

IDAHO DEPARTMENT OF CORRECTION
Execution Chemicals Preparation and Administration

A. Modifications to Protocols and Procedures

There must be no deviation from the procedures, protocols, and chemicals in this procedure without prior consent from the Director of the IDOC. A member of the Administrative Team must monitor and ensure compliance with protocols and procedures related to the preparation and administration of chemicals.

B. Preparation of Chemicals

At the appropriate time, the IMSI Warden will transfer custody of the chemicals to the Medical Team leader so the Medical Team can complete chemical and syringe preparation.

The Medical Team leader will supervise the syringe preparation, assigning a Medical Team member to prepare each chemical and the corresponding syringe. The assigned Medical Team members must prepare their designated chemical and syringes for three complete sets of chemicals to be used in the implementation of the death sentence. A third set of syringes must be available and ready for use as backup.

The assigned Medical Team member must be responsible for preparing and labeling the assigned sterile syringes in a distinctive manner identifying the specific chemical contained in each syringe by (a) assigned number, (b) chemical name, (c) chemical amount and (d) the designated color, as set forth in the chemical chart below. This information must be preprinted on a label, with two (2) labels affixed to each syringe to ensure a label remains visible.

There must be sufficient lighting and physical space in the Medical Team room and the execution chamber to enable team members to function properly and to observe the condemned person. The condemned person will be positioned to enable the Medical Team leader to view the condemned person's arms (or other designated intravenous [IV] location) and face with the aid of a color camera and a color monitor.

After the Medical Team prepares all syringes with the proper chemicals and labels as provided in the applicable chemical chart, the Medical Team leader will place three (3) complete sets of the prepared and labeled syringes in the color-coded and labeled syringe trays in the order in which the chemicals are to be administered. The syringes will be placed in the color-coded and labeled syringe trays in a manner to ensure there is no crowding, with each syringe resting in its corresponding place in the shadow box which is labeled with the name of the chemical, color, chemical amount and the designated syringe number.

The syringes must be placed in such a manner to ensure the syringe labels are clearly visible. Prior to placing the syringes in the color-coded and labeled syringe trays, the flow will be checked by the Medical team leader running saline solution through the line to confirm there is no obstruction.

After all syringes are prepared and placed in color-coded and labeled syringe trays in proper order, the Medical Team leader must confirm that all syringes are properly labeled and placed in the color-coded and labeled syringe trays in the order in which the chemicals are to be administered as designated by the applicable chemical chart. Each chemical must be administered in the predetermined order in which the syringes are placed in the tray.

C. Approved Chemicals

The IDOC has four (4) options for lethal injection methods. Which option is used is dependent upon the availability of chemicals.

The Director of the IDOC has approved the following lethal injection chemicals and methods as described in Chemical Chart 1, Chemical Chart 2, Chemical Chart 3, and Chemical Chart 4:

Method 1

CHEMICAL CHART 1	
Primary SET A	
Syringe No.	Label
1A (complete 1-4)	1.25 g Sodium Pentothal, GREEN
2A (complete 1-4)	1.25 g Sodium Pentothal, GREEN
3A (complete 1-4)	1.25 g Sodium Pentothal, GREEN
4A (complete 1-4)	1.25 g Sodium Pentothal, GREEN
5A (flush)	60mL Saline, BLACK
6A (complete 6-7)	60mg Pancuronium Bromide, BLUE
7A (complete 6-7)	60mg Pancuronium Bromide, BLUE
8A (flush)	60mL Saline, BLACK
9A (complete 9-10)	120mEq Potassium Chloride, RED
10A (complete 9-10)	120mEq Potassium Chloride, RED
11A (flush)	60mL Saline, BLACK

