

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

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In the Matter of Charges and Complaint

Case No. 25-50429-1

Against:

MATTHEW AUDET CAIN, M.D.,

Respondent.

FILED

DEC - 5 2025

NEVADA STATE BOARD OF
MEDICAL EXAMINERS

COMPLAINT

The Investigative Committee¹ (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 Matthew Audet Cain, 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. 18925). Respondent was originally licensed by the Board on May 30, 2019.

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

21 3. On April 18, 2023, Patient A presented to Respondent, a cardiologist, concerning
22 Patient A's history of recurrent atrial fibrillation. After discussion, Patient A elected to undergo
23 radiofrequency (RF) ablation, wherein catheters would be used to deliver radiofrequency energy to
24 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.

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

3 5. At approximately 8:00 a.m. that day, the attending anesthesiologist induced general
4 anesthesia with propofol 200mg followed by systemic neuromuscular blockade with rocuronium
5 60mg. The anesthesiologist intubated Patient A at 8:04 a.m. and placed an ultrasound probe at
6 8:08 a.m. Throughout the procedure, anesthesia was maintained with repeated administration of
7 rocuronium and consistent delivery of inhaled sevoflurane.

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

12 7. Upon information and belief, Respondent was aware of Patient A's blood pressure
13 and heart rate readings during the ablation procedure.

14 8. Respondent began the surgery at approximately 8:19 a.m. The procedure lasted until
15 approximately 11:51 a.m.

16 9. At 9:00 a.m., Patient A's blood pressure ranged between 97/70 mmHg and 126/83
17 mmHg.

18 10. During the procedure, Patient A experienced episodes of critically low blood
19 pressure (hypotension), wherein his blood pressure was lower than 90/60 mmHg. A blood pressure
20 reading of 70/32 mmHg was recorded at 10:19 a.m.

21 11. Patient A further demonstrated blood pressure readings of 77/39 mmHg 10:25 a.m.,
22 66/33 mmHg at 11:01 a.m., 69/40 mmHg at 11:02 a.m., and 82/57 mmHg at 11:19 a.m.

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

26 13. At approximately 10:29 a.m., the anesthesiologist began administering vasoactive
27 medications in an attempt to treat Patient A's hypotension episodes. These medications consisted
28 of intravenous phenylephrine boluses, which were administered at 10:29 a.m., 10:47 a.m., 10:57

1 a.m., and 10:59 a.m., and a norepinephrine infusion was started at 11:07 a.m. and subsequently
2 stopped at 11:51 a.m.

3 14. However, Patient A continually demonstrated episodes of hypotension throughout
4 the remainder of the procedure, as recorded by the blood pressure monitoring. Despite Patient A's
5 significant hypotension, which remained uncorrected even with pharmacologic interventions,
6 Respondent continued the ablation procedure between 10:19 a.m. and approximately 11:17 a.m.

7 15. Despite the evidence of significant hypotension starting at approximately 10:19 a.m.,
8 Respondent did not promptly place an arterial catheter for continuous direct blood pressure
9 monitoring. This intervention would likely have helped guide further therapy to correct ongoing
10 severe hypotension in a prompt, timely manner since initial treatments were unsuccessful, and
11 would likely have helped guide Respondent to emergently cardiovert Patient A for his unstable
12 condition rather than allow Patient A's blood pressure to remain critically low for one (1) hour.

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

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

18. Patient A underwent an MRI of the brain on June 24, 2023, which demonstrated
19 ischemic injuries consistent with anoxic brain injury, i.e. Patient A's brain was completely deprived
20 of oxygen. Patient A also demonstrated evidence of organ disruption consistent with hypoperfusion.
21

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

COUNT I

NRS 630.301(4) - Malpractice

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

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

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

5 23. As demonstrated by, but not limited to, the above-outlined facts, on June 23, 2023,
6 Respondent failed to use the reasonable care, skill or knowledge ordinarily used under similar
7 circumstances when rendering medical services to Patient A, by continuing Patient A’s ablation
8 procedure from approximately 10:19 a.m. to 11:17 a.m., despite evidence of significant hypotension
9 that remained uncorrected, despite pharmacologic interventions, and by not promptly addressing
10 the significant hypotension. Such failure to address the significant hypotension included, but was
11 not limited to, failure to (1) promptly place an arterial catheter for continuous direct blood pressure
12 monitoring; and/or (2) emergently cardiovert Patient A for his unstable condition rather than allow
13 his blood pressure to remain critically low for one (1) hour.

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

16 **WHEREFORE**, the IC prays:

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

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

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

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

26 5. That the Board make, issue and serve on Respondent its findings of fact, conclusions
27 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:

WILLIAM P. SHOGREN
Deputy General Counsel
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Reno, NV 89521
Tel: (775) 688-2559
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Attorney for the Investigative Committee

VERIFICATION

2 STATE OF NEVADA : ss.
3 COUNTY OF CLARK)

4 Chowdhury H. Ahsan, M.D., Ph.D., FACC, having been duly sworn, hereby deposes and
5 states under penalty of perjury that he is the Chairman of the Investigative Committee of the Nevada
6 State Board of Medical Examiners that authorized the Complaint against the Respondent herein;
7 that he has read the foregoing Complaint; and that based upon information discovered in the course
8 of the investigation into a complaint against Respondent, he believes that the allegations and charges
9 in the foregoing Complaint against Respondent are true, accurate and correct.

10 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