalization, another physician, expressed concerns about remdesivir and prescribed ivermectin. The medication was obtained externally, and Rob received two days of doses while in the ICU.

Rob was transferred to the ICU due to the need for BiPAP. On Sunday, he showed significant improvement, with breathing, transition to regular oxygen, improved oral intake, and alertness with conversation. At approximately 11:00 p.m., the physician documented that Rob was “remarkably better” and planned transfer to a regular room the following morning. Vital signs were stable, and oxygen saturation remained in the 90s.

At 3:00 a.m., notification was given that Rob required intubation and mechanical ventilation. He was transferred to Columbus Regional Hospital, where visitation was initially not permitted. He remained on a ventilator for nine days. During this period, his kidneys failed, requiring dialysis. On Thanksgiving Day, he was assessed as having less than a 40% chance of survival. The following day, physicians reported unexpected improvement and began weaning him from the ventilator.

After awakening, he was allowed one daily FaceTime call. Following a negative COVID-19 test, in-person visitation was permitted. Rob remained extremely weak and required assistance with eating and drinking. Nutritional supplements were provided from home, and assistance was required to hold his cup. He continued to lose weight, and no feeding tube was placed.

On December 10, Rob was transferred to Select Specialty LTAC at Christ Hospital in Cincinnati. During this time, assistance was provided with bathing, shaving, hydration, and nutrition. On December 17, while being transferred from bed to a rehabilitation chair, Rob fainted and was dropped. A nurse reported inability to detect a pulse and performed three chest compressions before he resumed breathing. He was transferred to the Christ Hospital ICU and intubated a 2nd time.

Rob received multiple IV medications, including significant doses of heparin. His blood pressure continued to decline and was treated repeatedly with IV saline. After 13 saline boluses, a blood count revealed approximately two units of blood when approximately 14 were expected. He was later diagnosed with a peritoneal bleed from a ruptured vessel in his back.

His weight increased from 220 to 292 pounds due to fluid accumulation. Liver and kidney function deteriorated, and dialysis was restarted. He developed severe swelling and black discoloration of his toes consistent with poor circulation. He required multiple medications, including pain medications, paralytics, and blood pressure support. Laboratory values later showed improvement.

On December 24, a full-body CT scan indicated the bleeding had resolved. The physician stated his condition was improving and that recovery time was needed. Later that evening, a nurse reported restlessness and administered fentanyl, followed by an increased fentanyl infusion. Rob then experienced cardiac arrest. The emergency call system failed, requiring staff to call 111 resulting in an approximate two-minute delay before physicians arrived.

Rob was temporarily resuscitated but suffered a second cardiac arrest. After approximately 45 minutes of unsuccessful resuscitation efforts, he was pronounced deceased on December 24, 2021.