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**BEFORE THE BOARD OF MEDICAL EXAMINERS
OF THE STATE OF NEVADA**

* * * * *

In the Matter of Charges and)
)
Complaint Against)
)
LO FU TAN, M.D.,)
)
Respondent.)

Case No. 16-28591-1

FILED

JAN 26 2016

**NEVADA STATE BOARD OF
MEDICAL EXAMINERS**

By: _____

COMPLAINT

The Investigative Committee¹ (IC) of the Nevada State Board of Medical Examiners (Board) hereby issues this formal Complaint (Complaint) against Lo Fu Tan, M.D. (Respondent), a licensed physician in Nevada. After investigating this matter, the IC has a reasonable basis to believe that Respondent has violated provisions of Nevada Revised Statutes (NRS) Chapter 630 and Nevada Administrative Code (NAC) Chapter 630 (collectively, the Medical Practice Act).

The IC alleges the following facts:

1. Respondent is currently licensed in active status (License No. 10849), and has been so licensed by the Board since March 13, 2004, and, at all times alleged herein, Respondent was licensed in an active status by the Board pursuant to the provisions of the Medical Practice Act.

2. Patient A was a 47-year-old male at the time of the events at issue. His true identity is not disclosed herein to protect his privacy, but is disclosed in the Patient Designation served upon Respondent along with a copy of this Complaint.

3. Previous to the preparation of this Complaint, the Board solicited the services of an independent medical expert (IME) to review the medical records of Patient A and render an

¹ The Investigative Committee of the Nevada State Board of Medical Examiners was composed of Board members Theodore B. Berndt, M.D., Valerie J. Clark, BSN, RHU, LUTCF, and Michael J. Fischer, M.D.

1 opinion regarding whether Respondent failed to perform to the standard of care and treatment
2 which could constitute malpractice under the Medical Practice Act.

3 4. On or about November 12, 2012, Patient A was admitted into the Siena Urgent
4 Care with a history of breathing problems for six (6) months and had used Albuterol treatments,
5 which he felt were not working appropriately, at home, on the day of admission. Patient A's vital
6 signs showed an oxygen saturation of 95% on room air, blood pressure of 156/86, pulse of 93,
7 respiratory rate of 17 and a temperature of 98.0 F. This initial examination revealed that Patient A
8 was not in respiratory distress but was experiencing some wheezing.

9 5. On or about November 12, 2012, based upon Respondent's orders, Patient A was
10 started on Albuterol and Ipratropium by a nebulizer. Minutes later, after treatment on the
11 nebulizer, Patient A's condition worsened. Respondent assumed that Patient A suffered from
12 anaphylaxis, ordered an intravenously administered Epinephrine 1:1000 concentration treatment,
13 resulting in an immediate blood pressure spike of greater than 200 systolic and a heart rate
14 exceeding 150 beats/minute.

15 6. On or about November 12, 2012, Patient A immediately became confused and
16 disoriented. Emergency Medical Transport was called and Patient A was transferred to St. Rose
17 Dominican Hospital-Siena Campus. Upon arrival, Patient A continued to be disoriented, his blood
18 pressure was 93/28, the blood work showed Troponin level elevated at 6.45 and the EKG showed
19 ST depression - all of which are consistent with a myocardial injury. The ER physician diagnosis
20 was cardiogenic shock, and Patient A was subsequently admitted into the Intensive Care Unit.

21 7. On or about November 15, 2012, Patient A was discharged.

22 8. The IME's report stated: i) reasonable medical care would have understood that the
23 concentration of Epinephrine used was not intended for intravenous delivery as it is clearly stated
24 on the package insert for the 1:1000 strength of Epinephrine that it should not be used
25 intravenously or serious hypertension cardiomyopathy and other conditions associated with severe
26 hypertensive crisis could result; ii) due to Respondent's administration of the medication by
27 intravenous delivery, Patient A suffered a hypertensive crisis resulting in myocardial injury
28 causing cardiogenic shock and encephalopathy; iii) the 1:1000 strength Epinephrine is intended

1 for anaphylaxis and is to be administered subcutaneously; and, iv) Respondent failed to appreciate
2 the gravity of the consequences of administering this concentration of Epinephrine intravenously,
3 and, therefore, fell below the standard of care.

