

BEFORE THE JOINT BOARD ON
THE REGULATION OF PHYSICIAN'S ASSISTANT'S
OF THE STATE OF ARIZONA

In the Matter of)	
)	
QUEENIE T.U.C. SABAL, P.A.-C)	FINDINGS OF FACT,
Holder of Certificate No. 1519)	CONCLUSIONS OF LAW
For the Practice of Physician's Assistant))	AND ORDER OR PROBATION
In the State of Arizona)	
)	
Re: Salt River Indian Health Service)	
Clinic (04-24-97) v. Queenie)	
T.U.C. Sabal, P.A.-C)	
(Inv. #140))	
_____)	

QUEENIE T.U.C. SABAL, P.A.-C, holder of Certificate No. 1519 for the practice of physician's assistant in Arizona, appeared before the Joint Board on the Regulation of Physician's Assistants ("Joint Board") for an informal interview on February 13, 1998. Ms. Sabal was represented by attorney Byrl Lane. Based upon the information presented, the Joint Board adopted the following Findings of Fact, Conclusions of Law and Order of Probation.

FINDINGS OF FACT

1. The Joint Board on the Regulation of Physician Assistants is the duly constituted authority for the regulation and control of the practice of physician assistants in the State of Arizona.
2. QUEENIE T.U.C. SABAL, P.A.-C, is the holder of Physician Assistant Certificate No. 1519 in the State of Arizona.
3. By letter dated 2/2/97, P.A. Sabal's employer informed the Joint Board that P.A. Sabal's employment had been terminated for quality of care reasons.

Patient Care

4. P.A. Sabal saw patient M.B., a 35-year-old male, on 11/12/96 for an upper respiratory infection. M.B. had a history of diabetes mellitus. P.A. Sabal did not record an adequate history to delineate the symptoms of M.B.'s upper respiratory infection. P.A. Sabal placed M.B. on Keflex, an antibiotic, which was not indicated according to P.A. Sabal's notes.

5. P.A. Sabal saw patient S.K., a 51-year-old female, on 10/18/96 for shortness of breath, tingling in her hands, and feeling of blacking out. P.A. Sabal examined the patient, ordered a TSH (thyroid-stimulating hormone) test and made a diagnosis of vertigo and placed the patient on Atarax. P.A. Sabal did not record an adequate history to elucidate the presenting complaints or establish that the patient had dysequilibrium. P.A. Sabal did not record a check for nystagmus or a hearing assessment prior to diagnosing vertigo. P.A. Sabal's records do not indicate she examined the patient's thyroid gland prior to ordering the TSH, which was not indicated for the evaluation of transient tingling. Based on P.A. Sabal's notes, the prescribing of Atrax for this patient was of questionable value.

6. P.A. Sabal first saw patient W.E., a 35-year-old female, on 01/31/94 for back spasms and headache of two weeks duration. P.A. Sabal did not record eye ground exams or a neurological exam. In addition, the patient complained of tenderness in the back. P.A. Sabal did not record range of motion or reflexes of the patient. P.A. Sabal next saw the patient on 11/13/96 for a complaint of vaginal discharge. A urine dipstick test revealed 1+ blood, trace protein, trace white blood cells and was nitrite negative. P.A. Sabal placed the patient on Septra, which is indicated for

urinary tract infection. P.A. Sabal failed to record an adequate history concerning the vaginal discharge or establish whether the patient had a urinary tract infection. P.A. Sabal prescribed Septra when the urinalysis was not consistent with a urinary tract infection. P.A. Sabal did not record any treatment of the patient's vaginal discharge.

7. P.A. Sabal saw patient S.E., a 59-year-old female, on 11/27/96 for follow-up on her diabetes mellitus. The patient had a recorded history of occipital headaches with related right side weakness of her body since 1993 following a motor vehicle accident. P.A. Sabal did not record a neurological or funduscopic examination. P.A. Sabal ordered skull x-rays which, unlike a MRI or CAT scan, would not have provided the necessary diagnostic information.

8. P.A. Sabal saw patient A.L., a 48-year-old female, between 08/15/96 through 12/06/96 for treatment of a chronic draining left ear. A.L. also had diabetes mellitus which was under extremely poor control with progressively increasing postprandial blood sugars ranging from 205 to 500. P.A. Sabal appropriately referred the patient to an otolaryngologist for her ear, but failed to adjust the patient's diabetic treatment.