CHEMICAL CHART 1		CHEMICAL CHART 1	
Backup Set B		Backup Set C	
Syringe No.	Label	Syringe No.	Label
1B (complete 1-4)	1.25 g Sodium Pentothal, GREEN	1C (complete 1-4)	1.25 g Sodium Pentothal, GREEN
2B (complete 1-4)	1.25 g Sodium Pentothal, GREEN	2C (complete 1-4)	1.25 g Sodium Pentothal, GREEN
3B (complete 1-4)	1.25 g Sodium Pentothal, GREEN	3C (complete 1-4)	1.25 g Sodium Pentothal, GREEN
4B (complete 1-4)	1.25 g Sodium Pentothal, GREEN	4C (complete 1-4)	1.25 g Sodium Pentothal, GREEN
5B (flush)	60mL Saline, BLACK	5C (flush)	60mL Saline, BLACK
6B (complete 6-7)	60mg Pancuronium Bromide, BLUE	6C (complete 6-7)	60mg Pancuronium Bromide, BLUE
7B (complete 6-7)	60mg Pancuronium Bromide, BLUE	7C (complete 6-7)	60mg Pancuronium Bromide, BLUE
8B (flush)	60mL Saline, BLACK	8C (flush)	60mL Saline, BLACK
9B (complete 9-10)	120mEq Potassium Chloride, RED	9C (complete 9-10)	120mEq Potassium Chloride, RED
10B (complete 9-10)	120mEq Potassium Chloride, RED	10C (complete 9-10)	120mEq Potassium Chloride, RED
11B (flush)	60mL Saline, BLACK	11C (flush)	60mL Saline, BLACK

Syringe Preparation (Method 1)

Syringes 1A, 2A, 3A, 4A, 1B, 2B, 3B, 4B, 1C, 2C, 3C and 4C each contain 1.25 gm/50ml. of sodium pentothal / 1 in 50 ml. of sterile water in four (4) 60 ml. syringes for a total dose of 5 grams of sodium pentothal in each set. Each syringe containing sodium pentothal will have a **GREEN** label which contains the name of chemical, chemical amount, and the designated syringe number.

Syringes 5A, 8A, 11A, 5B, 8B, 11B, 5C, 8C and 11C each contain 60 ml. of a saline solution, at a concentration of 10 units of heparin per milliliter and will have a **BLACK** label which contains the name of the chemical, chemical amount, and the designated syringe number.

Syringes 6A, 7A, 6B, 7B, 6C and 7C each contain 60 mg of pancuronium bromide for a total of 120 mg of pancuronium bromide in each set. Each syringe containing pancuronium bromide will have a **BLUE** label which contains the name of the chemical, chemical amount, and the designated syringe number.

Syringes 9A, 10A, 9B, 10B, 9C and 10C each contain 120 milliequivalents of potassium chloride for a total of 240 milliequivalents of potassium chloride in each set. Each syringe containing potassium chloride will have a **RED** label which contains the name of the chemical, chemical amount, and the designated syringe number.

After the Medical Team prepares all syringes with the proper chemicals and labels as provided in the applicable chemical chart, the Medical Team leader must ensure the IV setup is completed.

Method 2

CHEMICAL CHART 2	
Primary SET A	
Syringe No.	Label
1A (complete 1-2)	2.5 g Pentobarbital GREEN
2A (complete 1-2)	2.5 g Pentobarbital GREEN
3A (flush)	60mL Saline, BLACK
4A (complete 4-5)	60mg Pancuronium Bromide, BLUE
5A (complete 4-5)	60mg Pancuronium Bromide, BLUE
6A (flush)	60mL Saline, BLACK
7A (complete 7-8)	120mEq Potassium Chloride, RED
8A (complete 7-8)	120mEq Potassium Chloride, RED
9A (flush)	60mL Saline, BLACK

CHEMICAL CHART 2		CHEMICAL CHART 2	
Backup Set B		Backup Set C	
Syringe No.	Label	Syringe No.	Label
1B (complete 1-2)	2.5 g Pentobarbital GREEN	1C (complete 1-2)	2.5 g Pentobarbital GREEN
2B (complete 1-2)	2.5 g Pentobarbital GREEN	2C (complete 1-2)	2.5 g Pentobarbital GREEN
3B (flush)	60mL Saline, BLACK	3C (flush)	60mL Saline, BLACK
4B (complete 4-5)	60mg Pancuronium Bromide, BLUE	4C (complete 4-5)	60mg Pancuronium Bromide, BLUE
5B (complete 4-5)	60mg Pancuronium Bromide, BLUE	5C (complete 4-5)	60mg Pancuronium Bromide, BLUE
6B (flush)	60mL Saline, BLACK	6C (flush)	60mL Saline, BLACK
7B (complete 7-8)	120mEq Potassium Chloride, RED	7C (complete 7-8)	120mEq Potassium Chloride, RED
8B (complete 7-8)	120mEq Potassium Chloride, RED	8C (complete 7-8)	120mEq Potassium Chloride, RED
9B (flush)	60mL Saline, BLACK	9C (flush)	60mL Saline, BLACK

Syringe Preparation (Method 2)

Syringes 1A, 2A, 1B, 2B, 1C, and 2C each contain 2.5 gm of pentobarbital for a total of 5 grams in each set. Each syringe containing pentobarbital will have a **GREEN** label which contains the name of chemical, chemical amount and the designated syringe number.

