

1 therapy noted that all physical therapy goals had been met. NM's two postoperative
2 hemovac drains had minimal draining of 15 and 40cc's on this date.

3 5. On May 30, 2011, the hospitalist noted a postoperative hematocrit of 29.5
4 and hemoglobin of 8. The following day, the hospitalist noted hemoglobin of 8.1 and
5 awaited a decision from Respondent regarding transfusion. NM had stable vital signs
6 throughout this period. The hospitalist contacted Respondent and was told that he was
7 unavailable at that time. NM's hemovac drains had minimal draining of 20 and 10cc's. On
8 May 31, 2011, NM was discharged with her hemovac drains still in place with minimal
9 draining noted to 0 and 30cc's.

10 6. The Medical Consultant (MC) observed that Respondent did not see NM at
11 all following surgery. The MC opined that NM's drains were left in place for two days
12 longer than appropriate, and that NM was continued in the hospital for two days longer
13 than appropriate.

14 7. The standard of care requires a physician to visit the patient postoperatively
15 with appropriate dressing change on day two, and discontinuation of the drains by the
16 surgeon when drainage fell below 50cc's.

17 8. Respondent deviated from the standard of care by failing to see NM
18 postoperatively, and by leaving the drains in place for two days longer than appropriate.

19 9. There was potential for increased postoperative infection risk with
20 postoperative drains left in place for four days. There was also the possibility of
21 hemodynamic instability with a hemoglobin acutely postoperatively of 8.

22 CONCLUSIONS OF LAW

23 1. The Board possesses jurisdiction over the subject matter hereof and over
24 Respondent.

1 5. All admissions made by Respondent are solely for final disposition of this
2 matter and any subsequent related administrative proceedings or civil litigation involving
3 the Board and Respondent. Therefore, said admissions by Respondent are not intended
4 or made for any other use, such as in the context of another state or federal government
5 regulatory agency proceeding, civil or criminal court proceeding, in the State of Arizona or
6 any other state or federal court.

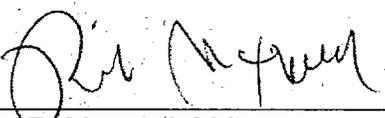
7 6. Upon signing this agreement, and returning this document (or a copy thereof)
8 to the Board's Executive Director, Respondent may not revoke the consent to the entry of
9 the Order. Respondent may not make any modifications to the document. Any
10 modifications to this original document are ineffective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

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

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

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

20 10. Any violation of this Order constitutes unprofessional conduct and may result
21 in disciplinary action. A.R.S. § § 32-1401(27)(r) ("[v]iolating a formal order, probation,
22 consent agreement or stipulation issued or entered into by the board or its executive
23 director under this chapter") and 32-1451.

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Robert R. Maxwell, M.D.

DATED: 3/5/12

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EXECUTED COPY of the foregoing mailed
this 10th day of April, 2012 to:

Stephen Myers, Esq.
One East Camelback Rd, Ste 500
Phoenix, AZ 85012

ORIGINAL of the foregoing filed
this 10th day of April, 2012 with:

Arizona Medical Board
9545 E. Doubletree Ranch Road
Scottsdale, AZ 85258


Arizona Medical Board Staff