


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

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4
5 **In the Matter of Charges and**
6 **Complaint Against:**
7 **HAI THANH NGUYEN, M.D.,**
8 **Respondent.**
9

Case No. 21-38084-1

FILED
NOV 03 2021
NEVADA STATE BOARD OF
MEDICAL EXAMINERS
By: 

10 **COMPLAINT**

11 The Investigative Committee¹ (IC) of the Nevada State Board of Medical Examiners
12 (Board), by and through Robert G. Kilroy, Esq., Senior Deputy General Counsel and attorney for the
13 IC, having a reasonable basis to believe that Hai Thanh Nguyen, M.D., (Respondent) violated the
14 provisions of Nevada Revised Statutes (NRS) Chapter 630 and Nevada Administrative Code (NAC)
15 Chapter 630 (collectively, the Medical Practice Act), hereby issues its Complaint, stating the IC's
16 charges and allegations as follows:

17 1. Respondent was at all times relative to this Complaint a medical doctor holding an
18 active license to practice medicine in the State of Nevada (License No. 13702). Respondent
19 originally licensed by the Board on September 15, 2010.

20 2. On November 11, 2016, Patient A² along with her parents went to HealthCare
21 Partners Urgent Care, because she was suffering from coughing, wheezing, phlegm, and vomiting.
22 Respondent evaluated the 2-year-old girl with "croup." Respondent started Patient A on
23 prednisolone orally and also recommended a "steroid shot." Respondent successfully injected
24 Kenalog into Patient A's lateral buttocks after two (2) unsuccessful attempts by Respondent's
25 medical assistant. Patient A's medical record indicates "Kenalog 40mg/ml...Inject 0.5ml
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27 ¹ The Investigative Committee of the Nevada State Board of Medical Examiners, at the time this formal
28 Complaint was authorized for filing, was composed of Board members Rachakonda D. Prabhu, M.D., Ms. Sandy
Peltyn, and Victor M. Muro, M.D.

² Patient A's true identity is not disclosed herein to protect her privacy, but is disclosed in the Patient
Designation served upon Respondent along with a copy of this Complaint. on this entry.

1 intramuscularly once...pt is given Kenalog 20mg IM.” When asked by the IC, Respondent
2 provided his written reply that he administered 0.5ml of Kenalog 20mg/ml IM. Respondent did
3 not obtain an informed consent from Patient A’s parents for the invasive procedure of a steroid
4 shot (injection of the Kenalog). The medical record is not clear as to whether Patient A received
5 an injection of 20mg or 10mg of Kenalog intramuscularly. There was no “shot record” section of
6 Patient A’s medical record as there was no documentation of the Kenalog vial’s identification, lot
7 number, nor date of expiration. Moreover, there was no indication of the specific injection shot
8 location nor who delivered the shot (Respondent) to Patient A.

9 3. Approximately, two (2) weeks later, Patient A’s parents noticed that Patient A’s
10 injection spot upon her buttocks had become a “divet” and eventually a “crater” that was sensitive
11 to the touch. Skin atrophy is a known complication of a steroid intramuscular injection. Standard
12 of care for toddlers (Patient A) who cannot “keep anything down” due to constant vomiting is an
13 intramuscular or intravenous administration of steroids. Here, Patient A indicated only vomited
14 once a day in the mornings, and not constantly though out the day, and should have been given an
15 oral steroid. Respondent should have offered to Patient A’s parent an oral option first, prior to the
16 injection shot and discussed the risks and benefits of the steroid medication with them. For
17 toddlers, such as Patient A, the proximal lateral thigh is the appropriate location for
18 intramuscularly injections, not into a toddler’s buttocks.

19 **COUNT I**

20 **NRS 630.301(4) (Malpractice)**

21 4. All of the allegations contained in the above paragraphs are hereby incorporated by
22 reference as though fully set forth herein.

23 5. NRS 630.301(4) provides that malpractice of a physician is grounds for initiating
24 disciplinary action against a licensee.

25 6. NAC 630.040 defines malpractice as the failure of a physician, in treating a patient,
26 to use the reasonable care, skill, or knowledge ordinarily used under similar circumstances.

27 7. As demonstrated by, but not limited to, the above-outlined facts, Respondent failed
28 to use the reasonable care, skill or knowledge ordinarily used under similar circumstances when

1 he provided medical services to Patient A, because he failed to obtain and document an informed
2 consent for the injection of Kenalog, and when he failed to properly inject the Kenalog into the
3 proximal lateral thigh instead of Patient A's buttocks.

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

6 **COUNT II**

7 **NRS 630.3062(1)(a) (Failure to Maintain Proper Medical Records)**

8 9. All of the allegations contained in the above paragraphs are hereby incorporated by
9 reference as though fully set forth herein.

10 10. NRS 630.3062(1)(a) provides that the failure to maintain timely, legible, accurate
11 and complete medical records relating to the diagnosis, treatment and care of a patient is grounds
12 for initiating disciplinary action against a licensee.

13 11. Respondent failed to maintain complete medical records relating to the diagnosis,
14 treatment and care of Patient A, by failing to document his actions when he treated Patient A,
15 whose medical records were not timely, legible, accurate, and complete. Respondent failed to
16 document an informed consent for Patient A's Kenalog injection from her parents and discuss the
17 risks and benefits of the medication before giving it to the child. Additionally, Patient A's medical
18 records of having the shot, including the information from the vial, do not exist making Patient
19 A's medical records inaccurate and incomplete.

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

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

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

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

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1 3. That the Board determine what sanctions to impose if it determines there has been
2 a violation or violations of the Medical Practice Act committed by Respondent;

3 4. That the Board award fees and costs for the investigation and prosecution of this
4 matter as outlined in NRS 622.400;

5 5. That the Board make, issue and serve on Respondent its findings of fact,
6 conclusions of law and order, in writing, that includes the sanctions imposed; and

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

9 DATED this 3 day of November, 2021.

10 INVESTIGATIVE COMMITTEE OF THE
11 NEVADA STATE BOARD OF MEDICAL EXAMINERS

12 By: 

13 ROBERT G. KILROY, J.D.
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VERIFICATION

STATE OF NEVADA)
 : ss.
COUNTY OF CLARK)

Victor M. Muro, 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 3rd day of November, 2021.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: V M Muro
VICTOR M. MURO, M.D.
Chairman of the Investigative Committee