Syringes 3A, 6A, 9A, 3B, 6B, 9B, 3C, 6C and 9C each contain 60 ml. of a saline solution and will have a **BLACK** label which contains the name of the chemical, chemical amount and the designated syringe number.

Syringes 4A, 5A, 4B, 5B, 4C and 5C each contain 60 mg of pancuronium bromide for a total of 120 mg of pancuronium bromide in each set. Each syringe containing pancuronium bromide will have a **BLUE** label which contains the name of the chemical, chemical amount and the designated syringe number.

Syringes 7A, 8A, 7B, 8B, 7C and 8C each contain 120 milliequivalents of potassium chloride for a total of 240 milliequivalents of potassium chloride in each set. Each syringe containing potassium chloride will have a **RED** label which contains the name of the chemical, chemical amount and the designated syringe number.

After the Medical Team prepares all syringes with the proper chemicals and labels as provided in the applicable chemical chart, the Medical Team leader must ensure the IV setup is completed.

Method 3

CHEMICAL CHART 3	
Primary Set A	
Syringe No.	Label
1A (complete 1-4)	1.25 g Sodium Pentothal, GREEN
2A (complete 1-4)	1.25 g Sodium Pentothal, GREEN
3A (complete 1-4)	1.25 g Sodium Pentothal, GREEN
4A (complete 1-4)	1.25 g Sodium Pentothal, GREEN
5A (flush)	60mL Saline, BLACK

CHEMICAL CHART 3		CHEMICAL CHART 3	
Backup Set B		Backup Set C	
Syringe No.	Label	Syringe No.	Label
1B (complete 1-4)	1.25 g Sodium Pentothal, GREEN	1C (complete 1-4)	1.25 g Sodium Pentothal, GREEN
2B (complete 1-4)	1.25 g Sodium Pentothal, GREEN	2C (complete 1-4)	1.25 g Sodium Pentothal, GREEN
3B (complete 1-4)	1.25 g Sodium Pentothal, GREEN	3C (complete 1-4)	1.25 g Sodium Pentothal, GREEN
4B (complete 1-4)	1.25 g Sodium Pentothal, GREEN	4C (complete 1-4)	1.25 g Sodium Pentothal, GREEN
5B (flush)	60mL Saline, BLACK	5C (flush)	60mL Saline, BLACK

Syringe Preparation (Method 3)

Syringes 1A, 2A, 3A, 4A, 1B, 2B, 3B, 4B, 1C, 2C, 3C, and 4C each contain 1.25 gm/50ml. of sodium pentothal / 1 in 50 ml. of sterile water in four (4) 60 ml. syringes for a total dose of 5 grams of sodium pentothal in each set. Each syringe containing sodium pentothal will have a **GREEN** label which contains the name of chemical, chemical amount, and the designated syringe number.

Syringes 5A, 5B, and 5C each contain 60 ml. of a saline solution and will have a **BLACK** label which contains the name of the chemical, chemical amount, and the designated syringe number.

After the Medical Team prepares all syringes with the proper chemicals and labels as provided in the applicable chemical chart, the Medical Team leader must ensure the IV setup is completed.

Method 4

CHEMICAL CHART 4	
Primary Set A	
Syringe No.	Label
1A (complete 1-2)	2.5 g Pentobarbital GREEN
2A (complete 1-2)	2.5 g Pentobarbital GREEN
3A (flush)	60mL Saline, BLACK

CHEMICAL CHART 4		CHEMICAL CHART 4	
Backup Set B		Backup Set C	
Syringe No.	Label	Syringe No.	Label
1B (complete 1-2)	2.5 g Pentobarbital GREEN	1C (complete 1-2)	2.5 g Pentobarbital GREEN
2B (complete 1-2)	2.5 g Pentobarbital GREEN	2C (complete 1-2)	2.5 g Pentobarbital GREEN
3B (flush)	60mL Saline, BLACK	3C (flush)	60mL Saline, BLACK

Syringe Preparation (Method 4)

Syringes 1A, 2A 1B, 2B, 1C, and 2C each contain 2.5 gm of pentobarbital for a total of 5 grams in each set. Each syringe containing pentobarbital will have a **GREEN** label which contains the name of chemical, chemical amount and the designated syringe number.