9. P.A. Sabal saw patient B.O., a 29-year-old male, in December of 1996 and on 01/07/97 for frontal headaches. Although P.A. Sabal prescribed refills of medication for his tension headaches, she failed to conduct a complete evaluation of the patient. P.A. Sabal ordered skull x-rays instead of a CAT scan or MRI of the brain which would have been the tests for proper evaluation.

10. P.A. Sabal saw patient D.J., a 47-year-old male, on 01/06/97 for treatment of a dog bite to his left thigh that occurred the previous day. The patient had an

elevated blood pressure of 168/90. P.A. Sabal treated the dog bite appropriately, but failed to record any plan for follow-up or reassessment of the patient's elevated blood pressure.

11. P.A. Sabal saw patient K.H., a 44-year-old female, on 01/02/97 for follow-up on her hypertension and an upper respiratory infection. P.A. Sabal continued the patient on Lisinopril for high blood pressure and prescribed Amoxicillin. P.A. Sabal did not take an adequate history to determine the specific symptoms of the upper respiratory complaint. P.A. Sabal prescribed Amoxicillin with no evidence of a bacterial infection and failed to perform a strep screen prior to using antibiotics.

12. P.A. Sabal saw patient L.M., a 48-year-old female, on 12/30/96 for an injury to her left little finger which occurred the previous day. The patient's finger was described as displaced and painful with pain radiating to her shoulder. A x-ray of the left finger was obtained which revealed an oblique fracture of the proximal phalanx. The patient was treated with Motrin and given a follow-up appointment for one week later. L.M. was next seen on 01/06/97 and referred to the surgical clinic where she was seen on 01/14/97. The patient should have received more expedient care of her fracture.

13. P.A. Sabal saw patient A.R.L., a 37-year-old female on 01/02/97 for a complaint of headaches of five days duration, pressure in the sinuses, and an earache. The patient's blood pressure was 140/106. P.A. Sabal placed the patient on Erythromycin and Motrin. P.A. Sabal failed to record an adequate history of the patient's complaints, did not adjust her blood pressure medication despite the patient's elevated pressure and prescribed Erythromycin which may not have been indicated.

14. P.A. Sabal saw patient C.T., a 19-year-old female, on 12/03/96 for stomach and leg cramps, frequency and dysuria. C.T. had been seen a week and half earlier for amenorrhea of eight months duration, which she was, prescribed a five day course of Provera. A urine dipstick revealed only trace protein. P.A. Sabal placed the patient on Septra and Pyridium. P.A. Sabal failed to record a history of the patient's menses to assure that she was not pregnant before starting her on Septra. P.A. Sabal's diagnosis of a urinary tract infection was not substantiated by the patient's urine test, and failed to consider that the patient's symptoms could have resulted from the course of Provera.

15. P.A. Sabal saw patient K.T., a 25-year-old female, on 12/02/96 for hepatitis B immunization and a TB skin test. The patient weighed 269.5 pounds and her blood pressure was 150/94. P.A. Sabal's records do not indicate that she advised the patient on weight reduction (although her weight was steadily rising per her medical records) or made plans for follow-up on the patient's elevated blood pressure.

16. P.A. Sabal saw patient L.V., a 50-year-old female on 12/02/96 for complaints of a urinary tract infection. The patient had a history of diabetes. A dipstick urine test revealed glucose 4+, protein 3+, negative white blood cells and negative nitrite. P.A. Sabal diagnosed the patient as having a urinary tract infection and prescribed Septra. P.A. Sabal did not record an adequate history concerning the patient's symptoms, and the diagnosis and prescribing of Septra was questionable when the urinalysis was not consistent with a urinary tract infection.

17. P.A. Sabal saw patient M.A., a 17-year-old female, on 12/17/96 for complaints of vomiting. P.A. Sabal's records noted the patient had projectile vomiting

on 12/15/96, and right upper quadrant tenderness. A urine dipstick was normal and an ultrasound of the abdomen was ordered. M.A. was seen a week earlier by another provider for nausea and vomiting and a pregnancy test was ordered which was negative. A repeat pregnancy test and a pelvic exam by P.A. Sabal were indicated when this patient presented with persistent vomiting and right abdominal pain, as her complaints were consistent with an early ectopic pregnancy.

