

1 lab studies, and an EKG showed a left fascicular block, left axis deviation and bradycardia.
2 Respondent's diagnoses included chest pain, hypertension, and hyperlipidemia. A
3 differential for the chest pain was not documented. Respondent was prescribed Avapro
4 and Pravachol; aspirin was not prescribed. Respondent charted that RN should follow up
5 with a cardiologist, but a name, phone number and recommended time frame in which to
6 do so was not documented. RN was discharged and the records do not show that this
7 encounter was reviewed by Respondent's supervising physician.

8 5. On April 21, 2005, RN returned for a follow up of blood work and some chest
9 tightness. There was no documentation of any interval shortness of breath or arm tingling.
10 A discussion occurred regarding RN's blood work and a second EKG was not done.
11 There was no discussion regarding the cardiology follow up previously advised. RN was
12 again discharged, three month follow up was charted, and the listed diagnoses included
13 hypertension, hyperlipidemia and reactive airway disease. There was no documentation
14 that a supervising physician was consulted or ever reviewed RN's urgent care chart. On
15 April 30, 2005, RN called 911 for chest pain and shortness of breath. The EMS personnel
16 documented that RN's EKG was consistent with an acute inferolateral myocardial
17 infarction (MI). RN was treated with aspirin, nitroglycerin, and oxygen. En route to the
18 hospital, RN was successfully defibrillated after an episode of ventricular fibrillation. In the
19 emergency department, RN was cared for by Respondent's supervising physician. RN
20 was described as pale, diaphoretic, still having chest pain, and a third degree heart block
21 with hypotension.

22 6. A cardiologist and his Physician Assistant (PA) were consulted. RN was
23 treated with the thrombolytic TNKase 95 minutes after his arrival. RN developed a post
24 thrombolytic ventricular tachycardia that was treated with electrical cardioversion and
25 additional antiarrhythmics. Multiple aggressive measures were taken to stabilize RN prior

1 to transfer to a tertiary care facility for definitive management. RN had a temporary
2 venous pacemaker, a temporary arterial sheath, and an intra-aortic balloon pump placed
3 by the cardiologist. Later that day, RN was transferred by air ambulance; however, upon
4 arrival he had no pulse and little blood pressure. Apparently, the intra-aortic balloon pump
5 was turned off, and RN was not properly cared for by the air ambulance medical crew.
6 Although RN was resuscitated and received various treatments including an angiogram
7 and a single coronary artery stent, he suffered a severe irreversible anoxic brain injury. It
8 was felt that withdrawal of care was most appropriate and he was transferred to a hospice
9 care facility where he died on May 21, 2005.

10 7. The standard of care requires a PA to properly diagnose the patient's
11 unstable angina based on symptoms and known cardiac risk factors.

12 8. Respondent deviated from the standard of care by failing to properly
13 diagnose RN's unstable angina based on his symptoms and known cardiac risk factors.

14 9. The standard of care for a patient presenting to an urgent care setting with
15 symptoms of chest pain consistent with unstable angina requires a PA to administer
16 aspirin unless contraindicated.

17 10. Respondent deviated from the standard of care by failing to treat RN with
18 aspirin.

19 11. The standard of care for a patient presenting to an urgent care setting with
20 symptoms of chest pain consistent with unstable angina requires a PA to make
21 arrangements to transfer the patient to an emergency department if a cardiologist is not
22 immediately available for consultation.

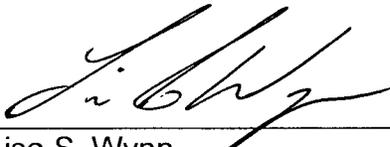
23 12. Respondent deviated from the standard of care by failing to make
24 arrangements to transfer RN to an emergency department once he knew that a
25 cardiologist was not immediately available for consultation.

1
2 DATED AND EFFECTIVE this 24th day of February, 2010.
3

4 ARIZONA REGULATORY BOARD OF PHYSICIAN ASSISTANTS

5 (SEAL)



6 By 
7 Lisa S. Wynn
8 Executive Director

9 **CONSENT TO ENTRY OF ORDER**

10 1. Respondent has read and understands this Consent Agreement and the
11 stipulated Findings of Fact, Conclusions of Law and Order ("Order"). Respondent
12 acknowledges he has the right to consult with legal counsel regarding this matter.

13 2. Respondent acknowledges and agrees that this Order is entered into freely
14 and voluntarily and that no promise was made or coercion used to induce such entry.

15 3. By consenting to this Order, Respondent voluntarily relinquishes any rights
16 to a hearing or judicial review in state or federal court on the matters alleged, or to
17 challenge this Order in its entirety as issued by the Board, and waives any other cause of
18 action related thereto or arising from said Order.

19 4. The Order is not effective until approved by the Board and signed by its
20 Executive Director.

21 5. All admissions made by Respondent are solely for final disposition of this
22 matter and any subsequent related administrative proceedings or civil litigation involving
23 the Board and Respondent. Therefore, said admissions by Respondent are not intended
24 or made for any other use, such as in the context of another state or federal government
25

1 regulatory agency proceeding, civil or criminal court proceeding, in the State of Arizona or
2 any other state or federal court.

3 6. Upon signing this agreement, and returning this document (or a copy
4 thereof) to the Board's Executive Director, Respondent may not revoke the consent to the
5 entry of the Order. Respondent may not make any modifications to the document. Any
6 modifications to this original document are ineffective and void unless mutually approved
7 by the parties.

8 7. This Order is a public record that will be publicly disseminated as a formal
9 disciplinary action of the Board and will be reported to the National Practitioner's Data
10 Bank and on the Board's web site as a disciplinary action.

11 8. If any part of the Order is later declared void or otherwise unenforceable, the
12 remainder of the Order in its entirety shall remain in force and effect.

13 9. If the Board does not adopt this Order, Respondent will not assert as a
14 defense that the Board's consideration of the Order constitutes bias, prejudice,
15 prejudgment or other similar defense.

16 10. Any violation of this Consent Agreement constitutes unprofessional conduct
17 and may result in disciplinary action. A.R.S. § § 32-2501(21)(dd) ("[v]iolating a formal
18 order, probation agreement or stipulation issued or entered into by the board or its
19 executive director") and 32-2551.

20
21 
22 Bahman Naji-Talakar, P.A. -C

DATED: 1/9/11

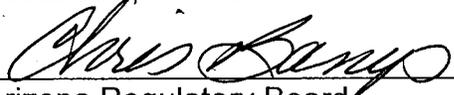
23 EXECUTED COPY of the foregoing mailed
24 this 24th day of February 2011 to:

25 Bahman Naji-Talakar PA-C
Address of Record

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

ORIGINAL of the foregoing filed
this 27th day of February 2010 with:

Arizona Regulatory Board of Physician Assistants
9545 E. Doubletree Ranch Road
Scottsdale, AZ 85258


Arizona Regulatory Board
of Physician Assistants Staff