Syringes 3A, 3B, and 3C each contain 60 ml. of a saline solution and will have a **BLACK** label which contains the name of the chemical, chemical amount and the designated syringe number.

After the Medical Team prepares all syringes with the proper chemicals and labels as provided in the applicable chemical chart, the Medical Team leader must ensure the IV setup is completed.

Note: The chemical amounts as set forth in chemical charts 1, 2, 3, and 4 are designated for the execution of persons weighing 500 pounds or less. The chemical amounts will be reviewed and may be revised as necessary if weight exceeds 500 pounds.

Note: The quantities of chemicals prepared and administered may not be changed in any manner without prior approval of the Director of the IDOC.

Note: The full dose contained in each syringe must be administered to the condemned person and subsequently documented by the designated recorder. The quantities of the chemicals prepared and administered may not be changed in any manner without prior approval of the Director of the IDOC after consultation with the Medical Team leader. If all electrical activity of the heart ceases prior to administering all of the chemicals, the Medical Team members must continue to follow this protocol and administer all remaining chemicals in the order and amounts set forth in the applicable chemical chart.

IV Setup Procedure

After all syringes are prepared and placed in proper order, the Medical Team leader must confirm that all syringes are properly labeled and placed in the order in which the chemicals are to be administered as designated by the chemical chart. Each chemical must be administered in the predetermined order in which the syringes are placed in the color-coded and labeled syringe trays.

Note: All of the prepared chemicals must be used or properly disposed of no later than 24 hours after the time designated for the execution to occur.

Note: Should a stay delay the execution beyond 24 hours of the scheduled execution, another primary set of syringes must be prepared when the execution is rescheduled in accordance with the process set forth in this procedure.

D. Chemical Delivery Procedures

The Medical Team recorder is responsible for completing the applicable sequence of chemical form (see appendixes 1 through 4). The recorder must document on the form the amount of each chemical administered and confirm that it was administered in the order set forth in the chemical chart. Any deviation from the written procedure must be noted and explained on the form.

E. Preparation, Movement, and Monitoring of the Condemned Person

Prior to moving the condemned person from the isolation cell to the execution table, the Director of the IDOC will confer with the Idaho Attorney General, or designee, and the Idaho Governor, or designee, to confirm there is no legal impediment to proceeding with the lawful execution.

The condemned person will be offered a mild sedative based on need. The sedative must be provided to the condemned person no later than four hours prior to the execution unless it is determined medically necessary.

The witnesses will be brought into the appropriate witness areas.

At the designated time, the Escort Team will escort the condemned person to the execution chamber. The condemned person will be secured on the table by the prescribed means.

After the condemned person has been secured to the execution table, the Escort Team leader will personally check the restraints which secure the condemned person to the table to ensure they are not so restrictive as to impede the condemned person's circulation, yet sufficient to prevent manipulation of the catheters and IV lines.

Once the condemned person is secured, the Medical Team leader will attach the leads from the electrocardiograph (EKG) monitor to the condemned person's chest and confirm that the EKG monitor is functioning properly and that the proper graph paper is used. A backup EKG monitor must be on site and readily available if necessary.

A Medical Team member must be assigned to monitor the EKG monitor and mark the EKG graph paper at the commencement and completion of the administration of each chemical. The assigned identifier of the Medical Team member monitoring the EKG monitor must be noted at each juncture.

Throughout the procedure, the Medical Team members must continually monitor the condemned person's level of consciousness and EKG monitor readings, maintaining constant observation using one or more of the following methods: direct observation, audio equipment, camera, and television monitor as well as any other medically approved method(s) deemed necessary by the Medical Team leader. The Medical Team leader will be responsible for monitoring the condemned person's level of consciousness.

The assigned Medical Team members will insert the catheters and attach the IV lines at the appropriate time in a manner in which the witnesses may view it.

Once all witnesses are secured in the witness rooms, the IMSI Warden must read aloud a summary of the death warrant.

A microphone will be positioned to enable the Medical Team leader to hear any utterances or noises made by the condemned person throughout the procedure. The Medical Team leader will confirm the microphone is functioning properly, and that the condemned person can be heard in the Medical Team room. The Escort Team members assigned to the witness areas will confirm that the audio of the execution can be heard in both witness areas.