18. P.A. Sabal saw patient P.A., an 82-year-old female, on 11/18/96 for a follow-up visit regarding her diabetes mellitus. A urinalysis was ordered which was not recorded in the patient's record. The urinalysis revealed traces of blood, large white blood cells, red blood cells 6 to 10, and was negative for protein. The patient was called on 11/20/96 to return immediately for a prescription. P.A. Sabal did not record a history regarding a possible urinary tract infection on 11/18 or 11/20 and no plans for follow-up were recorded. Subsequent visits did not indicate that any repeat urinalysis was obtained or that other problems such as nephritis or renal carcinoma were considered.

19. P.A. Sabal saw patient N.G., a 36-year-old male, on 12/04/96 for back pain. A physical exam noted low back pain with radiation into the right leg and some tenderness in the right gluteal area. The patient's weight was 253.5 pounds and his blood pressure was 160/96. P.A. Sabal diagnosed the patient with muscular strain and continued him on Motrin. P.A. Sabal did not record a complete examination of the back nor record the patient's reflexes, and did not record any advice or follow-up on dietary control.

20. P.A. Sabal saw patient T.L., a 2-year-old female on 01/02/97 for urinary tract symptoms. A urinalysis revealed 1+ blood, 2+ white blood cells and a positive

nitrite. P.A. Sabal placed the patient on Septra. P.A. Sabal did not record a history on the patient, did not record plans for follow-up evaluation, did not order a culture and sensitivity, did not refer the patient to a pediatrician and made no plans for urologic work-up which were indicated in a 2-year-old female.

21. P.A. Sabal saw patient A.M., a 92-year-old female, on 01/09/97 for follow-up on her diabetes mellitus and hypertension. The patient also complained of dizziness. P.A. Sabal did not record an adequate history and examination to elucidate the patient's symptoms of dizziness, for example, check the patient's carotid arteries, a neurologic exam, or evaluation of the patient's blood pressure in both the sitting and standing position.

22. P.A. Sabal saw patient G.F., a 48-year-old male, on 11/26/96 for a follow-up visit of his diagnosed mitral insufficiency and hypothyroidism. P.A. Sabal did not record any murmur upon her exam despite a well-documented grade II systolic murmur being recorded by other providers in previous records.

CONCLUSIONS OF LAW

1. The Joint Board on the Regulation of Physician Assistants of the State of Arizona possesses jurisdiction over the subject matter hereof and over QUEENIE T.U.C. SABAL, P.A.-C

2. The conduct and circumstances described above constitute unprofessional conduct pursuant to A.R.S. § 32-2501(13)(j) (any conduct or practice which is harmful or dangerous to the health of a patient or the public).

3. The conduct and circumstances described above constitute unprofessional conduct pursuant to A.R.S. § 32-1501(p) (failing or refusing to maintain adequate records on a patient).

ORDER OF PROBATION

Based on the foregoing Findings of Fact and Conclusions of Law, IT IS HEREBY ORDERED that QUEENIE T.U.C. SABAL, PA-C, holder of Certificate No. 1519, is placed on **probation** for a period of **one (1) year** on the following terms and conditions:

1. During the period of probation, P.A. Sabal shall complete a 120 hour continuing medical education course, pre-approved by Joint Board staff, in the area of primary care. These hours shall be directed toward documentation skills, history and physical examinations and the diagnosis and treatment of common presenting problems in family practice. The hours shall be in addition to the hours required by law for annual renewal of certificate.

2. During the period of probation, P.A. Sabal shall submit 20 patient charts selected by Board staff for review by the Joint Board on a quarterly basis. The first quarterly chart review shall occur at the next Joint Board meeting in May of 1998.

3. During the period of probation, P.A. Sabal shall have every patient encounter immediately supervised by the supervising physician or the supervising physician's agent.

4. P.A. Sabal shall personally appear for an interview with the Joint Board in six months from the date of this Order.

DATED this 18th day of March, 1998.

JOINT BOARD ON THE REGULATION
OF PHYSICIAN'S ASSISTANTS OF THE
STATE OF ARIZONA

By Donna M. Nemer, RN
DONNA M. NEMER, R.N.
Acting Deputy Director

Copy of the foregoing Findings of Fact
Conclusions of Law and Order of Probation
Mailed by Certified Mail this 20th
Day of March, 1998 to:

Queenie T.U.C. Sabal, P.A.-C
(Address of Record)

Copy of the foregoing Findings of Fact,
Conclusions of Law and Order of Probation
Mailed this 20th day of March, 1998 to:

Byrl R. Lane, Esq.
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PROGRAM ADMINISTRATOR

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