

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

3 * * * * *

4
5 **In the Matter of Charges and Complaint**

Case No. 22-19887-1

6 **Against:**

7 **HAZEM YOUSSEF AFIFI, M.D.**

8 **Respondent.**

FILED

OCT 25 2022

NEVADA STATE BOARD OF
MEDICAL EXAMINERS

BY: 

9
10 **COMPLAINT**

11 The Investigative Committee¹ (IC) of the Nevada State Board of Medical Examiners
12 (Board), by and through Donald K. White, J.D., Senior Deputy General Counsel and attorney for the
13 IC, having a reasonable basis to believe that Hazem Youssef Afifi, 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. 9677). Respondent was
19 originally licensed by the Board on January 3, 2001.

20 2. Patient A² was a fifty-three (53) year-old male at the time of the events at issue.

21 3. On June 27, 2018 at approximately 6:30 p.m. Patient A was admitted to Western
22 Arizona Regional Medical Center with chest pain, and acute myocardial infarction, which was
23 later determined to be severe 3-vessel disease. At or about 7:19 p.m., Patient A presented to the
24 cath lab where a balloon angioplasty was performed. The cardiologist attempted to place a stent
25 without success and terminated the procedure. The cardiologist spoke with the patient's family
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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 Bret W. Frey, M.D. and Col. Eric D. Wade (Ret.).

² Patient A's 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.

1 and they agreed Patient A should undergo a myocardial revascularization, though this procedure
2 would have to be performed at Summerlin Hospital in Las Vegas, Nevada.

3 4. Patient A was transferred to Summerlin Hospital and admitted on June 28, 2018
4 and remained stable through Friday, June 29, 2018. Respondent first saw the patient on June 29,
5 2018 and reviewed an ECG taken at approximately 8:00 a.m. The medications Patient A was
6 prescribed were low-dose and were noted as heparin, nitroglycerine (5mcg), norepinephrine
7 (4 mcg), fentanyl and morphine as needed. Respondent scheduled a coronary artery bypass
8 grafting (CABG) surgery for the morning of Monday, July 2, 2018 for Patient A.

9 5. On Saturday, June 30, 2018, Patient A encountered a recurrence of chest pain on or
10 about 8:00 a.m. which began at 1/10 on the pain scale, but by 10:42 a.m. the pain had escalated to
11 5/10. Shortness of breath with pain radiation to the shoulder and jaw were also reported. A
12 second ECG was performed and compared with the prior ECG taken Friday morning. The report
13 indicated *Serial changes of evolving Anterior Infarct Present, Serial changes of evolving*
14 *Anterolateral Infarct Present, and Serial changes of evolving Inferior Infarct Present.* (emphasis
15 added).

16 6. An EKG was performed and an additional 2 mg of morphine was administered.
17 Respondent was notified at 1:30 p.m. of the EKG, increased chest pain, and increased
18 nitroglycerine drip rate. Respondent came to patient's bedside and issued orders for sublingual
19 nitroglycerine and to discontinue vancomycin dose.

20 7. At approximately 3:00 p.m. Respondent returned and was notified of continued
21 chest pain at 5/10 and radiation despite the new medication doses. The nursing staff clarified with
22 Respondent if the patient would be receiving surgery this day. Respondent said no and that his
23 surgery is scheduled for Monday. Orders were issued by Respondent for .5 mcg of metoprolol IV
24 and to titrate down the nitro drip.

25 8. At or around 4:30 p.m. the on-call cardiologist was notified that there was no relief
26 of Patient A's symptoms of chest pain with radiation to the shoulder and jaw. Orders were issued
27 for an increase in cardiac medications to be given over time to prevent hypotension. At

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1 approximately 5:00 p.m. the patient's blood pressure was trending down and by 6:00 p.m. Patient
2 A reported he was feeling better with a pain level of 2/10 with no radiation.

3 9. At approximately 8:30 p.m. the nurses attended to Patient A finding him in extreme
4 anxiety, face dusky in appearance and bearing down. A heart monitor showed a pause then a
5 decline. Patient A was awake, but agitated. The nurses started emergency procedures while
6 charge nurse is placing calls to the on-call cardiologist and Respondent. A photo of the stat EKG
7 results were sent to the on-call cardiologists phone at approximately 8:52 p.m. A stat ABG was
8 done at 8:55 p.m. Patient A's condition deteriorated quickly after the ABG and he died on June
9 30, 2018.

10 **COUNT I**

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

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

14 11. NRS 630.301(4) provides that malpractice of a physician is grounds for initiating
15 disciplinary action against a licensee.

16 12. NAC 630.040 defines malpractice as "the failure of a physician, in treating a
17 patient, to use the reasonable care, skill, or knowledge ordinarily used under similar
18 circumstances."

19 13. As demonstrated by, but not limited to, the above-outlined facts, Respondent failed
20 to use the reasonable care, skill or knowledge ordinarily used under similar circumstances when
21 he as the cardiac surgeon, did not offer emergency bypass surgery to Patient A on June 30, 2018
22 by properly evaluating Patient A's Class I indications for the emergency bypass surgery including
23 five (5) hours of chest pain.

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

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

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

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

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


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

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

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

15 DATED this 25th day of October, 2022.

16 INVESTIGATIVE COMMITTEE OF THE
17 NEVADA STATE BOARD OF MEDICAL EXAMINERS

18 By: 
19 DONALD K. WHITE, J.D.
20 Senior Deputy General Counsel
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25 Attorney for the Investigative Committee

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VERIFICATION


STATE OF NEVADA)
 : ss.
COUNTY OF WASHOE)

Bret W. Frey, 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 25th day of October, 2022.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: _____


BRET W. FREY, M.D.
Chairman of the Investigative Committee