The IMSI Warden must ensure there is a person present in the execution chamber throughout the execution who is able to communicate with the condemned person in their primary language. This person will be positioned to clearly see, hear, and speak to the condemned person throughout the execution. If the IMSI Warden can communicate with the condemned person in their primary language, he may serve in that capacity.

The IMSI Warden will ask the condemned person if he wishes to make a last statement and provide an opportunity to do so.

The IMSI Warden will offer the condemned person an eye covering.

F. Intravenous Lines

The assigned Medical Team members will determine the best sites on the condemned person to insert a primary IV catheter and a backup IV catheter in two separate locations in the peripheral veins utilizing appropriate medical procedures. The insertion sites in order of preference will be arms, hands, ankles, and feet, as determined medically appropriate by the Medical Team leader. Both primary and backup IV lines will be placed unless in the opinion of the Medical Team leader it is not possible to reliably place two peripheral lines. If it is not possible to reliably place two peripheral lines, the Medical Team leader will direct Medical Team members to place an IV catheter in a central line for the purpose of administering the chemicals.

At the discretion of the Medical Team leader, a localized anesthetic may be used to numb the venous access site.

To ensure proper insertion in the vein, the assigned Medical Team members should watch for the flashback of blood at the catheter hub in compliance with medical procedures.

The assigned Medical Team members must ensure the catheter is properly secured with the use of tape or adhesive material, properly connected to the IV line and out of reach of the condemned person's hands. A flow of saline will be started in each line and administered at a slow rate to keep the line open.

The primary IV catheter will be used to administer the chemicals and the backup catheter will be reserved in the event of the failure of the first line. Any failure of a venous access line must be immediately reported to the IMSI Warden.

The IV catheter in use must not be covered and must remain visible throughout the procedure.

The IMSI Warden must physically remain in the execution chamber with the condemned person throughout the administration of the chemicals in a position sufficient to clearly observe the condemned person and the primary and backup IV sites for any potential problems and must immediately notify the Medical Team leader and Director of the IDOC should any issue occur. Upon receipt of such notification, the Director of the IDOC will stop the proceedings and take all steps necessary in consultation with the Medical Team leader prior to proceeding further with the execution.

Should it be determined that the use of the backup IV catheter is necessary, a complete set of backup chemicals will be administered in the backup IV as set forth in the applicable chemical chart.

G. Administration of Chemicals Methods 1 and 2

At the time the execution is to commence and prior to administering the chemicals, the Director of the IDOC will confirm with the Idaho Attorney General, or designee, and the Idaho Governor, or designee, that there is no impediment to proceeding with the execution. Upon receipt of confirmation that there is no impediment, the Director of the IDOC will instruct the IMSI Warden to commence the process to carry

out the sentence of death. If there is an impediment to the execution, the Director of the IDOC must instruct the IMSI Warden to **stop the process** and to notify the condemned person and witnesses that the execution has been stayed or delayed. The IMSI Warden, or designee, will notify the IDOC PIO and other staff as necessary.

Upon receiving the order to commence the execution process from the Director of the IDOC, the IMSI Warden will instruct the Medical Team leader to begin administering the chemicals. The Medical Team leader will instruct the assigned Medical Team member to begin dispensing the first chemical.

Upon direction from the Medical Team leader, the assigned Medical Team member will visually and verbally confirm the chemical name on the syringe and then administer the full dose of either sodium pentothal/or pentobarbital immediately followed by the saline flush. The saline is administered as a secondary precaution to further ensure the line is functioning properly and flushed between each chemical.

After the sodium pentothal/or pentobarbital and saline have been administered and before the Medical Team members begin administering the pancuronium bromide, the Medical Team leader must confirm the condemned person is unconscious by direct examination.. The Medical Team leader, dressed in a manner to preserve anonymity, will enter the execution chamber to physically confirm the condemned person is unconscious by using all necessary medically appropriate techniques such as giving verbal stimulus, soliciting an auditory response, touching the eyelashes, conducting a sternal rub. The Medical Team leader will also confirm that the IV line remains affixed and functioning properly.

No further chemicals will be administered until the Medical Team leader has confirmed the condemned person is unconscious. After three minutes have elapsed since the administration of the sodium pentothal or pentobarbital, the Medical Team leader will assess and confirm that the condemned person is unconscious. The Medical Team leader will verbally advise the IMSI Warden of the condemned person's status.

