

COPY

BEFORE THE BOARD OF MEDICAL EXAMINERS
OF THE STATE OF NEVADA

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In The Matter of Charges and)
Complaint Against)
COLLEEN LYONS, M.D.,)
Respondent.)

Case No. 09-8102-1

FILED

SEP 02 2009

NEVADA STATE BOARD OF
MEDICAL EXAMINERS

COMPLAINT

The Investigative Committee of the Nevada State Board of Medical Examiners, composed of Sohail. U. Anjum, M.D., Chairman, S. Daniel McBride, Member, and Van Heffner, Member, by and through Lyn E. Beggs, General Counsel for the Nevada State Board of Medical Examiners, having a reasonable basis to believe that Colleen Lyons, M.D., hereinafter referred to as Dr. Lyons, has violated the provisions of NRS Chapter 630, hereby issues its formal Complaint, stating the Investigative Committee's charges and allegations, as follows:

1. Dr. Lyons is currently licensed in active status, and was so licensed by the Nevada State Board of Medical Examiners, on July 1, 1988 (License No. 5698), pursuant to the provisions of Chapter 630 of the Nevada Revised Statutes, and at all times addressed herein was so licensed.

2. Patient A was a newborn infant at the time of the incidents in question. His true identify is not disclosed to protect his privacy, but his identity is disclosed in the Patient Designation served on Dr. Lyons along with a copy of this Complaint.

3. Patient A was born on April 23, 2003 at 0351 at Carson Tahoe Hospital and was delivered vaginally. At the time of delivery Patient A's Apgar scores were 8 and 9 and one and five minutes respectively. Patient was noted to be a poor nurser.

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OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
1105 Terminal Way #301
Reno, Nevada 89502
(775) 688-2559

1 4. Patient A was evaluated by a nurse who then contacted Dr. Lyons, who was on call,
2 at 0430 to report his initial vital signs. Breastfeeding was attempted at 0630, but Patient A was not
3 interested.

4 5. Dr. Lyons assessed Patient A for the first time at 0745 and no concerns other than a
5 rash were noted.

6 6. At 0820, the nurses' notes for Patient A indicate poor feeding and a cyanotic episode.

7 7. At 1000, the nurses' notes indicate that Patient A's hands and feet were occasionally
8 cyanotic but returned to normal. He remained uninterested in feeding.

9 8. At 1130 Patient A's extremities were slightly cyanotic and he was grunting. He was
10 noted as having a pulse oximetry level of 98%.

11 9. Patient A was still not interested in breastfeeding at 1430 and a lactation consultant
12 was sent to consult with the mother and Patient A. Attempts to have Patient A breastfeed were
13 unsuccessful.

14 10. At 1630 patient was noted to have dusky color with oxygen saturation at 75%. He
15 was rebundled and his oxygen saturation increased to 95-96% and returned to pink color. He was
16 still not interested in feeding. Nursing notes indicate that Dr. Lyon's was notified of this incident;
17 however, it appears that Dr. Lyons had gone off shift at 1600 and another physician was on call for
18 the night.

19 11. At 1900, Patient A's oxygen saturation was 97% and his mother again tried
20 unsuccessfully to breastfeed him.

21 12. Breastfeeding was again attempted at 0330 on April 24, 2003, but Patient A was still
22 not latching. He was taken to the nursery where it was noted he had a weak cry and was lethargic.
23 He was finger fed and afterwards was noted to be tachypnic. His pulse oximetry level was 98-100%
24 on his right foot but only 89-92% on his right wrist. The nurses' notes indicate that his pulse
25 oximetry levels went lower when he was crying, to 91-93% on his foot and 87-89% on his wrist.
26 The covering physician, Dr. Dunlap was notified of Patient A's status and he indicated he would
27 report it to Dr. Lyons.

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1 13. Dr. Lyons came back on shift at 0630 at which time she spoke with Dr. Dunlap about
2 Patient A's condition. Dr. Lyon's ordered a chest x-ray, two view, and blood pressure checks on all
3 four of Patient A's extremities. The chest x-ray was read by a radiologist as normal.

4 14. Dr. Lyons examined Patient A at this time and noted a normal cardiovascular
5 examination and continued poor breastfeeding. The physician progress notes indicated that cyanosis
6 had been noted by the nurses. Dr. Lyons noted that a lactation consultant should continue to work
7 with the mother and child as suggested by the nursing staff and that it was possible that the mother
8 and Patient A might be discharged later that day if breastfeeding Patient A was breast feeding well.
9 No other referrals were made or consults were requested to assess Patient A's condition.

