

**IN THE CIRCUIT COURT OF PULASKI COUNTY, ARKANSAS
CIVIL DIVISION**

IN THE MATTER OF D.J.C., Jr., Minor

Case No: 60CV-25-3444

ORDER

THIS MATTER, on April 7, 2025, came before the Court for consideration of Petitioner Arkansas Children’s Hospital’s (“ACH”) Emergency Petition for Withdrawal of Treatment. Based upon the pleadings, motion, documents, testimony provided, and other evidence, THE COURT FINDS AS FOLLOWS:

1. D.J.C., Jr. ("D.J.C.") is a Minor, DOB: January 1, 2023. He has been a patient at ACH since his premature birth.
2. Petitioner filed an Emergency Petition for Withdrawal of Treatment on March 31, 2025 with related exhibits, including an affidavit from Ronald C. Sanders, M.D. (“Dr. Sanders”), who is Chief of Critical Care Medicine at ACH and a member of D.J.C.’s care team.
3. Under Ark. Code Ann. § 20-9-605, commonly referred to as “Simon’s Law”, a healthcare institution or healthcare provider shall not issue a do-not-resuscitate order or otherwise withhold or withdraw treatment so as to allow the natural death of a minor without the oral or written consent of at least one (1) parent or guardian of the minor.
4. However, Subsection (e) of Simon’s Law provides that a healthcare institution is not required “to provide or continue any treatment that would be medically inappropriate because, in the reasonable medical judgment of the healthcare

institution or healthcare provider, providing the treatment would: (1) Create a greater risk of causing or hastening the death of the minor; or (2) Potentially harm or cause unnecessary pain, suffering, or injury to the minor.”

5. Additionally, Arkansas law, at A.C.A. § 20-9-604, provides Courts an avenue to consent to treatment on behalf of a minor when (a) an emergency exists, (b) there has been a protest or refusal of consent by a person authorized and empowered to do so; and (c) there is no other person immediately available who is authorized, empowered, or capable of consent.
6. At the April 7, 2025, hearing on this Emergency Petition, Dr. Sanders provided testimony to support the following findings of fact:
 - a. Due to his prematurity, D.J.C. was born with severely underdeveloped lungs, causing severe broncho-pulmonary dysplasia;
 - b. D.J.C.’s limited lung capacity and inability to properly oxygenate has led to frequent desaturation events, which cause his heart to stop beating and require cardiopulmonary resuscitation (“CPR”);
 - c. Slight movements and routine patient care have previously caused D.J.C. to be agitated and desaturate, requiring resuscitation. As such, D.J.C. requires heavy sedation to limit desaturation events;
 - d. D.J.C. has experienced numerous code events within the last year;
 - e. Further, in February 2025, D.J.C. suffered a code event requiring a prolonged period of cardiopulmonary resuscitation resulting in a global brain injury, resulting in further complications;

- f. After this event, a neurological exam and an MRI confirmed a global brain injury from a prolonged lack of oxygen;
 - g. D.J.C. is being maintained on sedation and pain medications, but these medications have lost—and will continue to lose—efficacy over time;
 - h. D.J.C. continues to experience bouts of difficult-to-control agitation on a daily basis;
 - i. D.J.C.’s condition has precipitously declined, particularly since the resuscitative event in February 2025;
 - j. Continued resuscitative efforts will cause D.J.C. physical injury, unnecessary pain, and suffering;
 - k. D.J.C.’s prognosis is terminal, without hope for an improved outcome.
7. D.J.C.’s current condition is emergent, as his medical condition continues to deteriorate and he is likely to experience future desaturation events in the future that will require resuscitation.
8. As such, the ACH care team recommends changing D.J.C.’s code status to Do Not Resuscitate (“DNR”).
9. As of April 7, 2025, D.J.C.’s parents, Paulina Casillas and Dezeioun Juan Crudup, Sr., had not consented to a change in D.J.C.’s code status to Do Not Resuscitate (“DNR”).
10. There is no other person immediately available who is authorized, empowered, or capable of consent to change D.J.C.’s code status, aside from his parents.

11. D.J.C.'s parents have requested access to D.J.C.'s full medical records and time to evaluate the records to make an informed decision regarding the change in D.J.C.'s code status.

12. During the April 7, 2025, hearing on this matter, the Court heard testimony from treating physician Dr. Ronald Sanders and the child's mother Paulina Casillas. The Court is moved by the emotions expressed and the love shown by D.J.C.'s parents at this difficult juncture. Dr. Sanders has explained that D.J.C. currently exhibits a lack of brain activity and reflects no signs of change or improvement in his condition. Additionally, Dr. Sanders testified that resuscitation efforts would subject D.J.C.'s already frail condition to further pain and damages. D.J.C.'s parents have expressed a desire to review their son's medical records closely before such an important decision about his care may be made. The Court is sensitive to their needs.

NOW THEREFORE IT IS ORDERED:

- (1) ACH shall provide D.J.C.'s complete medical records to D.J.C.'s parents.
- (2) D.J.C.'s parents shall make a determination regarding the change in D.J.C.'s code status by April 21, 2025 at 5:00 PM.
- (3) ACH shall, if requested by D.J.C.'s parents, arrange meetings between parents and the care team to address any questions before such date.
- (4) If D.J.C.'s parents do not make a determination as to D.J.C.'s code status by April 21, 2025, this Court hereby **CONSENTS** to a change in D.J.C.'s code status with ACH as follows:

- a. The PICU care team at ACH shall change D.J.C.'s code status to DNR, reflecting that D.J.C. shall receive NO resuscitation medications, chest compressions or electrical cardioversion/shocks if his heart were to stop beating on its own.
- b. The PICU care team will continue to provide D.J.C. with the following: IV hydration and nutritional support; medical treatments for issues such as muscle stiffness and promoting regular stooling; testing for infections should the D.J.C. have any signs of infection such as fever, increase in secretions, low blood pressure or poor perfusion; analgesia and sedation as needed; skin care and re-positioning to prevent pressure injuries; airway clearance treatments; and supplemental oxygen flow and ventilator support via the D.J.C.'s tracheostomy.

IT IS SO ORDERED this 9th day of April, 2025.



By: _____
Hon. Shawn Johnson, Circuit Judge