If the condemned person is conscious the Medical Team must assess the situation to determine the reason, if possible. The Medical Team leader must communicate this information to the IMSI Warden, along with all Medical Team input. The IDOC Director will determine how to proceed, including whether to start the procedure over at a later time or stand down.

If deemed appropriate, the IMSI Warden may instruct the Medical Team to administer an additional 5 grams of sodium pentothal/or pentobarbital followed by the saline flush from backup set B.

Upon administering the sodium pentothal/or pentobarbital and saline from backup set B, the Medical Team leader will again physically confirm the condemned person is unconscious using proper medical procedures and verbally advise the IMSI Warden of the same. Throughout the entire procedure, the Medical Team members and the IMSI Warden will continually monitor the condemned person using all available means to ensure that the condemned person remain unconscious and that there are no complications.

Only after receiving oral confirmation from the Medical Team leader that the condemned person is unconscious and three minutes have elapsed since commencing the administration of the sodium pentothal/or pentobarbital and saline from backup set B, will the IMSI Warden instruct the Medical Team leader to proceed with administering the next chemicals.

When directed by the IMSI Warden, the Medical Team leader will instruct the assigned Medical Team members to begin administering the full doses of the remaining chemicals (pancuronium bromide and potassium chloride), each followed by a saline flush as set forth in the applicable chemical chart.

If after administering the potassium chloride and subsequent saline flush, the electrical activity of the condemned person's heart has not ceased, the additional potassium chloride and saline flush contained in backup set B must be administered.

The full dose contained in each syringe must be administered to the condemned person and subsequently documented by the designated recorder. The quantities of the chemicals prepared and

administered may not be changed in any manner without prior approval of the Director of the IDOC after consultation with the Medical Team leader.

If all electrical activity of the heart ceases prior to administering all the chemicals, the Medical Team members must continue to follow this protocol and administer all remaining chemicals in the order and amounts set forth in the applicable chemical chart.

When all electrical activity of the heart has ceased as shown by the EKG monitor, the Medical Team leader will advise the Ada County Coroner and the IMSI Warden that the procedure has been completed. The Medical Team leader will ensure that the EKG monitor runs a print-out strip for two minutes after the last chemical injection.

Note: Backup set C will be used if (1) electrical activity of the heart has not ceased after administration of sets A and B, or (2) either primary set A or backup set B are damaged or otherwise deemed unusable.

The Ada County Coroner will enter the execution chamber to examine and pronounce the death of the condemned person. The IMSI Warden will then announce that the sentence of death has been carried out.

The witnesses will be escorted from the Execution Unit back to the respective staging and exit locations.

H. Administration of Chemicals Methods 3 and 4

At the time the execution is to commence and prior to administering the chemicals, the Director of the IDOC will confirm with the Idaho Attorney General, or designee, and the Idaho Governor, or designee, that there is no impediment to proceeding with the execution. Upon receipt of confirmation that there is no impediment, the Director of the IDOC will instruct the IMSI Warden to commence the process to carry out the sentence of death. If there is an impediment to the execution, the Director of the IDOC will instruct the IMSI Warden to stop the process, and to notify the condemned person and witnesses that the execution has been stayed or delayed. The IMSI Warden will notify the IDOC PIO and other staff as necessary.

Upon receipt of the Director of the IDOC's order and under observation of the Medical Team leader, the IMSI Warden will advise the Medical Team leader to begin the administration of chemicals. The Medical Team leader will instruct the assigned Medical Team member to begin dispensing the first chemical.

Upon direction from the Medical Team leader, the assigned Medical Team member will visually and verbally confirm the chemical name on the syringe and then administer the full dose of either sodium pentothal/or pentobarbital immediately followed by the saline flush.

If after administering the sodium pentothal/or pentobarbital, subsequent saline flush, and 10 minutes have elapsed, and the electrical activity of the condemned person's heart has not ceased, the additional sodium pentothal/or pentobarbital and saline flush contained in backup set B must be administered.

The full dose contained in each syringe must be administered to the condemned person and subsequently documented by the designated recorder. The quantities of the chemicals prepared and administered may not be changed in any manner without prior approval of the Director of the IDOC after consultation with the Medical Team leader.

If all electrical activity of the heart ceases prior to administering all the chemicals, the Medical Team members must continue to follow this protocol and administer all remaining chemicals in the order and amounts set forth in the applicable chemical chart.

