U.S. Immigration and Customs Enforcement (ICE)
Detainee Death Report: SACHWANI, Shiraz

General Demographic/Background Information

- **Date of Birth** June 4, 1977
- **Date of Death:** December 6, 2025
- **Age:** 48
- **Sex:** Male
- **Country of Citizenship:** Pakistan

Immigration History

On November 1996, the former U.S. Immigration and Naturalization Service admitted Mr. SACHWANI into the United States, as a nonimmigrant B-2 visitor for pleasure, with authorization to remain for a temporary period, not to exceed May 30, 1997.

On March 12, 2017, United States Border Patrol (USBP) in Pembina, ND, encountered and arrested Mr. SACHWANI. USBP issued Mr. SACHWANI a Notice to Appear for a nonimmigrant overstay and transferred him to ERO custody at Grand Forks County Correctional Facility.

On August 1, 2017, Mr. SACHWANI was released on an Order of Recognizance (OREC).

On July 1, 2019, Mr. SACHWANI was ordered removed to Pakistan in absentia.

On June 27, 2025, ERO Dallas encountered Mr. SACHWANI at the Euless City Jail subsequent to his arrest and lodged an Immigration Detainer – Notice of Action, Form I-247.

On June 28, 2025, ERO Dallas took custody of SACHWANI, and housed him at the Prairieland Detention Center (PDC) in Alvarado, TX.

Criminal Record

On June 21, 2002, the Dallas County Sheriff's Office arrested Mr. SACHWANI for the offense of aggravated robbery, which was dismissed on February 6, 2003, by the 265th Judicial District Court in Dallas, TX.

On November 23, 2015, the Margate Police Department in Margate, FL, arrested Mr. SACHWANI for the offense of possession of cocaine and marijuana (possess cannabis 20 grams or less) which was dismissed on February 25, 2015, by the Broward County Clerk of Court in Ft. Lauderdale, FL.

On June 27, 2025, the Euless Police Department in Euless, TX, arrested Mr. SACHWANI for a traffic offense (Class C). The disposition of this charge is still pending.

Synopsis of Events

On June 28, 2025, during medical intake screening, a PDC registered nurse (RN) noted Mr.

SACHWANI had labored breathing and shortness of breath, with visible signs of jugular vein distention, elevated blood pressure (BP), and an oxygen saturation level of 91% (normal: 95 to 100%) while receiving supplemental oxygen at a rate of 4 liters per minute (L/min). PDC medical staff called 911, and emergency medical services (EMS) personnel transported him to the Hughley Hospital emergency room for further evaluation and treatment.

Between June 28 and July 16, 2025, Hughley Hospital treated Mr. SACHWANI for renal disease, respiratory failure, rapid heart rate, fluid overload, respiratory acidosis (a condition that occurs when the lungs cannot remove enough carbon dioxide from the body, leading to an increase in blood acidity), nose and fistula site bleeding, chest and abdominal pain, and loss of consciousness. Hughley Hospital staff discharged Mr. SACHWANI, and he returned to PDC.

On July 17, 2025, a PDC physician completed Mr. SACHWANI's post-hospital-return follow-up evaluation and documented Mr. SACHWANI's diagnoses of respiratory failure, volume overload, diabetes, end stage renal disease, and elevated serum potassium level. He continued coughing up ball-sized blood clots and remained on supplemental oxygen. The physician noted his ill appearance, labored breathing, left lower lobe crackles, wheezing, with normal vital signs except for a rapid respiratory rate of 32 breaths per minute, and returned him back to Hughley Hospital for further evaluation and treatment.

On July 19, 2025, a hospital RN notified a PDC RN that Mr. SACHWANI requested to leave the hospital against medical advice.

- **On the same date**, a PDC RN noted Mr. SACHWANI's return to PDC and his refusal to return to the hospital, his current prescribed medications and continued use of supplemental oxygen. The RN documented normal vital signs and the inability to obtain his BP.

