



U.S. Immigration and Customs Enforcement (ICE) Detainee Death Report: Centeno-Briones, Elba Maria

General Demographic/Background Information

- **Date of Birth:** March 23, 1984
- **Date of Death:** August 3, 2021
- **Age:** 37
- **Gender:** Female
- **Country of Citizenship:** Nicaragua
- **Marital Status:** N/A
- **Children:** N/A

Immigration History

- On July 26, 2021, Ms. Centeno-Briones entered the United States at or near Brownsville, TX, without inspection, or parole, by an immigration officer. U.S. Border Patrol (USBP) arrested Ms. Centeno-Briones and issued her a Notice and Order of Expedited Removal, Form I-860, pursuant to section 212(a)(7)(A)(i)(I) of the Immigration and Nationality Act.
- On July 27, 2021, USBP transferred Ms. Centeno-Briones to ICE Enforcement and Removal Operations (ERO) Harlingen, pending interview with U.S. Citizenship and Immigration Services. ERO transferred Ms. Centeno-Briones to El Valle Detention Facility (EVDF) for housing.

Criminal History

- None

Medical History

Medical Records from EVDF

On July 27, 2021, Ms. Centeno-Briones had an intake screening by an RN, during which she reported symptoms of shortness of breath, cough, fatigue for one week, and history of hypertension, without medication. A coronavirus disease (COVID-19) test was performed with positive results. During the evaluation, the RN noted right-sided wheezing (a high-pitched whistling sound made while breathing) at Ms. Centeno-Briones' upper and lower lung zones with auscultation, observed cyanosis (bluish color to the skin or mucous membrane that is usually due to a lack of oxygen in the blood) of all the nail beds of her fingers, and documented the following vital signs: temperature (T) – 99.5 degrees Fahrenheit [(°), (F); normal range is 97.0 – 99.0°F], blood pressure (BP) – 137/80 millimeters mercury (mmHg) [normal range is 90/60 – 120/80 mmHg], pulse (P) – 103 beats per minute (bpm) [normal range is 60 – 100 bpm], respirations (R) – 19 [normal range is 12–16 respirations per minute], and oxygen saturation (SpO₂) – 70 percent (%) on room air [fraction of oxygen saturated hemoglobin in the blood] [normal oxygen saturation 95 – 100%].

The RN contacted and informed the on-call advanced practice provider (APP) of Ms. Centeno-Briones' low SpO₂ result, on room air. The APP gave the RN a verbal order to administer a



nebulizer treatment, (a bronchodilator medication administered in the form of a mist and inhaled into the lungs), 2 liters (L) of supplemental oxygen via nasal cannula, and to transfer Ms. Centeno-Briones to the local emergency department (ED) via emergency medical services (EMS).

Ms. Centeno-Briones was transferred to Valley Baptist Medical Center (VBMC) in Harlingen, TX where a medical doctor (MD) diagnosed her with COVID-19, hypoxic respiratory failure (inability to keep oxygen levels in normal range), multifocal pneumonia (infection in multiple areas of the lung) and admitted her into a critical care unit, used to house patients with COVID-19. Ms. Centeno-Briones required placement on a bi-level positive airway pressure (BiPap) machine [machine used to keep the lungs expanded for better oxygen absorption during breathing]. Ms. Centeno-Briones received antibiotics for pneumonia, steroids to decrease inflammation, and anticoagulant medications to decrease her risk of blood clots.

On July 28, 2021, Ms. Centeno-Briones reported feeling better with use of the BiPap machine.

On July 29, 2021, Ms. Centeno-Briones experienced episodes of coughing and required high flow supplemental oxygen therapy. An MD ordered Ms. Centeno-Briones additional antibiotics to treat her pneumonia, steroids, anticoagulants, and an antiviral medication for her positive influenza B (a virus causing respiratory symptoms) results.

Between July 30 - 31, 2021, Ms. Centeno-Briones denied having any respiratory distress, remained in stable condition, while receiving high flow supplemental oxygen, and a BiPap machine at night.

On August 1, 2021, at approximately 04:35 a.m., Ms. Centeno-Briones experienced difficulty sleeping, due to shortness of breath, and her SpO2 decreased to 80% with exertion.

- **At approximately 12:30 p.m.**, Ms. Centeno-Briones' SpO2 levels continued to decrease, and a rapid response code was called. VBMC placed Ms. Centeno-Briones on a high flow of supplemental oxygen, but Ms. Centeno-Briones continued to experience labored breathing, anxiety, respiratory distress, and decreased SpO2 levels, with subsequent transfer to VBMC's COVID-19 intensive care unit (ICU), placement back on the BiPap machine, administration of an anti-steroidal and anti-anxiety medications. Ms. Centeno-Briones remained calm after taking medications.

On August 2, 2021, at approximately 4:30 a.m., Ms. Centeno-Briones' SpO2 levels continued to remain low, with supplemental oxygen therapy.

- **At approximately 2:30 p.m.**, VBMC ordered her pain medication and planned to intubate her, if she reported having difficulty breathing.
- **At approximately 4:45 p.m.**, Ms. Centeno-Briones went into respiratory distress. VBMC sedated and intubated Ms. Centeno-Briones and ordered her additional medications to increase blood pressure.

On August 3, 2021, at approximately 5:20 a.m., Ms. Centeno-Briones remained intubated with a SpO2 of 100%. VBMC increased Ms. Centeno-Briones' dosage of norepinephrine and prescribed phenylephrine (medication to increase blood pressure) to increase her BP, while she remained sedated.



- **At approximately 1:27 p.m.**, Ms. Centeno-Briones went into asystole (no heartbeat); however, VBMC's staff's efforts were unsuccessful, and the attending MD pronounced Ms. Centeno-Briones deceased, at 2:03 p.m. CST.