When all electrical activity of the heart has ceased as shown by the EKG monitor, the Medical Team leader will advise the Ada County Coroner that the procedure has been completed. The Medical Team leader will ensure that the EKG monitor runs a print-out strip for two minutes after the last chemical injection.

Note: Backup set C will be used if (1) electrical activity of the heart has not ceased after administration of sets A and B, or (2) either primary set A or backup set B are damaged or otherwise deemed unusable.

The Ada County Coroner will enter the execution chamber to examine and pronounce the death of the condemned person. The IMSI Warden will then announce that the sentence of death has been carried out.

The witnesses will be escorted from the Execution Unit back to the respective staging and exit locations.

I. Documentation of Chemicals and Stay

In the event that a pending stay results in more than a two hour delay, the catheter will be removed and the condemned person returned to the isolation cell until further notice.

The Medical Team recorder will account for all chemicals that were not administered and document, in the applicable sequence of chemical form (see appendixes 1 through 4), the chemical name, syringe identification code, amount, date, and the time. Time will be marked based on the approved Medical Team room clock. The Medical Team leader and the Medical Team recorder each will sign the applicable sequence of chemical form (see appendixes 1 through 4). And will give the unused chemicals to a member of the Administrative Team.

All logs, the applicable sequence of chemical forms (see appendixes 1 through 4), the list of identifiers, and the EKG monitor tape will be submitted to the Deputy Attorney General who represents the IDOC for storage.

Upon completion of the execution or when a stay exceeding 24 hours is granted the Administrative Team will be responsible for the appropriate disposal of all medical waste and supplies to include unused, drawn chemicals in accordance with state of Idaho and federal law.

J. Contingency Procedure

A portable cardiac monitor/defibrillator will be readily available on site in the event that the condemned person goes into cardiac arrest at any time prior to dispensing the chemicals; trained medical staff must make every effort to revive should this occur, unless the condemned person has signed a do not resuscitate directive.

Trained medical personnel and emergency transportation, neither of which is involved in the execution process, will be available in proximity to respond to the condemned person should any medical emergency arise at any time before the order to proceed with the execution is issued by the Director of the IDOC.

Any Medical Team member who determines that any part of the execution process is not proceeding according to procedure must advise the Medical Team leader who must immediately notify the IMSI Warden. The IMSI Warden, in consultation with the Director of the IDOC may consult with persons deemed appropriate and will determine to go forward with the procedure, start the procedure over at a later time, or stand down.

**IDAHO DEPARTMENT OF CORRECTION
Sequence of Chemical Form- Method 1**

Inmate: _____ IDOC #: _____ Date: _____

Chemical Chart 1: PRIMARY SET A			
Syringe No.	Label	Time Administered	Comments
1A	1.25 g Sodium Pentothal, GREEN		
2A	1.25 g Sodium Pentothal, GREEN		
3A	1.25 g Sodium Pentothal, GREEN		
4A	1.25 g Sodium Pentothal, GREEN		
5A	60mL Saline, BLACK		
6A	60mg Pancuronium Bromide, BLUE		
7A	60mg Pancuronium Bromide, BLUE		
8A	60mL Saline, BLACK		
9A	120mEq Potassium Chloride, RED		
10A	120mEq Potassium Chloride, RED		
11A	60mL Saline, BLACK		

Chemical Chart 1: BACKUP SET B			
Syringe No.	Label	Time Administered	Comments
1B	1.25 g Sodium Pentothal, GREEN		
2B	1.25 g Sodium Pentothal, GREEN		
3B	1.25 g Sodium Pentothal, GREEN		
4B	1.25 g Sodium Pentothal, GREEN		
5B	60mL Saline, BLACK		
6B	60mg Pancuronium Bromide, BLUE		
7B	60mg Pancuronium Bromide, BLUE		
8B	60mL Saline, BLACK		
9B	120mEq Potassium Chloride, RED		
10B	120mEq Potassium Chloride, RED		
11B	60mL Saline, BLACK		

