

1 her and recommended drinking clear fluids even though CS told Respondent she could
2 not keep anything down. According to CS, Respondent told her to go to the emergency
3 room if things got worse. CS also stated that Respondent did not recommend additional
4 tests and refused her request for medication for the pain, nausea, and fever. Later that
5 same evening CS presented to the emergency room where she received intravenous
6 fluids, underwent some laboratory testing, was diagnosed with a urinary tract infection
7 and begun on treatment.

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9 5. Respondent testified that she saw CS for the first time on April 4, 2003 in an
10 outpatient clinic in Chandler. According to Respondent, CS was in no acute distress and
11 she documented in CS's chart "no apparent distress." Respondent testified that CS told
12 her she had been vomiting, but said that she could hold down fluids. Respondent
13 testified that CS did not complain of any urinary symptoms and had a normal menstrual
14 period the week before. Respondent testified that her examination of CS revealed some
15 mild right lower quadrant tenderness with no rebound and no guarding. Respondent
16 stated that she advised CS that she felt CS had gastroenteritis, but it could possibly be
17 an early appendicitis. Respondent testified that she believed the best course was for CS
18 to go home, be on clear fluids and, if the pain increased, go to the emergency room.

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20 6. Respondent testified that since she was at an outpatient clinic, she did not
21 order a complete blood count ("CBC") because it would not have changed her care of CS
22 appreciably that day as she would not have received the results of the CBC until the next
23 day. Respondent noted that she also would not have gotten any electrolytes back until
24 the next day. Respondent noted that in retrospect she believes she should have done a
25 urinalysis.

1 7. Respondent was asked if she evaluated CS's hydration before she noted
2 CS was in "no apparent distress." Respondent testified that she recalled checking CS's
3 mucous membranes and they appeared to be moist, but beyond that, she did not recall
4 doing orthostatic vital signs. Respondent testified that she did not recall checking for
5 CVA tenderness and, since it was not documented that she had, she would have to say
6 she did not.

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8 8. Respondent was asked to explain why she was so sure CS had
9 gastroenteritis and not appendicitis as her response would have been very different if she
10 diagnosed appendicitis. Respondent testified that appendicitis was lower on her
11 differential than gastroenteritis. Respondent testified that right lower quadrant
12 tenderness always says that appendicitis is a possibility, but gastroenteritis was higher up
13 on her differential because she had seen so many people that day with gastroenteritis.

14 9. Respondent was asked if CS was having diarrhea. Respondent stated that
15 she did not recall CS having diarrhea, just the vomiting. Respondent was asked what
16 else would cause right lower quadrant pain in a 26 year-old woman. Respondent stated
17 that the pain could be caused by ectopic pregnancy and urinary tract infection.
18 Respondent testified that she did not do a pelvic examination as CS had just completed a
19 menstrual cycle and was on oral contraceptives. Respondent was asked whether she
20 could have received laboratory results sooner than the next day. Respondent stated that
21 she could order them "stat" and, depending on the time of day the patient was seen,
22 could have had the results in four to five hours.

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24 10. Respondent was asked what the normal procedure was at the clinic if a
25 patient presented acutely ill and needed "stat" laboratory work, further surgical evaluation

1 **ORDER**

2 Based upon the foregoing, IT IS HEREBY ORDERED that

3 Respondent is issued a Letter of Reprimand for failing to perform the necessary
4 testing to eliminate from her differential potential sources of serious illness, including
5 appendicitis, urinary tract infection, and pelvic inflammatory disease.

6 **RIGHT TO PETITION FOR REHEARING**

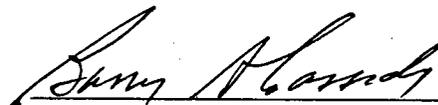
7 Respondent is hereby notified that she has the right to petition for a rehearing.
8 Pursuant to A.R.S. § 41-1092.09, as amended, the petition for rehearing must be filed
9 with the Board's Executive Director within thirty (30) days after service of this Order and
10 pursuant to A.A.C. R4-17-403, it must set forth legally sufficient reasons for granting a
11 rehearing. Service of this order is effective five (5) days after date of mailing. If a motion
12 for rehearing is not filed, the Board's Order becomes effective thirty-five (35) days after it
13 is mailed to Respondent.

14 Respondent is further notified that the filing of a motion for rehearing is required to
15 preserve any rights of appeal to the Superior Court.

16 DATED this 19th day of MAY, 2004.



ARIZONA REGULATORY BOARD OF
PHYSICIAN ASSISTANTS



BARRY A. CASSIDY, Ph.D., PA-C
Executive Director

1 Original of the foregoing filed this
2 20th day of May, 2004 with:

3 Arizona Regulatory Board of
4 Physician Assistants
5 9545 East Doubletree Ranch Road
6 Scottsdale, Arizona 85258

7 Executed copy of the foregoing
8 mailed by U.S. certified mail this
9 20th day of May, 2004, to:

10 Barbra Falta
11 Address of Record

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