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: **RANDALL SCOTT KING, M.D., Respondent.**	**Case No. 26-31731-1**

COMPLAINT

The Investigative Committee[1] (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 Randall Scott King, 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 medical doctor holding an active license to practice medicine in the State of Nevada (License No. 16326). Respondent was originally licensed by the Board on February 19, 2016.

2. Patient A[2] was a thirty-six (36) year-old male at the time of the events at issue.

3. On February 3, 2023, Patient A fell approximately six (6) feet from a grounded F-16 fighter aircraft. No immediate medical evaluation was sought at the time of the incident.

4. On April 19, 2023, approximately two and a half (2.5) months post-incident, Patient A initially presented to the Emergency Department (ED) of the Veterans Administration (VA) with a complaint of lower back pain. Patient A further reported that since the fall, he had

[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 Nick M. Spirtos, M.D., F.A.C.O.G., Ms. Maggie Arias-Petrel, and Carl N. Williams, Jr., 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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experienced intermittent low back pain and that it had worsened over the course of a few days prior to the ED visit.

5. During this visit, Patient A denied any fevers or chills, numbness or tingling, loss of bowel or bladder control, or perineal numbness. Patient A underwent a CT lumbar spine that was interpreted by the radiologist as demonstrating "no acute abnormality" with unremarkable soft tissues and no acute fracture. The documentation reflects that Patient A felt improved after having received a dose of intramuscular (IM) ketorolac and was discharged home with prescriptions for naproxen and methocarbamol with recommendations to follow-up with his primary care physician for a physical therapy order as well as regarding elevated blood pressure.

6. On April 23, 2023, just four (4) days after Patient A's initial presentation to the hospital, Patient A again presented to the ED at Banner Churchill Community Hospital (Banner). Patient A complained of pain in the lower back and coccyx region, with normal sensation and strength. Medical documentation reflects that Patient A had fallen onto his buttocks that day after losing feeling in his legs.

7. The April 23, 2023, Emergency Room Report indicates a past medical history of diabetes mellitus (DM). The physical exam was notable for tenderness over the coccyx with no signs of trauma and normal sensation and strength. Patient A again received ketorolac 15mg IM, diazepam 5mg orally, and hydrocodone/acetaminophen 5/325. Patient A was discharged thereafter.

8. On April 27, 2023, Patient A returned to the ED at Banner with a chief complaint of "lower back pain and possible abscess on R [right] buttock." It is noted that Patient A was complaining of several days of progressive worsening pain on the right buttock with associated swelling and fluid discharge. Further, the records reflect that Patient A had a small amount of purulent drainage expressed from a tender site of firmness in the right medial superior gluteal region.

9. During the April 27, 2023, ED visit, an unsuccessful attempt at aspiration with an 18-gauge needle, an incision and drainage procedure was performed by the attending emergency physician with use of local anesthesia. The procedure note describes a 1cm incision made with a return of 10ml of purulent drainage, followed by packing with 1/4 inch gauze. Patient A was then

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discharged home on a seven-day course of doxycycline 100mg twice daily with instructions to remove the packing the following day and to continue with sitz baths Epsom salts.

10. On May 4, 2023, Patient returned for a third time to the ED at Banner, and the records reflect, that Patient A was transported to the hospital via Emergency Medical Services (EMS), at which time Respondent evaluated Patient A. Patient A's initial triage vital signs included a temperature of 36.3° Celsius (tympanic), heart rate 113, blood pressure 177/111, respiratory rate of 18, and a stated pain level of 9 out of 10. The ED Intake Form includes the medications Patient A was taking at the time, and specifically there is a section titled "Miscellaneous Medication" with a comment that "patient doesn't remember what his insulin is called."

