OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

BEFORE THE BOARD OF MEDICAL EXAMINERS OF THE STATE OF NEVADA

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In the Matter of Charges and Complaint Against: **KEVIN FREDRICK LASKO, M.D., Respondent.**	**Case No. 25-9779-1**

COMPLAINT

The Investigative Committee[1] (IC) of the Nevada State Board of Medical Examiners (Board), by and through William P. Shogren, Deputy General Counsel and attorney for the IC, having a reasonable basis to believe that Kevin Fredrick Lasko, M.D. (Respondent) violated the provisions of Nevada Revised Statutes (NRS) Chapter 630 and Nevada Administrative Code (NAC) Chapter 630 (collectively, the Medical Practice Act), hereby issues its Complaint, stating the IC's charges and allegations as follows:

1. Respondent was at all times relative to this Complaint a physician holding an active license to practice medicine in the State of Nevada (License No. 7018). Respondent was originally licensed by the Board on March 5, 1994.

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

3. On April 18, 2023, Patient A presented to a cardiologist for discussion and evaluation of Patient A's history of recurrent atrial fibrillation. Patient A elected to undergo radiofrequency (RF) ablation, wherein catheters would be used to deliver radiofrequency energy to destroy the heart tissue causing the atrial fibrillation (hereinafter, the "ablation procedure").

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[1] The Investigative Committee of the Nevada State Board of Medical Examiners, at the time this formal Complaint was authorized for filing, was composed of Board members Chowdhury H. Ahsan, M.D., Ph.D., FACC, Ms. Pamela J. Beal, and Irwin B. Simon, M.D., FACS.

[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.

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4. Patient A presented to Renown Regional Medical Center (Renown) on June 23, 2023, for the ablation procedure, to be performed by the cardiologist. Respondent was the anesthesiologist for this procedure.

5. At approximately 8:00 a.m. that day, Respondent induced general anesthesia with propofol 200mg followed by systemic neuromuscular blockade with rocuronium 60mg. Respondent intubated Patient A at 8:04 a.m. and placed an ultrasound probe at 8:08 a.m. Throughout the procedure, anesthesia was maintained with repeated administration of rocuronium and consistent delivery of inhaled sevoflurane at conspired concentration of 1.2% to 2.2%.

6. Throughout the procedure, Respondent obtained blood pressure readings via a noninvasive blood pressure cuff every two (2) to three (3) minutes. Respondent also recorded the systolic, diastolic, and mean arterial pressures as well as Patient A's heart rate every one (1) to three (3) minutes.

7. The procedure began at approximately 8:19 a.m. and lasted until approximately 11:51 a.m.

8. A mean arterial pressure (MAP) of 60 mmHg is necessary to maintain adequate hepatic and renal perfusion.

9. Additionally, a patient must have adequate cerebral perfusion pressure to maintain adequate blood flow to the brain. Cerebral perfusion pressure is a mean arterial pressure minus the intracranial pressure, with the average intracranial pressure measuring 5 to 15 mmHg. The minimum cerebral perfusion pressure required to prevent cerebral ischemic injury is 55-60 mmHg. Assuming a normal intracranial pressure, the recommended minimum cerebral perfusion pressure is 55-60 mmHg.

10. Upon information and belief, when Patient A presented to Respondent on June 23, 2023, he did not have evidence of reduced or increased intracranial pressure. In Patient A's case, cerebral perfusion pressures below 55-60 mmHg could potentially lead to cerebral hypoperfusion and anoxic brain injury.

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11. In Patient A's type of procedure, involving ablation, it was expected that there would be significant changes in blood pressure. Therefore, close monitoring of blood pressure was essential to maintain adequate blood pressure.

12. At approximately 10:19 a.m., Patient A began experiencing episodes of critically low blood pressure (hypotension). At this time, Patient A's blood pressure reading was recorded as 32 mmHg. Patient A further demonstrated MAP recordings of 39 mmHg at 10:25 a.m., 33 mmHg at 11:01 a.m., 40 mmHg at 11:02 a.m., and 57 mmHg at 11:19 a.m.

