

The Arkansas State Medical Board  
C/O [REGDIS@ARMedicalBoard.org](mailto:REGDIS@ARMedicalBoard.org)  
1401 West Capitol, Suite 340  
Little Rock, AR 72201

Re: Patient & Complainant: Stanley K. Lawrence

Ms. Embry,

My name is Jeffery Blake Copeland and I'm writing in response to the complaint to the Arkansas State Medical Board by Stanley K. Lawrence. I no longer provide services for the hospital where Mr. Lawrence's care took place and the hospital has been closed. Accordingly, I have no way to review the records of Mr. Lawrence's case in detail as there is no HIM to request them from; however, I remember Mr. Lawrence and will do my best to represent the facts as I recall them.

Mr. Lawrence had a long and complicated medical journey prior to arriving at the LTAC at Arkansas Continued Care Hospital. He underwent a CABG at St Bernards Medical Center and subsequently suffered a cardiac arrest. While his physicians were able to restore heart function, he sustained significant multi-system organ damage from the event. The medical complications of his cardiac arrest included ventilator dependent respiratory failure requiring tracheostomy placement, renal failure requiring dialysis, esophageal dysmotility requiring PEG placement, anoxic brain injury and dense encephalopathy requiring physical restraints, as well as medications for agitation and anxiety, for his own protection. The physicians at St Bernards were unable to improve his medical condition and anticipated that improvements would be very gradual, necessitating a multi-month hospital stay. This is when Mr. Lawrence was admitted to the LTAC and came into my care.

At the time of his admission, Mr. Lawrence was still experiencing respiratory failure with a tracheostomy, renal failure requiring dialysis, esophageal dysmotility requiring PEG placement, anoxic brain injury, and dense encephalopathy requiring physical restraints and medications for agitation and anxiety. His encephalopathy as a result of his anoxic brain injury was severe and he did require restraints and medications for his own protection, as he continuously tried to climb out of bed and pull out his trach, PEG, dialysis catheter. Mr. Lawrence received medically appropriate and evidence-based care while I was his physician. He gradually improved during his hospitalization and I was able to get him on room air, remove his trach, wean him off dialysis and remove his dialysis catheter. His encephalopathy also began to improve, and I was able to start weaning him off his agitation/anxiety medication and remove his restraints. Once he could follow commands, we provided physical therapy and he was able to improve to the point he was strong enough for discharge home. He worked with