

KEVIN MEIER, MD

Board-Certified Neurointensivist | Expert Witness Services

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Location: Highland, Utah

PROFESSIONAL SUMMARY

Board-certified Neurointensivist with over a decade of clinical experience managing complex, high-acuity neurocritical illness at Level I Trauma Centers and Comprehensive Stroke Centers. Extensive experience with time-sensitive clinical decisions in acute ischemic stroke, intracerebral hemorrhage, subarachnoid hemorrhage, traumatic brain injury, status epilepticus, and neuroprognostication following cardiac arrest.

Author of *Essential Studies in Neurocritical Care*, a comprehensive evidence-based review of landmark clinical trials in neurocritical care. Dual board certification in Neurology and Neurocritical Care with active clinical practice and multi-state licensure.

Available for objective medical record review, expert consultation and testimony in neurocritical care and general neurology malpractice and personal injury cases.

EXPERT WITNESS QUALIFICATIONS

- **Actively practicing neurointensivist** with ongoing clinical responsibility in high-volume Neuro-ICU
 - **Published author** in neurocritical care – *Essential Studies in Neurocritical Care* (2024)
 - **Dual board certification** in Neurology (ABPN) and Neurocritical Care (UCNS)
 - **Multi-state medical licensure:** Utah, Arizona, Idaho, Montana, Wyoming (active)
 - **Extensive teaching experience** – educator for nurses, advanced practice providers, and physicians
 - **Peer-reviewed publications** in stroke, hemorrhage management, and neurocritical care
 - **Available for plaintiff and defense** case review, consultation, deposition, and trial testimony
 - **Professional liability insurance for expert witness services:** Active
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CLINICAL EXPERIENCE

Staff Neurointensivist | Intermountain Medical Center | 2018–Present

Level I Trauma Center and Comprehensive Stroke Center, Salt Lake City, Utah

- Provide comprehensive neurocritical care in high-volume, 18-bed Neuro-ICU managing acute stroke, intracerebral hemorrhage, subarachnoid hemorrhage, traumatic brain injury, status epilepticus, and post-operative neurosurgical patients
- Primary decision-making responsibility for complex, time-sensitive interventions including tPA/tenecteplase administration, thrombectomy recommendations, BP management in hemorrhagic stroke, ICP crisis management, and status epilepticus treatment protocols
- Extensive experience with neuroprognostication following cardiac arrest, including withdrawal of life-sustaining therapy discussions and determination of neurologic prognosis
- Regular participation in acute stroke code activations requiring rapid assessment and treatment decisions within narrow therapeutic windows
- Provide neurologic consultation for critically ill patients throughout the hospital system and Tele-Neurocritical Care consultation across the Intermountain Health network
- Proficient in advanced neuromonitoring interpretation (continuous EEG, ICP monitoring, multimodal neuromonitoring), mechanical ventilation management in neurologically injured patients, and critical care procedures

Staff Neurointensivist | Novant Health Presbyterian Medical Center | 2016–2018

Charlotte, North Carolina

- Recruited as the founding Neurointensivist to establish and staff the Neurointensive Care Unit
- Developed clinical protocols, standardized order sets, and educational programs to build the neurocritical care service line from inception
- Established evidence-based treatment pathways for stroke, hemorrhage, and status epilepticus management

BOARD CERTIFICATIONS

- **Neurology** – American Board of Psychiatry and Neurology (ABPN)
 - **Neurocritical Care** – United Council for Neurologic Subspecialties (UCNS)
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STATE MEDICAL LICENSES

Utah, Arizona, Idaho, Montana, Wyoming (all active)
ACLS/BLS Certified

AREAS OF CLINICAL EXPERTISE RELEVANT TO LITIGATION

Acute Stroke Management

- tPA and tenecteplase (tNK) administration decisions and contraindications
- Door-to-needle time protocols and stroke code response
- Large vessel occlusion identification and thrombectomy decision-making
- Post-tPA hemorrhagic complications
- Stroke mimics and differential diagnosis

Intracerebral Hemorrhage (ICH)

- Blood pressure management targets and hypertensive complications
- Anticoagulation reversal (warfarin, DOACs, heparin)
- Hematoma expansion prevention and management
- Surgical intervention timing and patient selection
- Thromboelastography (TEG/ROTEM) in coagulopathy assessment

Subarachnoid Hemorrhage (SAH)

- Aneurysmal SAH management and delayed cerebral ischemia (DCI)
- Vasospasm detection and treatment including IV milrinone therapy
- Hydrocephalus management and EVD decision-making
- Nimodipine administration protocols

Post-Cardiac Arrest Care & Neuroprognostication

- Targeted temperature management (TTM)
- Multimodal neuroprognostication including exam, imaging, EEG, biomarkers
- Withdrawal of life-sustaining therapy discussions and prognostic accuracy
- Anoxic brain injury outcomes assessment

Status Epilepticus

- Benzodiazepine-refractory status epilepticus treatment protocols
- Second-line and third-line antiepileptic medication selection
- Continuous EEG (cEEG) interpretation and seizure detection
- Non-convulsive status epilepticus diagnosis