11. The May 4, 2023, Emergency Room Report as documented by Respondent, indicates "[t]he patient presents 'feeling sick.'" The medical notes describe Patient A complaining of back of pain since February of 2023, when he had his first fall at work, and that "he reinjured it and is now worse." Further, the documentation shows that Patient A had been seen at the facility one week prior for an abscess on the right buttock. Patient A reported that "his chronic back pain is getting worse," and that he had not yet undergone an MRI through workers compensation. The documentation reflects no medications listed in the Medications section of the Emergency Room Report, with the Medical History described as "[r]eviewed as documented in chart." A physical examination of Patient A's back was documented as "no tenderness or warmth. Positive paraspinal tenderness. No sacral anesthesia," and an examination of the skin described it as "warm and dry." The medical decision making documented by Respondent indicates a differential diagnosis of "paraspinal muscle strain, fracture, [and] slipped disc."

12. On May 4, 2023, at 11:46 a.m., Respondent entered orders for ketorolac 30mg IV and diazepam 5mg IV, as well as a CT lumbar spine without contrast. There were no orders for any laboratory tests.

13. Further, Respondent's May 4, 2023, documentation indicates that "[he] did examine [Patient A's] buttock and lower back better because he did have some free air in the CT. Respondent goes on to state, "[t]his does appear to be related to the recent drainage of the abscess. I see no evidence of sepsis or deep infection that would be worrisome for nec fascia (necrotizing fasciitis)

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at this time..." At this time, Patient A inquired about his chronic pedal edema and was advised to follow up with his "regular doctor" for further evaluation.

14. Less than twenty-four (24) hours later, on May 5, 2023, Patient A was transported via EMS to Banner ED again for back pain that Patient A described to be an 8/10 on the Numeric Pain Intensity Scale (NPIS). Documentation by the physician treating Patient A states he was "BIBA (brought in by ambulance) for lower back/buttock pain... for work injury." Documentation further states that Patient A was "[s]een in ED last week and had abcess [sic] drained," and he was "[s]een in ED yesterday and had CT done. Pt hasn't been able to take DM meds d/t pain so 600+ (point of care glucose level).

15. Documentation by the Physician's Assistant (PA) on the May 5, 2023, Banner visit, notes that Patient A's "abscess continues to drain" and indicates that Patient A was experiencing chills and that he had not taken his diabetic medications for the "last month because of his pain..." Patient A's physical examination at this time was notable for "severe tenderness to palpation of the lumbar and sacral spine" along with an "abscess on superior right inner buttocks, no surrounding erythema or warmth."

16. Laboratory results from blood collected at 11:24 a.m. on May 5, 2023, were notable for a while blood cell count of 34.2 with 90.6% neutrophils, lactic acid 2.1, serum glucose 757, CO2 of 20 with anion gap 23, blood urea nitrogen (BUN) 36 with creatine 1.32, sodium 124, and C-reactive protein 358.7. At this time wound cultures and blood cultures were sent and a stat MRI of the cervical, thoracic, and lumbar spine was performed. Medical notes indicate that emergency physician had concerns of underlying necrotizing fasciitis, and efforts were made to transfer Patient A to a higher level of care.

COUNT I

NRS 630.301(4) - Malpractice

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

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

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19. 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."

20. As demonstrated by, but not limited to, the above-outlined facts, 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 order laboratory diagnostic tests and further investigate potential underlying sepsis, despite demonstrating subcutaneous edema and fatty infiltration in a diabetic patient.

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

COUNT II

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

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

23. NRS 630.3062(1)(a) provides that the "failure to maintain timely, legible, accurate and complete medical records relating to the diagnosis, treatment and care of a patient" constitute grounds for initiating discipline against a licensee.

24. 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 Patient A, as there is nothing in the medical records to indicate any discussion with Patient A regarding his diabetes and/or discontinuation of medications. As a result, the medical records were not timely, legible, accurate, and complete.

25. 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;

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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

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

DATED this 14th day of April, 2026.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: Alexander J. Hinman

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VERIFICATION

STATE OF NEVADA)
: ss.
COUNTY OF CLARK)

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 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 14 day of April, 2026.

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

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