Lendle Stockstill's Hospital Protocol Experience

My name is Rhonda Stockstill. I am Lendle Stockstill's widow and a retired United States Air Force medic. Lendle was 48 years old and had no known chronic medical conditions before COVID-19. This is my personal account of what we experienced and what I later found in his medical records.

September 13, 2021. Lendle and I tested positive for COVID-19. He was treated at a clinic with a Medrol Dosepak, azithromycin (Z-Pak), and albuterol. We were also scheduled for monoclonal antibody treatment.

September 14-15. Lendle went to an ER because of low oxygen and was sent home on supplemental oxygen. At that time, I understood that he did not have pneumonia. On September 15, I received Regeneron, but Lendle was declined because he required supplemental oxygen. I later personally observed another patient receiving monoclonal antibodies despite having a lower oxygen level than Lendle.

September 16. Lendle worsened and was transported by ambulance to an Oklahoma hospital. His hospital records describe COVID-19 pneumonia and acute hypoxic respiratory failure. I was not permitted to be with him, so much of what I knew came from telephone conversations with Lendle and later from reviewing his records.

September 17. Ivermectin was prescribed for Lendle. I personally obtained it and still have two prescriptions and proof of the pharmacy purchase. Yet his hospital record states ivermectin was **"unavailable."** The record also shows that he initially declined remdesivir. It later documents that he received a five-day course of remdesivir, completed September 21.

Consent is also a concern for me. I have not found a remdesivir-specific consent bearing Lendle's signature. A general Conditions of Treatment/consent form in his records has the word **"Patient"** in the signature field rather than Lendle Stockstill's identifiable signature. I do not know who entered it; I am stating what appears in the record. In contrast, the dialysis consent later in the chart is one I personally signed as his wife and legal representative.

September 17-21. Lendle's oxygen needs continued to increase from supplemental oxygen to high-flow oxygen and BiPAP. Before he was placed on the ventilator, he told me he was extremely thirsty, had a severe headache, wanted water, and said he had been threatened with restraint. On September 21, his respiratory failure worsened and he was intubated at approximately 4:30 p.m. The record documents IV sedation and use of a paralytic. Around this time he also developed atrial fibrillation with a rapid heart rate.

September 21-27. After intubation, Lendle's condition continued to deteriorate. His records show a rapid decline in kidney function over several days, eventually progressing to acute kidney failure requiring dialysis. During the same period, the records document MRSA/Staphylococcus aureus bloodstream infection, sepsis/septic shock, atrial fibrillation, severe problems maintaining oxygen levels, and ultimately multiple-organ failure. The detailed kidney laboratory results and medication records are listed on the supporting pages.

When I was finally allowed to be with Lendle after he was on the ventilator, I saw significant swelling. I personally helped him have four bowel movements in about 30 minutes. His records later show a fecal drainage tube was placed on September 27. The nutrition records show that he was not eating by mouth and was being fed through a tube, with feeding held at times and later restarted.

September 26-27. A temporary dialysis catheter was placed and hemodialysis was started. I signed the dialysis consent. I was also repeatedly asked about a DNR, meaning not attempting resuscitation if his heart stopped. I continued to say that I wanted lifesaving measures taken.

September 28. In the early morning hours, I was beside Lendle when alarms from the equipment supporting his life began sounding. I did not see the urgency I expected for a code blue. I demanded a full code. When I was asked, **"Are you sure?"** I again said yes and asked that every lifesaving measure be attempted. Lendle died shortly afterward.

I am asking that the circumstances surrounding Lendle's hospitalization, treatment, consent, rapidly declining kidney function, medications, nursing care, restrictions on family advocacy, DNR discussions and final code be fully and independently investigated. I am not asking anyone to presume wrongdoing before the evidence is reviewed. I am asking that the evidence be examined and meaningful answers provided. I am also asking that any remaining COVID-era hospital policies that unnecessarily restrict individualized medical care, informed consent, lawful physician judgment, appropriate treatment choices, or meaningful patient and family advocacy end immediately. Patients and families should never lose the right to ask questions, understand treatment choices, participate in decisions, and advocate for the person they love.