

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. 24-40713-1

6 **Against:**

FILED

7 **SILVANA R. ARCINIEGAS RODRIGUEZ, M.D.,**

SEP 19 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 Silvana R. Arciniegas Rodriguez, M.D. (Respondent)
14 violated the provisions of Nevada Revised Statutes (NRS) Chapter 630 and Nevada Administrative
15 Code (NAC) Chapter 630 (collectively, the Medical Practice Act), hereby issues its Complaint,
16 stating the IC's 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. 14767). Respondent was
19 originally licensed by the Board on April 17, 2013.

20 2. Patient A² was a three (3) month-old female at the time of the events at issue.
21 Patient A was prematurely born at thirty-three (33) weeks.

22 3. On February 18, 2020, Patient A presented to Sunrise Hospital with reports of
23 heavy breathing, cough, and congestion. Patient A was subsequently diagnosed with respiratory
24 syncytial virus (RSV) bronchiolitis and respiratory failure requiring respiratory support.

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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., Col. Eric D. Wade,
USAF (Ret.), and Carl N. Williams, Jr., M.D., FACS.

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.

1 4. On February 22, 2020, a pediatric pulmonologist performed a bronchoscopy on
2 Patient A, due to mucus plugging, partial collapsed lung, and respiratory insufficiency. Due to
3 oxygen desaturation following this procedure, Respondent, a pediatric intensivist, emergently
4 performed an endotracheal intubation on Patient A.

5 5. Respondent documented that she performed the intubation with a 4.5 sized cuffed
6 endotracheal tube.

7 6. A 4.5 sized cuffed endotracheal tube is typically recommended for children two to
8 three years of age, and not three (3) month-old children such as Patient A. The use of an
9 endotracheal tube that is too large carries a significant risk factor for the development of subglottic
10 stenosis (narrowing of the airway below the vocal cords and above the trachea).

11 7. After the February 22, 2020, procedure, Patient A remained intubated at Sunrise
12 Hospital.

13 8. Respondent documented that she evaluated Patient A later in the day on
14 February 22, 2020, after performing the intubation. Respondent also documented that she
15 evaluated Patient A on February 24, 2020.

16 9. During these two (2) visits, Respondent did not document the size of Patient A's
17 intubation tube and failed to document the tube cuff pressures and presence or absence of an air
18 leak around the endotracheal tube.

19 10. On March 4, 2020, another pediatric intensivist extubated Patient A and placed her
20 on high flow nasal cannula. Due to increased labored breathing and upper airway stridor, this
21 pediatric intensivist removed the 4.5 sized endotracheal tube and re-intubated Patient A with a
22 smaller, 3.5 sized tube. The pediatric intensivist noted that Patient A was originally intubated
23 with a 4.5 sized endotracheal tube.

24 11. On March 20, 2020, Sunrise Hospital staff noted that Patient A was in stable
25 condition and discharged Patient A with instructions for close interval follow-up and return
26 precautions.

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1 28. Continual failure by the Respondent to exercise the skill or diligence or use the
2 methods ordinarily exercised under the same circumstances by physicians in good standing
3 practicing in the same specialty or field is grounds for disciplinary action against a licensee
4 pursuant to NRS 630.306(1)(g).

5 29. Respondent continually failed to exercise skill or diligence as demonstrated by her
6 repeated failure, after the February 22, 2020, intubation of Patient A, to recognize and address that
7 Respondent used an inappropriately sized endotracheal tube on Patient A, despite evaluating
8 Patient A on February 22, 2020, and February 24, 2020.

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

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

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

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

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

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

21 5. That the Board make, issue and serve on Respondent its findings of fact,
22 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 19th day of September, 2024.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: 
WILLIAM P. SHOGREN
Deputy General Counsel
9600 Gateway Drive
Reno, NV 89521
Tel: (775) 688-2559
Email: shogrenw@medboard.nv.gov
Attorney for the Investigative Committee