13. The anesthesia record also noted three (3) episodes where average cerebral perfusion pressure fell below 55 mmHg minimum for over ten (10) minutes. Between 10:19 a.m. and 10:32 a.m., Patient A experienced cerebral perfusion pressures averaging 43 mmHg. Between 10:43 a.m. and 11:02 a.m., Patient A experienced cerebral perfusion pressures averaging 46.45 mmHg. Between 11:16 a.m. and 11:32 a.m., Patient A experienced cerebral perfusion pressures averaging 50.4 mmHg.

14. Additionally, between 10:29 a.m. and 11:17 a.m., Patient A demonstrated episodes of tachycardia, where his heart rate was recorded as over 100 beats per minute, indicating the potential for significant hypertension.

15. At approximately 10:29 a.m., Respondent began administering vasoactive medications in an attempt to treat Patient A's hypotension episodes. These medications consisted of intravenous phenylephrine boluses, which were administered at 10:29 a.m., 10:47 a.m., 10:57 a.m., and 10:59 a.m., and a norepinephrine infusion which started at 11:07 a.m. and subsequently stopped at 11:51 a.m.

16. However, Patient A continually demonstrated episodes of hypotension throughout the remainder of the procedure. Despite Patient A's significant hypotension, which remained uncorrected despite pharmacologic interventions, the cardiologist continued the procedure between 10:19 a.m. and approximately 11:17 a.m.

17. During the three (3) episodes where Patient A's average cerebral perfusion pressure fell below 55 mmHg for over ten (10) minutes, Respondent did not address Patient A's significant

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hypotension via further methods, such as increasing the administration of phenylephrine and/or norepinephrine.

18. Further, when Patient A's blood pressure dropped dangerously low, Respondent did not reduce the level of sevoflurane gas, which is known to be a vasodilating agent, in order to improve Patient A's blood pressure and thus reduce his hypotension.

19. Respondent's notes regarding the procedure further do not reflect that Respondent, at any time, recommended to the cardiologist that the elective procedure be discontinued altogether, or at least paused until such a time that Patient A's blood pressure could be adequately corrected.

20. The procedure was completed and Patient A was extubated at 11:48 a.m., and norepinephrine was stopped at 11:51 a.m. Patient A was then taken to the post-anesthesia care unit.

21. Patient A was then soon after found to be unresponsive and obtunded. A stroke alert was activated and Patient A required re-intubation to secure his airway. Patient A was then transferred to the intensive care unit (ICU) where he was followed by neurology and internal medicine.

22. Patient A underwent an MRI of the brain on June 24, 2023, which demonstrated ischemic injuries consistent with anoxic brain injury, i.e., Patient A's brain was completely deprived of oxygen. Patient A also demonstrated evidence of organ disruption consistent with hypoperfusion.

23. Patient A remained in the acute care setting at Renown through July 19, 2023. Patient A was subsequently transferred to a skilled nursing facility for long-term care.

COUNT I

NRS 630.301(4) - Malpractice

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

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

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

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27. As demonstrated by, but not limited to, the above-outlined facts, on June 23, 2023, Respondent failed to use the reasonable care, skill or knowledge ordinarily used under similar circumstances when rendering medical services to Patient A, by failing to maintain, while Patient A was under the effects of anesthesia, adequate blood pressure and therefore minimum cerebral perfusion pressure during the June 23, 2023, ablation procedure, including, but not limited, failing to adjust the sevoflurane level to improve Patient A's blood pressure after approximately 10:19 a.m. Respondent also did not effectively communicate to the cardiologist about Patient A's significant hypotension starting at approximately 10:19 a.m., which may have led to the procedure being discontinued or paused.

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

WHEREFORE, the IC 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 what sanctions to impose if it determines there has been a violation or violations of the Medical Practice Act committed by Respondent;

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

5. That the Board make, issue and serve on Respondent its findings of fact, 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 5th day of December 2025.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: _____

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VERIFICATION

STATE OF NEVADA)
: ss.
COUNTY OF CLARK)

Chowdhury H. Ahsan, M.D., Ph.D., FACC, 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 5th day of December, 2025.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: _____
CHOWDHURY H. AHSAN, M.D., PH.D., FACC
Chairman of the Investigative Committee