

**MISSOURI DEPARTMENT OF CORRECTIONS
PREPARATION AND ADMINISTRATION OF CHEMICALS
FOR LETHAL INJECTION**

A. Execution team members

1. The execution team consists of contracted medical personnel and department employees.
2. A physician, nurse, or pharmacist prepares the chemicals used during the lethal injection.
3. A physician, nurse, or emergency medical technician (EMT–intermediate or EMT–paramedic) inserts intravenous lines, monitors the prisoner, and supervises the injection of lethal chemicals by nonmedical members of the execution team.
4. Two department employees inject the chemicals into the prisoner.

B. Preparation of chemicals

1. Medical personnel prepare the lethal chemicals. The quantities of these chemicals may not be changed without prior approval of the department director. Fourteen (14) syringes are prepared and labeled in a distinctive manner as follows.
2. Syringe 1 will contain 20 cc of propofol (also known as Diprivan) and 10 cc of Lidocaine.
3. Syringe 2 will contain 30 cc of saline solution.
4. Syringes 3, 4 and 5 each will contain 50 cc of propofol.
5. Syringe 6 will contain 30 cc of propofol. There will be a total of 2 grams of propofol contained in syringes 1, 3, 4, 5 and 6.
6. Syringe 7 will contain 30 cc of saline solution.
7. Two (2) additional grams of propofol shall be kept available but need not be withdrawn into the labeled syringes 1A, 3A, 4A, 5A, and 6A until the use of those syringes are needed as prescribed in paragraphs E.5. and/or E.8. Syringe 1A will contain 20 cc of propofol and 10 cc of Lidocaine. Syringe 3A, 4A and 5A will contain 50 cc of propofol. Syringe 6A will contain 30 cc of propofol.

8. Syringe 2A and 7A contains 30 cc of saline solution. (These syringes are prepared in the event that additional flush is required.)

C. Intravenous lines

1. Medical personnel determine the most appropriate locations for intravenous (IV) lines. They insert both a primary IV line and a secondary IV line unless the prisoner's physical condition makes it unduly difficult to insert more than one IV. Medical personnel may insert the primary IV line as a peripheral line or as a central venous line (e.g., femoral, jugular, or subclavian) provided they have appropriate training, education, and experience for that procedure. The secondary IV line is a peripheral line.

2. A sufficient quantity of saline solution is injected to confirm that the IV lines have been properly inserted and that the lines are not obstructed.

D. Monitoring of prisoner

1. Medical personnel attach the leads from the electrocardiograph to the prisoner's chest. Medical personnel check the electrocardiograph to confirm that it is functioning properly.

2. The gurney is positioned so that medical personnel can observe the prisoner's face directly or with the aid of a mirror.

3. Medical personnel monitor the electrocardiograph and the prisoner during the execution.

E. Administration of chemicals

1. Upon order of the department director, the chemicals are injected into the prisoner by the execution team members under the observation of medical personnel. The lights in the execution support room are maintained at a sufficient level to permit proper administration of the chemicals.

2. The propofol and Lidocaine are injected from syringe 1.

3. The saline solution is injected from syringe 2.

4. Before syringes 3, 4, 5, and 6 are injected, medical personnel physically examine the prisoner to confirm that he is unconscious. Medical personnel use standard clinical techniques to assess consciousness, such as checking for movement, opened eyes, eyelash reflex, pupillary responses or diameters, and response to verbal commands and physical stimuli. In addition to examining the prisoner, medical personnel inspect the catheter site(s).

5. In the unlikely event that the prisoner is still conscious, propofol and Lidocaine are injected from syringe 1A into the secondary IV line. 30 cc of the saline solution in syringe 2A is injected. Medical personnel confirm that the prisoner is unconscious as directed in paragraph E.4. When the secondary line is used, it is also used for the remaining chemicals.
6. After confirming that the prisoner is unconscious, syringes 3, 4, 5 and 6 are injected provided at least three minutes have elapsed since the execution team members started injecting syringe 1 which rendered the prisoner unconscious.
7. The saline solution is injected from syringe 7.
8. If the electrical activity of the prisoner's heart does not cease within five minutes, syringe 1A (if not previously injected as set forth in paragraph E.5.), 3A, 4A, 5A, 6A, and 7A are injected to cause death.
9. When all electrical activity of the heart ends as shown by the electrocardiogram, medical personnel pronounce death.

F. Documentation of chemicals

1. Medical personnel properly dispose of unused chemicals.
2. Before leaving ERDCC, all members of the execution team complete and sign the "Sequence of Chemicals" form thereby verifying that the chemicals were given in the order specified in this protocol.
3. Before leaving ERDCC, medical personnel complete and sign the "Chemical Log" indicating the quantities of the chemicals used and the quantities of the chemicals discarded during the execution.
4. Within three days of the execution, the ERDCC warden submits the Sequence of Chemicals and the Chemical Log to the director of the Division of Adult Institutions. The DAI division director and the department director review the records. If they do not detect any irregularities, they approve the two documents. If any irregularities are noted, the DAI division director promptly determines whether there were any deviations from this protocol and reports his findings to the department director.

August 1, 2013
Missouri Department of Corrections