

1 rate was in the 150 beats per minute (BPM) range at this time and was reactive. Patient A was
2 contracting every two minutes.

3 4. Dr. Chun was called by nursing staff at 1930 and provided orders and Patient A
4 was subsequently admitted.

5 5. At 2102 Patient A received an intrathecal for analgesia. Shortly after Patient A
6 received the intrathecal, the fetal heart rate decreased into the 90 BPM range. Dr. Chun was called
7 at this time and saw Patient A for the first time in person at 2121.

8 6. Patient A was given a fluid bolus, was placed on oxygen and a fetal scalp electrode
9 was placed. Terbutaline was administered to Patient A for a tetanic contraction. The fetal heart
10 rate became tachycardiac, rising into the 180 BPM range. Patient A was completed dilated. Fetal
11 weight was estimated at 3700 grams by Leopold's maneuver.

12 7. Dr. Chun left the room eleven minutes after arriving to perform an emergency
13 cesarean section on another patient but returned approximately fifteen minutes later to Patient A's
14 room. The fetus had a non-reassuring heart rate at this time.

15 8. Dr. Chun attempted a vaginal delivery with vacuum assistance, but after three
16 popoffs and inability to push on the part of Patient A, the vaginal delivery was abandoned after
17 approximately twenty-six minutes.

18 9. Dr. Chun again left the room to perform another emergency cesarean section and
19 instructed that Patient A could continue to labor. She returned approximately twenty five minutes
20 later to find that the fetal heart rate remained tachycardiac and Patient A was crowning. A vaginal
21 delivery was again attempted with vacuum assistance.

22 10. The head was delivered, however a tight nuchal cord was encountered as well as
23 severe should dystocia. The nuchal cord was not able to be loosened.

24 11. Dr. Chun called for assistance to attempt to deliver the baby but delivery of the
25 shoulders was not possible. A Zavanelli maneuver was attempted and Patient A was taken for an
26 emergent cesarean section.

27 12. The baby was delivered but died shortly thereafter from hypoxia.

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Count I

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2 13. Nevada Administrative Code section 630.040 defines malpractice as the failure of a
3 physician, in treating a patient, to use the reasonable care, skill or knowledge ordinarily used under
4 similar circumstances.

5 14. Nevada Revised Statutes section 630.301(4) provides that malpractice is grounds
6 for initiating discipline against a licensee.

7 15. Dr. Chun committed malpractice when treating Patient A when she failed to
8 properly evaluate Patient A for possible macrosomia due to Patient A's size and the relative size of
9 the fetus; when she failed to recognize the potential and risk for dystocia; when she failed to
10 manage a failed vaginal delivery with a cesarean section and left Patient A without obstetrical care
11 for over twenty-five minutes after the failed vaginal delivery; and when she failed to factor in the
12 non-reassuring fetal heart rate in performing a timely cesarean section.

13 16. By reason of the foregoing, Dr. Chun is subject to discipline by the Nevada State
14 Board of Medical Examiners as provided in NRS 630.352.

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

16 1. That the Nevada State Board of Medical Examiners give Dr. Chun notice of the
17 charges herein against her and give her notice that she may file an answer to the Complaint herein
18 as set forth in Section 630.339 of the Nevada Revised Statutes within twenty (20) days of service
19 of the Complaint.

20 2. That the Nevada State Board of Medical Examiners set a time and place for a
21 formal hearing after holding an Early Case Conference pursuant to NRS 630.339(3);

22 3. That the Nevada State Board of Medical Examiners determine what sanctions it
23 determines to impose if it determines there has been a violation or violations of the Medical
24 Practice Act (Nevada Revised Statutes Chapter 630) committed by Dr. Chun; and

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


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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 November, 2010.

THE NEVADA STATE BOARD OF MEDICAL EXAMINERS

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

VERIFICATION

STATE OF NEVADA)
 : ss.
COUNTY OF CLARK)

BENJAMIN J. RODRIGUEZ, M.D., having been duly sworn, hereby deposes and states under penalty of perjury that he is the Chairman of the Investigative Committee of the Nevada State Board of Medical Examiners that authorized the complaint against the Respondent herein; that he has read the foregoing Complaint; and that based upon information discovered in the course of the investigation into a complaint against Respondent, he believes that the allegations and charges in the foregoing Complaint against Respondent are true, accurate, and correct.

DATED this 2nd day of November, 2010.

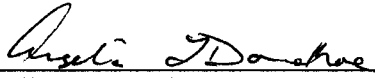

BENJAMIN J. RODRIGUEZ, M.D.

CERTIFICATE OF MAILING

I hereby certify that I am employed by Nevada State Board of Medical Examiners and that on 2nd day of November 2010; I served a file copy of the Complaint, Patient Designation, Settlement, Waiver and Consent Agreement along with Fingerprint Information by mailing via certified return receipt to the following:

Lorraine Chun, M.D.
247 Amber Circle
Warrenton, VA 20186

Dated this 2nd day of November 2010.



Angelia L. Donohoe
Legal Assistant