BEFORE THE BOARD OF MEDICAL EXAMINERS OF THE STATE OF NEVADA

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In the Matter of Charges and Complaint

Against: 6

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MITCHELL FADOUL KEAMY, M.D.,

Respondent.

Case No. 25-9991-1

FILED

NEVADA STATE BOARD OF

COMPLAINT

The Investigative Committee¹ (IC) of the Nevada State Board of Medical Examiners (Board), by and through Alexander J. Hinman, Deputy General Counsel and attorney for the IC, having a reasonable basis to believe that Mitchell Fadoul Keamy, 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:

- Respondent was at all times relative to this Complaint a physician holding an active 1. license to practice medicine in the State of Nevada (License No. 5653). Respondent was originally licensed by the Board on June 11, 1988, with a specialty in anesthesiology and a subspecialty in critical care medicine.
 - Patient A² was a seventy-five (75) year-old male at the time of the events at issue. 2.
- On October 26, 2022, Patient A was admitted to Spring Valley Medical Center for 3. abdominal pain and bloating. Patient A was diagnosed with a small bowel obstruction (SBO) related to adhesions from prior abdominal surgeries.

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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 Aury Nagy, M.D., Nick M. Spirtos, M.D., F.A.C.O.G., and Ms. Maggie Arias-Petrel. 28

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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- Patient A was initially treated with non-operative medical management for his 4. SBO, which consisted of no food or water by mouth and nasogastric (NG) tube decompression.
- On October 28, 2022, it was believed that Patient A's condition was improving and 5. as a result, he was started on a liquid diet. Documentation shows that the NG tube was removed as well.
- On October 29, 2022, at approximately 8:00 a.m., Patient A's abdomen re-6. distended and it was decided by his surgeon to do an exploratory surgery of the abdomen to relieve the cause of his SBO. His liquid diet was then discontinued and changed to nil per os (nothing by mouth) for surgery later in the evening.
- On October 29, 2022, Patient A was brought to the operating room for surgery at 7. 4:48 p.m., and at 5:03 p.m., Patient A was given general anesthesia, approximately nine (9) hours after it had been decided to re-explore Patient A.
 - Respondent was the acting anesthesiologist in Patient A's care during the surgery. 8.
- After the induction of anesthesia, Patient A aspirated a large volume of liquid 9. contents. This occurred as a likely result of not evacuating Patient A's stomach contents and failing to place an NG tube for gastric decompression before the induction of anesthesia.
- Patient A was subsequently intubated successfully, but he had significant 10. hemodynamic disturbances during the surgery, including hypotension and arrythmias.
- Surgery was completed and Patient A was taken to the intensive care unit at 11. 6:25 p.m., for further workup and management while still intubated. He was found to have suffered a myocardial infarction as documented on a post-operative electrocardiogram (ECG), as well as continued hypotension, runs of supra ventricular tachycardia, and atrial fibrillation. Additionally, Patient A had substantial difficulty maintaining adequate oxygen saturations while on the ventilator.
- Respondent called for an immediate cardiology consult and the cardiologist felt 12. that any intervention would be contraindicated because of the recent laparotomy. The cardiologist attempted cardioversion, however that attempt was unsuccessful.

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On October 30, 2022, Patient A's family withdrew care of Patient A at 8:40 p.m., 13. and he expired shortly thereafter.

COUNT I

NRS 630.301(4) - Malpractice

- All of the allegations contained in the above paragraphs are hereby incorporated by 14. reference as though fully set forth herein.
- NRS 630.301(4) provides that malpractice of a physician is grounds for initiating 15. disciplinary action against a licensee.
- NAC 630,040 defines malpractice as "the failure of a physician, in treating a 16. patient, to use the reasonable care, skill, or knowledge ordinarily used under similar circumstances."
- As demonstrated by, but not limited to, the above-outlined facts, Respondent failed 17. to use the reasonable care, skill or knowledge ordinarily used under similar circumstances when rendering medical services to Patient A when he induced anesthesia without confirming adequate gastric decompression in Patient A with a known small bowel obstruction and continued abdominal distension. Further, an NG tube was not placed in the nine (9) hour interval prior to surgery and it is unclear why this was not ordered by Respondent once he knew that he was going to be the anesthesiologist for Patient A's surgery. This basic and low risk maneuver likely could have reduced the risk of aspiration in Patient A and enhanced the care and treatment of Patient A.
- By reason of the foregoing, Respondent is subject to discipline by the Board as 18. provided in NRS 630.352.

COUNT II

NRS 630.3062(1)(a) - Failure to Maintain Complete Medical Records

- All of the allegations contained in the above paragraphs are hereby incorporated by 19. reference as though fully set forth herein.
- NRS 630.3062(1)(a) provides that the "failure to maintain timely, legible, accurate 20. and complete medical records relating to the diagnosis, treatment and care of a patient" constitute grounds for initiating discipline against a licensee.

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Respondent failed to maintain complete medical records relating to the diagnosis,

treatment and care of Patient A, by failing to correctly document his actions when he treated

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OFFICE OF THE GENERAL COUNSEL Nevada State Board of Medical Examiners 9600 Gateway Drive Reno, Nevada 89521

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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 12 day of March, 2025.

INVESTIGATIVE COMMITTEE OF THE NEVADA STATE BOARD OF MEDICAL EXAMINERS

By:

ALEXANDER J. HINMAN

Deputy General Counsel 9600 Gateway Drive Reno, NV 89521

Tel: (775) 688-2559

Email: <u>ahinman@medboard.nv.gov</u>
Attorney for the Investigative Committee

OFFICE OF THE GENERAL COUNSEL Nevada State Board of Medical Examiners

2 STATE OF NEVADA

COUNTY OF CLARK

VERIFICATION

Nick M. Spirtos, M.D., F.A.C.O.G., 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

and charges in the foregoing Complaint against Respondent are true, accurate and correct.

course of the investigation into a complaint against Respondent, he believes that the allegations

DATED this 12th day of March, 2025.

) : ss.

INVESTIGATIVE COMMITTEE OF THE NEVADA STATE BOARD OF MEDICAL EXAMINERS

By:

NICK M. SPIRTOS, M.D., F.A.C.O.G.,

Chairman of the Investigative Committee