Mechanical Ventilation in Neurologic Injury

- Ventilator management strategies for brain-injured patients
- Airway management and intubation decisions in altered mental status
- ARDS protocols in neurocritical illness
- Extubation readiness in neurologic disease

Intracranial Pressure (ICP) Management

- Cerebral edema recognition and treatment

- Herniation syndrome identification and emergency interventions
- Hyperosmolar therapy (mannitol, hypertonic saline)
- Decompressive craniectomy timing and patient selection

Critical Care Procedures

- Central venous catheter placement
- Arterial line placement
- Endotracheal intubation in critically ill patients
- Lumbar puncture in high-risk scenarios

Protocol Development & Systems of Care

- Evidence-based protocol design and implementation
- Quality improvement in neurocritical care
- Integration of clinical decision-support tools

PUBLICATIONS

Books Authored

Meier K. *Essential Studies in Neurocritical Care*. 2024.

Comprehensive review of landmark clinical trials and evidence-based practice standards in neurocritical care. Relevant to standard of care determination across all neurocritical care conditions.

Peer-Reviewed Journal Articles

Meier K, Saenz DM, Torres GL, Cai C, Rahbar MH, McDonald M, et al. Thrombelastography suggests hypercoagulability in patients with renal dysfunction and intracerebral hemorrhage. *J Stroke Cerebrovasc Dis*. 2018;27(5):1350-1356.

First author. Addresses coagulation assessment and anticoagulation reversal in ICH—relevant to hemorrhage expansion and reversal agent litigation.

Meier K, Lee K. Neurogenic fever: review of pathophysiology, evaluation, and management. *J Intensive Care Med*. 2017;32(3):234-242.

First author. Distinguishes infectious versus neurologic causes of fever in brain injury—relevant to sepsis diagnosis delay and antibiotic administration claims.

Meier KT, Hoesch R. Antifibrinolytic therapy in intracranial hemorrhage. *Drug Dev Res*. 2013;74(7):450-458.

Addresses hemostatic therapies in ICH—relevant to tranexamic acid and other hemostatic agent use.

Buchanan RJ, Darrow DP, Meier KT, Robinson J, Schiehser D, Glahn D, et al. GABA and glutamate changes during memory tasks in patients with Parkinson's disease. *Front Hum Neurosci*. 2014;8:540.

Neuroimaging and neurochemistry research in movement disorders.

POSTER PRESENTATIONS AT NATIONAL CONFERENCES

- Procalcitonin as a Biomarker for Bacterial Infection in Acute Brain Injury. Neurocritical Care Society Annual Meeting, 2015.
 - Thrombelastography in Renal Dysfunction and Intracerebral Hemorrhage. Neurocritical Care Society Annual Meeting, 2015.
 - GABA/Glutamate Changes in DBS Surgery for Parkinson's Disease. Society for Neuroscience Annual Meeting, 2008.
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TEACHING & EDUCATIONAL EXPERIENCE

Neurocritical Care Education for Nursing and Advanced Practice Providers (2016–Present)

Developed and delivered comprehensive educational programs on ICP crisis management, acute stroke protocols, status epilepticus treatment, and ventilator management in brain injury. Ongoing case-based teaching for ICU nursing staff, medical residents, and advanced practice providers.

Multidisciplinary Medical Education

- “Mechanical Ventilation in the Neurocritically Ill” – Department of Respiratory Therapy (2017)
 - Regular didactic lectures and bedside teaching in complex neurocritical care decision-making
 - Trained medical professionals in time-sensitive stroke evaluation, hemorrhage management, and seizure emergencies
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EDUCATION & TRAINING

Neurocritical Care Fellowship | University of Texas Health Science Center, Houston | 2014–2016

Neurology Residency | University of Utah | 2011–2014

Internal Medicine Internship | University of Utah | 2010–2011

Doctor of Medicine with Distinction in Research | UT Health Science Center–San Antonio | 2006–2010

Bachelor of Science, Molecular Biology | Brigham Young University | 2000–2006

PROFESSIONAL MEMBERSHIPS

- American Academy of Neurology
 - Neurocritical Care Society
 - Society of Critical Care Medicine
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LANGUAGES

Spanish – Conversational proficiency

MEDICO-LEGAL SERVICES

Available for comprehensive case evaluation in neurocritical care, general neurology, and critical care malpractice and personal injury litigation, including:

- Medical record review and analysis
- Standard of care evaluation in time-sensitive neurocritical care decisions
- Causation assessment and outcome determination
- Independent medical examinations (IME)
- Deposition and trial testimony
- Representation of both plaintiff and defense

Case Types Include:

- Stroke treatment delays or complications (tPA, thrombectomy)
- Intracerebral hemorrhage management and anticoagulation reversal
- Subarachnoid hemorrhage and vasospasm treatment
- Traumatic brain injury and ICP management
- Status epilepticus treatment delays or medication errors
- Post-cardiac arrest neuroprognostication and withdrawal of care
- Ventilator management complications in neurologic injury
- Misdiagnosis or delayed diagnosis of neurologic emergencies