10 15. Patient A had another cyanotic episode at 1100 which did not improve and he was
11 taken to the nursery. Nursing staff contact Dr. Lyons regarding pulse oximetry readings which varied
12 widely and his cyanosis. Dr. Lyons contacted Dr. Susan Pintar, the on-call pediatrician who
13 recommended an ENT consultation for possible concerns of an airway obstruction.

14 16. Dr. Romaneschi performed the ENT consult and noted that Patient A's upper airway
15 appeared intact, his palate was intact and that he had normal appearing vocal cords.

16 17. Dr. Pintar also did an evaluation of Patient A. She noted very poor peripheral
17 perfusion and mottled appearing skin and she commented on the normal chest x-ray.

18 18. At 1230, Patient A was observed to have a stiffening of the upper and lower
19 extremities and his gaze became fixed with unresponsive pupils. He stabilized for a brief period and
20 then suffered another seizure like episode with a very irregular breathing pattern. He was incubated
21 and bagged and then put briefly on a ventilator.

22 19. Patient A suffered another seizure at approximately 1415 and his heart rate fell
23 causing resuscitative measures to be taken. A transport team arrived at the hospital at approximately
24 1430 to transport Patient A to the NICU at Washoe Medical Center.

25 20. Patient A remained hospitalized until May 19, 2003 with a diagnosis of Group B
26 streptococci meningitis, Group B streptococci newborn sepsis, Group B streptococci septic shock,
27 respiratory insufficiency, pleural effusion, murmur, thrombocytopenia, seizures, cholestatic jaundice,

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1 metabolic acidosis, extensive cystic encephalomalacia, left-sided subdural effusion and hematoma
2 resulting from meningeal inflammatory process.

3 **Count I**

4 21. Nevada Administrative Code Section 630.040 defines malpractice as the failure of
5 a physician, in treating a patient, to use the reasonable care, skill, or knowledge ordinarily used
6 under similar circumstances.

7 22. Nevada Revised Statute Section 630.301(4) provides that malpractice is grounds
8 for initiating disciplinary action against a licensee.

9 23. Dr. Lyons failed to use the reasonable care, skill, or knowledge ordinarily used
10 under similar circumstances when she failed to develop an alternative treatment plan for Patient A
11 or take any other action after assessing him, other than continuing with a treatment plan that had
12 success of simply having a lactation consultant work with Patient A and his mother on feeding
13 when Patient A had multiple episodes of cyanotic events, tachypnea and abnormal pulse oximetry
14 readings in light of a normal chest x-ray and cardiac assessment.

15 24. By reason of the foregoing, Dr. Lyons is subject to discipline by the Nevada State
16 Board of Medical Examiners as provided in Section 630.352 of the Nevada Revised Statutes.

17 **WHEREFORE**, the Investigative Committee prays:

18 1. That the Nevada State Board of Medical Examiners fix a time and place for a
19 formal hearing;

20 2. That the Nevada State Board of Medical Examiners give Dr. Lyons notice of the
21 charges herein against him, the time and place set for the hearing, and the possible sanctions
22 against him;

23 3. That the Nevada State Board of Medical Examiners determine what sanctions it
24 determines to impose for the violation or violations committed by Dr. Lyons; and

25 4. That the Nevada State Board of Medical Examiners make, issue and serve on
26 Dr. Lyons its findings of facts, conclusions of law and order, in writing, that includes the sanctions
27 imposed; and

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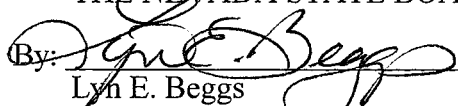
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5. That the Nevada State Board of Medical Examiners take such other and further action as may be just and proper in these premises.

DATED this 2nd day of September, 2009.

THE NEVADA STATE BOARD OF MEDICAL EXAMINERS


By: 
Lyn E. Beggs
General Counsel and Attorney for the Investigative Committee

CERTIFICATE OF MAILING

I hereby certify that I am employed by Nevada State Board of Medical Examiners and that on the 2nd day of September 2009, I served a file copy of the COMPLAINT, PATIENT DESIGNATION & FINGERPRINTING Information, by mailing via USPS certified return receipt mail to the following:

Edward J. Lemons, Esq.
Lemons, Grundy & Eisenberg
6005 Plumas St. Ste. 300
Reno, NV 89519

Dated this 2nd day of September 2009.



Angie Donohoe
Legal Assistant

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