4 9. The IME's summary stated the following: i) Patient A suffered an event while at
5 the Urgent Care that can be directly correlated to the intravenous administration of the 1:1000
6 Epinephrine ordered by Respondent; ii) it should be noted that the 1:1000 Epinephrine is an
7 appropriate treatment for anaphylaxis, which Patient A appeared to be experiencing, however, the
8 route that this medication was given was contraindicated according to the manufacturer's
9 recommendations, which are clearly stated on the bottle; iii) if Epinephrine is to be administered,
10 it should be the 1:10,000 strength and only in cardiac arrest; and, iv) Epinephrine and other
11 pressors can be used in the ICU setting intravenously as these solutions are very dilute and given
12 slow, intravenous drip monitored continuously.

13 10. Based upon the foregoing, the IC charges Respondent with the following violation
14 of the Medical Practice Act.

15 **COUNT I**

16 **(Malpractice - NRS 630.301(4))**

17 11. All of the allegations in the above paragraphs are hereby incorporated as if fully set
18 forth herein.

19 12. NRS 630.301(4) provides that malpractice, as defined in NAC 630.040, means the
20 failure of a physician, in treating a patient, to use the reasonable care, skill or knowledge
21 ordinarily used under similar circumstances, is grounds for discipline.

22 13. As demonstrated by, but not limited to, the above-outlined facts, Respondent
23 committed malpractice in the course of providing care and treatment to Patient A when he failed
24 to perform the proper procedure when administering the Epinephrine by intravenous delivery;
25 Patient A, consequently, suffered a hypertensive crisis resulting myocardial injury causing
26 cardiogenic shock and encephalopathy, because Respondent failed to appreciate the gravity of the
27 consequences of administering his 1:1000 concentration of Epinephrine intravenously, and,
28 therefore, fell below the reasonable standard of care.

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14. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

WHEREFORE, the Investigative Committee prays:

1. That the Board give Respondent notice of the charges herein against him and give him notice that he may file an answer to the Complaint herein as set forth in NRS 630.339(2) within twenty (20) days of service of the Complaint;

2. That the Board set a time and place for a formal hearing after holding an Early Case Conference pursuant to NRS 630.339(3);

3. That the Board determine the sanctions it will impose if it finds Respondent violated the Medical Practice Act;

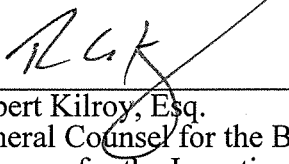
4. That the Board make, issue and serve upon the Respondent, in writing, its findings of fact, conclusions of law and order, which shall include the sanctions imposed; and

5. That the Board take such other and further action as may be just and proper in these premises.

DATED this 26 day of January, 2016.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: _____


Robert Kilroy, Esq.
General Counsel for the Board
Attorney for the Investigative Committee

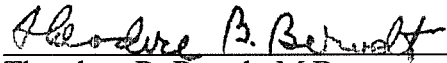
VERIFICATION

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STATE OF NEVADA)
 : ss.
COUNTY OF WASHOE)

Theodore B. Berndt, M.D., hereby deposes and states under penalty of perjury under the laws of the state of Nevada that he is the Chairman of the Investigative Committee of the Nevada State Board of Medical Examiners that authorized the foregoing Complaint against the Respondent herein; that he has read the foregoing Complaint; and based upon information discovered during the course of the investigation into a complaint against Respondent, he believes the allegations and charges in the foregoing Complaint against Respondent are true, accurate and correct.

Dated this 26th day of January, 2016.



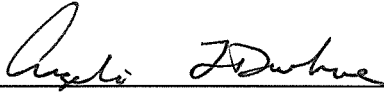
Theodore B. Berndt, M.D.

CERTIFICATE OF MAILING

I hereby certify that I am employed by Nevada State Board of Medical Examiners and that on 27th day of January 2016; I served a file stamp copy of the COMPLAINT, PATIENT DESIGNATION & Fingerprint information, via USPS e-certified return receipt mail to the following:

Lo Fu Tan, M.D.
Southwest Medical Associates
2845 Siena Heights Dr.
Henderson, NV 89052

Dated this 27th day of January, 2016.



Angelia L. Donohoe
Legal Assistant

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