On July 21, 2025, Mr. SACHWANI was in the Medical Housing Unit (MHU), and during rounds, an RN noted decreased oxygen saturations, despite Mr. SACHWANI receiving supplemental oxygen, and consulted an advanced practice provider (APP), who ordered Mr. SACHWANI's transfer via ambulance to Hughley Hospital for further evaluation.

Between July 21 and 30, 2025, Hughley Hospital staff diagnosed Mr. SACHWANI, with a human metapneumovirus infection (a virus that usually causes symptoms similar to a cold), acute on chronic anemia requiring blood transfusion, and diastolic heart failure. The hospital de-clotted his AV fistula and provided him with dialysis, treated him for hypertension, abdominal ulcer with bleeding, extremely low hemoglobin level and oxygen saturation, and newly discovered signs of jaundice. Hughley Hospital staff discharged Mr. SACHWANI, and he returned to PDC.

On July 31, 2025, a PDC APP completed Mr. SACHWANI's post-hospital-return evaluation, noted his hospital diagnoses and follow-up recommendations, documented normal vital signs, nonlabored breathing, and no wheezing on supplemental oxygen, admitted him to the MHU, and submitted cardiology, pulmonology, and vascular surgery referrals per hospital recommendation and ordered medications.

On August 2, 2025, during PDC MHU rounds, an RN noted Mr. SACHWANI complained of pain associated with muscle spasm when urinating and notified an APP who ordered medications.

On August 3, 2025, during PDC MHU rounds, an RN evaluated Mr. SACHWANI for complaints of abdominal pain with right leg numbness, noted black stools in the toilet and puffiness and swelling around his eyes and documented normal vital signs. An APP ordered Mr. SACHWANI to be transferred to Haris Methodist Hospital emergency room for further evaluation.

Between August 3 and 8, 2025, Harris Methodist Hospital staff diagnosed Mr. SACHWANI with an abdominal ulcer with bleeding and cirrhotic morphology of the liver, treated him for anemia via blood transfusions, and abdominal pain and acid reflux with medications, and administered dialysis. Harris Methodist Hospital staff discharged Mr. SACHWANI, and he returned to PDC.

On August 8, 2025, an RN completed Mr. SACHWANI's post-hospital discharge assessment, noted he remained stable with no signs or symptoms of distress, documented normal vital signs, and returned him to MHU, pending an APP evaluation.

On August 10, 2025, an APP completed Mr. SACHWANI's post-hospital discharge evaluation and noted his recent hospitalization and treatment for respiratory failure and gastrointestinal bleeding, and his reports of feeling well on supplemental oxygen. The APP admitted him to the MHU, citing his fragile state and dependence on supplemental oxygen, acknowledged hospital discharge order for medication, and referred him to nephrology, cardiology, and vascular surgery.

- **On the same date**, an APP completed Mr. SACHWANI's initial chronic care evaluation and documented his history of end stage renal disease and respiratory failure, an elevated BP, and an oxygen saturation of 93% with supplemental oxygen. The APP ordered a routine electrocardiogram (EKG) and scheduled a follow-up appointment.

Between August and November 2025, Mr. SACHWANI received dialysis three times a week, and PDC nursing staff completed MHU rounds routinely during each shift (three times per day).

On August 20, 2025, a physician adjusted Mr. SACHWANI's medication due to his repeated elevated BP readings.

On September 21, 2025, a physician completed Mr. SACHWANI's chronic care evaluation and documented he remained on dialysis three times a week, dependent on supplemental oxygen, and taking medication for heartburn, and back pain. The physician noted a normal exam and vital signs, except a mildly elevated BP, and adjusted his prescribed medications, and instructed him to follow up in four to six weeks.

On September 24, 2025, during MHU rounds, an RN documented Mr. SACHWANI refused to go to dialysis and did not sign a refusal form.

On October 10, 2025, during MHU rounds, an APP completed Mr. SACHWANI's follow-up

evaluation, documented a normal exam and vital signs, and noted no change to his current treatment plan.

On October 29, 2025, a physician completed Mr. SACHWANI's chronic care evaluation, noted his intermittent low back pain was relieved with pain medication, his BP, and his blood sugars, which were under control, and documented his compliance with dialysis and denial of any complaints. The physician noted recent recommendations by a cardiologist to discontinue certain medications. The physician ordered basic labs and scheduled a follow-up chronic care appointment.

