

My father was taken to the emergency department. We could not be with him. I explained I did not want to leave my father alone because of his age and hearing impairment. I was told security would be contacted if I stayed.

Visitors were not allowed. I contacted the hospital three times/ day for updates. I requested my father have his phone so he could communicate. I learned his phone was taken away.

During hospitalization, I requested no Remdesivir. I asked the medical team to administer Ivermectin, Budesomide, or steroids but was denied.

I raised concerns regarding my father's nutritional status. Nutritional concerns were not addressed until days before his death. During this period, his oxygen requirements increased, and I was informed by the pulmonologist his condition was deteriorating.

The medical team said Remdesivir was the necessary treatment. I requested information regarding risks and benefits before consenting. Remdesivir was administered without informed-consent.

The day following administration of Remdesivir, my father developed atrial fibrillation. Prior to hospitalization, his cardiologist had given him a clean bill of health. I questioned doctors regarding a connection between Remdesivir and atrial fibrillation. I received no explanation.

During a conversation, a nurse told my father if he went home he would die. I was told the same thing. During a call, he pleaded I take him home. He became emotional and began crying, saying he was doing better at home and wanted to leave. These were the last words I heard my father say.

My father was restrained after hospital personnel reported he was pulling at medical tubes and equipment. During the call, the nurse took the phone from him and ended the conversation.

My father was transferred to the ICU and placed on BiPAP. His condition deteriorated and required multiple blood transfusions. I questioned if the medications contributed to his declining hemoglobin. He received three blood transfusions. On Christmas Eve, I was informed his hemoglobin dropped again. I was told the medical team planned to transfuse the next morning. However, I demanded he be transfused that night to prevent a cardiac event.

I became concerned about my father's renal function. Prior to hospitalization, his kidneys were functioning normally. During hospitalization, his renal laboratory values were increasing and requested a nephrology consultation. It took three days. By then my father developed renal failure. Remdesivir has a side effect of renal toxicity.

Throughout hospitalization, I questioned if medications administered were appropriate as renal and respiratory status deteriorated. I requested explanations regarding risks, benefits, and potential adverse effects of medications.

On New Year's Day, I was told my father had an estimated 80% mortality risk. He was at risk of a fatal cardiac event and he could die alone. If life support was withdrawn family members could come. We did not want him to die alone so we came and completed the paperwork.

My father died that morning.

The medications administered included Remdesivir, Baricitinib, Morphine, Amiodarone, Precedex, Xanax, Levophed, Lovenox, and Nitroglycerin. Due to the number/nature of the medications administered, and changes in his cardiac, renal, respiratory, and hematologic status, a comprehensive independent review of his medical records, medication administration records, laboratory results, treatment decisions, and informed-consent process is warranted.

The primary issues include if adequate information was provided regarding treatment options and associated risks and benefits; whether medical, nutritional, and communication needs were appropriately addressed, if changing clinical condition were appropriately monitored/treated, if appropriate consultations were in a timely manner, if medications were appropriately selected/monitored as condition changed, and if applicable patient rights and informed-consent requirements were followed.