

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 Complaint**

Case No. 24-45817-1

6 **Against:**

FILED

7 **LAUREN MCKELL YOUNG, PA-C,**

APR 23 2024

8 **Respondent.**

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 William P. Shogren, Deputy General Counsel and attorney for the IC,
13 having a reasonable basis to believe that Lauren McKell Young, PA-C (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 physician assistant holding
18 an active license to practice medicine in the State of Nevada (License No. PA1742). Respondent
19 was originally licensed by the Board on June 14, 2016.

20 2. Patient A² was a fifty-nine (59) year-old male at the time of the events at issue.

21 3. Patient A first presented to Respondent on February 10, 2017, for fatigue, cough,
22 chest discomfort, nasal congestion, sinus pain, and sore throat. Respondent diagnosed Patient A
23 with acute sinusitis unspecified, bronchitis unspecified, and a cough and prescribed Patient A an
24 antibiotic, to be taken twice daily for ten (10) days.

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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., Chowdhury H. Ahsan,
M.D., Ph.D., FACC, and Col. Eric D. Wade, USAF (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 4. On February 24, 2017, and March 6, 2017, Patient A called Respondent, with the
2 same complaints and with minimal improvement with utilization of the antibiotic. On these two
3 dates, Respondent provided prescription refills for the same antibiotic.

4 5. On March 9, 2017, Patient A presented to Respondent with the same or similar
5 symptoms and complaints. Respondent noted that Patient A's symptoms had been ongoing for
6 two (2) months and that he had been through two (2) full courses of antibiotics and cough syrup
7 without improvement of symptoms. Respondent diagnosed Patient A with acute bronchitis, and
8 prescribed a new antibiotic, to be taken once daily for ten (10) days.

9 6. On March 21, 2017, Patient A again presented to Respondent with the same or
10 similar symptoms and complaints. Respondent noted that Patient A had been through three (3)
11 full courses of antibiotics, and that his symptoms had returned on March 20, 2017. Respondent
12 diagnosed Patient A with acute sinusitis and bronchitis, and again prescribed an antibiotic, at a
13 lower dosage, to be taken daily for ten (10) days. Respondent also ordered a chest x-ray, which
14 was returned with an impression of "no acute disease."

15 7. Respondent's notes and records from on or about March 21, 2017, do not indicate
16 that Respondent ordered or recommended laboratory testing to further evaluate Patient A's
17 condition, and do not indicate that Respondent provide a referral to an appropriate specialist,
18 given Patient A's uncertain diagnosis and lack of clinical improvement.

19 8. Respondent's complaints and symptoms persisted after the March 21, 2017,
20 appointment. Respondent's supervising physician assumed care of Patient A's treatment after this
21 appointment date.

22 9. Between February 10, 2017, and March 21, 2017, Respondent repeatedly
23 prescribed antibiotics to Patient A, without an improvement in Patient A's condition, and without
24 clearly defining the diagnosis or confirming the indication for the antibiotics as treatment for his
25 condition.

26 10. Patient A eventually presented for emergency care on or about June 25, 2017, was
27 subsequently evaluated at a hospital, including an infectious disease consultation, and was
28 diagnosed with endocarditis (inflammation of the inner lining of the heart's chambers and valves).

1 11. Patient A passed away on September 29, 2017, as a result of complications from
2 refractory septic shock, fungemia (a fungal infection of the blood), and endocarditis.

3 **COUNT I**

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

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

7 13. NRS 630.301(4) provides that malpractice of a physician assistant is grounds for
8 initiating disciplinary action against a licensee.

9 14. NAC 630.040 defines malpractice as “the failure of a physician, in treating a
10 patient, to use the reasonable care, skill, or knowledge ordinarily used under similar
11 circumstances.”

12 15. As demonstrated by, but not limited to, the above-outlined facts, Respondent failed
13 to use the reasonable care, skill or knowledge ordinarily used under similar circumstances when
14 rendering medical services to Patient A, by (1) repeatedly prescribing ineffective antibiotics to
15 Patient A without clearly defining the diagnosis or confirming the indication for the antibiotics;
16 (2) failing to order laboratory work at Patient A’s March 21, 2017, appointment in order to further
17 evaluate Patient A’s condition; and (3) failing to provide an appropriate referral on or about
18 March 21, 2017, to an appropriate specialist, given Patient A’s uncertain diagnosis and lack of
19 clinical improvement.

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

22 **COUNT II**

23 **NRS 630.306(1)(g) – Continual Failure to Exercise Skill or Diligence**

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

26 18. Continual failure by the Respondent to exercise the skill or diligence or use the
27 methods ordinarily exercised under the same circumstances by physicians in good standing

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1 practicing in the same specialty or field is grounds for disciplinary action against a licensee
2 pursuant to NRS 630.306(1)(g).

3 19. Respondent continually failed to exercise skill or diligence as demonstrated by her
4 repeated prescribing or administering of ineffective antibiotics to Patient A, between on or
5 February 10, 2017, and on or about March 21, 2017, without clearly defining the diagnosis or
6 confirming the indication for continual prescriptions of antibiotics.

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

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

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

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

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

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

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

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

DATED this 23rd day of April, 2024.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: 

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