On October 30, 2025, an APP completed Mr. SACHWANI's post-off-site cardiology appointment evaluation and documented the cardiologist's recommendation for a referral to a gastrointestinal specialist for liver concerns, an echocardiogram, and follow up in three months.

On November 6, 2025, during MHU rounds, an RN noted Mr. SCHWANI refused vital signs, received dialysis, and completed a cardiology appointment.

On November 7, 2025, during MHU rounds, an RN evaluated Mr. SACHWANI for his complaint of intermittent chest pain in the morning and documented an elevated heart rate and otherwise normal vital signs. The RN completed an EKG per a provider's order.

On November 15, 2025, during MHU rounds, an RN noted Mr. SACHWANI complained of left back pain rated 8 out of 10, which he associated with his sitting position at the dialysis center, and reported relief after taking his prescribed pain medication. The RN documented normal vital signs.

On November 17, 2025, an RN documented the dialysis center sent Mr. SACHWANI to the emergency room for evaluation after he became unconscious due to low BP during dialysis. The RN noted he later returned to the dialysis center to complete his dialysis and returned to PDC.

On November 18, 2025, an APP completed Mr. SACHWANI's MHU evaluation. Mr. SACHWANI reported feeling better and denied any complaints. The APP documented a normal exam and vital signs and instructed him to continue medications as prescribed.

On November 19, 2025, during MHU rounds, an RN found Mr. SACHWANI without his oxygen nasal canula, shaking, with visible mild hand tremors, and complaining that he could not breathe. The RN noted, after replacing the nasal cannula, Mr. SACHWANI's oxygen saturation improved, and he denied experiencing shakiness or shortness of breath.

On November 21, 2025, during MHU rounds, an RN noted Mr. SACHWANI's concern about his BP repeatedly dropping during dialysis. The RN documented that Mr. SACHWANI denied any symptoms, and had normal vital signs, except lower oxygen saturation on supplemental oxygen. The RN consulted with an APP, who ordered medication to be administered if his systolic BP fell below 100.

Between On November 23, 2025 through November 26, 2025, during MHU rounds, Mr. SACHWANI reported trouble sleeping due to stress and anxiety and a licensed professional counselor (LPC) evaluated Mr. SACHWANI and referred him to a psychiatric APP who evaluated Mr. SACHWANI for his complaint of anxiety and difficulty sleeping, documented a normal mental health exam, prescribed medication to manage his anxiety, and educated him on coping skills.

On November 28, 2025, an APP evaluated Mr. SACHWANI in the MHU immediately upon his return from dialysis, and documented a low BP and oxygen saturation, an elevated heart rate, chronically ill appearance, moderate respiratory distress with diminished breath sounds, and referred him to Mansfield Methodist Hospital (MMH) emergency room, via ambulance, for further evaluation and treatment.

On the same date, an MMH emergency room physician noted Mr. SACHWANI complained of difficulty breathing, appeared lethargic and fluid overloaded despite receiving dialysis earlier in the day, and diagnosed him with respiratory acidosis and he was placed on a non-invasive ventilation machine. The physician later intubated Mr. SACHWANI when his blood carbon dioxide level and did not improve and admitted him to the intensive care unit, where he later went into shock, and developed pneumonia and sepsis.

Between November 29 and December 3, 2025, MMH medical staff administered continuous renal replacement therapy, managed his respiratory acidosis via mechanical ventilation and his persistent low BPs with medication, and treated his pneumonia and sepsis with continuous intravenous antibiotics.

On December 4, 2025, an MMH physician discussed Mr. SACHWANI's poor and deteriorating condition with his next of kin, who opted for comfort-focused care and a do-not-resuscitate order.

On December 5, 2025, an MMH physician, in consultation with Mr. SACHWANI's next of kin, changed his care from comfort measures and DNR to hospice care due to his poor prognosis.

On December 6, 2025, an MMH physician pronounced Mr. SACHWANI deceased.