Chemical Chart 1: BACKUP SET C			
Syringe No.	Label	Time Administered	Comments
1C	1.25 g Sodium Pentothal, GREEN		
2C	1.25 g Sodium Pentothal, GREEN		
3C	1.25 g Sodium Pentothal, GREEN		
4C	1.25 g Sodium Pentothal, GREEN		
5C	60mL Saline, BLACK		
6C	60mg Pancuronium Bromide, BLUE		
7C	60mg Pancuronium Bromide, BLUE		
8C	60mL Saline, BLACK		
9C	120mEq Potassium Chloride, RED		
10C	120mEq Potassium Chloride, RED		
11C	60mL Saline, BLACK		

**IDAHO DEPARTMENT OF CORRECTION
Sequence of Chemical Form- Method 2**

Inmate: _____ IDOC #: _____ Date: _____

Chemical Chart 2: PRIMARY SET A			
Syringe No.	Label	Time Administered	Comments
1A	2.5 g Pentobarbital GREEN		
2A	2.5 g Pentobarbital GREEN		
3A	60mL Saline, BLACK		
4A	60mg Pancuronium Bromide, BLUE		
5A	60mg Pancuronium Bromide, BLUE		
6A	60mL Saline, BLACK		
7A	120mEq Potassium Chloride, RED		
8A	120mEq Potassium Chloride, RED		
9A	60mL Saline, BLACK		

Chemical Chart 2: BACKUP SET B			
Syringe No.	Label	Time Administered	Comments
1B	2.5 g Pentobarbital GREEN		
2B	2.5 g Pentobarbital GREEN		
3B	60mL Saline, BLACK		
4B	60mg Pancuronium Bromide, BLUE		
5B	60mg Pancuronium Bromide, BLUE		
6B	60mL Saline, BLACK		
7B	120mEq Potassium Chloride, RED		
8B	120mEq Potassium Chloride, RED		
9B	60mL Saline, BLACK		

Chemical Chart 2: BACKUP SET C			
Syringe No.	Label	Time Administered	Comments
1C	2.5 g Pentobarbital GREEN		
2C	2.5 g Pentobarbital GREEN		
3C	60mL Saline, BLACK		
4C	60mg Pancuronium Bromide, BLUE		
5C	60mg Pancuronium Bromide, BLUE		
6C	60mL Saline, BLACK		
7C	120mEq Potassium Chloride, RED		
8C	120mEq Potassium Chloride, RED		
9C	60mL Saline, BLACK		

**IDAHO DEPARTMENT OF CORRECTION
Sequence of Chemical Form- Method 3**

Inmate: _____ IDOC #: _____ Date: _____

Chemical Chart 3: PRIMARY SET A			
Syringe No.	Label	Time Administered	Comments
1A	1.25 g Sodium Pentothal, GREEN		
2A	1.25 g Sodium Pentothal, GREEN		
3A	1.25 g Sodium Pentothal, GREEN		
4A	1.25 g Sodium Pentothal, GREEN		
5A	60mL Saline, BLACK		

Chemical Chart 3: BACKUP SET B			
Syringe No.	Label	Time Administered	Comments
1B	1.25 g Sodium Pentothal, GREEN		
2B	1.25 g Sodium Pentothal, GREEN		
3B	1.25 g Sodium Pentothal, GREEN		
4B	1.25 g Sodium Pentothal, GREEN		
5B	60mL Saline, BLACK		

Chemical Chart 3: BACKUP SET C			
Syringe No.	Label	Time Administered	Comments
1C	1.25 g Sodium Pentothal, GREEN		
2C	1.25 g Sodium Pentothal, GREEN		
3C	1.25 g Sodium Pentothal, GREEN		
4C	1.25 g Sodium Pentothal, GREEN		
5C	60mL Saline, BLACK		

IDAHO DEPARTMENT OF CORRECTION
Sequence of Chemical Form- Method 4

Inmate: _____ IDOC #: _____ Date: _____

Chemical Chart 4: PRIMARY SET A			
Syringe No.	Label	Time Administered	Comments
1A	2.5 g Pentobarbital GREEN		
2A	2.5 g Pentobarbital GREEN		
3A	60mL Saline, BLACK		

Chemical Chart 4: BACKUP SET B			
Syringe No.	Label	Time Administered	Comments
1B	2.5 g Pentobarbital GREEN		
2B	2.5 g Pentobarbital GREEN		
3B	60mL Saline, BLACK		

Chemical Chart 4: BACKUP SET C			
Syringe No.	Label	Time Administered	Comments
1C	2.5 g Pentobarbital GREEN		
2C	2.5 g Pentobarbital GREEN		
3C	60mL Saline, BLACK		