



1           5.       On July 23, 2011, AB returned to the same ED and was evaluated by a  
2 resident physician ("Resident"). AB complained of right groin pain that radiated into the  
3 right lower back with associated numbness and tingling to his anterior right thigh.  
4 Respondent was the Resident's supervisor at that time. The Resident noted that AB had  
5 developed a "knot" over the insertion site the night before followed by increasing pain into  
6 the right back. At the time of the second ED visit, AB reported that the pain was more  
7 persistent and he was having difficulty walking.

8           6.       The Resident noted that AB was taking blood thinners and that he  
9 "bruises/bleeds easily" secondary to the blood thinning medications. Tenderness to  
10 palpation of the right groin was noted as well as a 3x6 cm oval area of ecchymosis with a  
11 small palpable round mass underneath and a 3 cm long longitudinal mass that was  
12 extremely tender. There was no documentation of a back examination and the neurologic  
13 portion of the examination was limited to AB's mental status. A blood analysis and CT  
14 scan were ordered. The CT scan revealed a small to moderate retroperitoneal bleed on  
15 the right side consistent with right psoas hematoma as well as enhancement of the right  
16 common femoral artery and vein concerning for an aneurysm. The reading radiologist  
17 recommended an ultrasound and the findings were discussed with the Resident. No  
18 ultrasound was available at that time. AB was subsequently discharged home with  
19 instructions to return with any worsening pain, fevers, chest pain, or shortness of breath  
20 and to follow up with his cardiologist. Respondent submitted an addendum to the medical  
21 record noting that he examined AB with the Resident and agreed with the care plan.

22           7.       Later that same day, AB was taken to a different Hospital Emergency  
23 Department ("Second ED") by ambulance complaining of shortness of breath. AB was  
24 noted to be in significant respiratory distress and was subsequently intubated for pending  
25 respiratory failure. A blood analysis showed a hemoglobin of 4.2, creatinine 3.4,

1 potassium 6.6, and ProTime INR at 2.2. AB was severely anemic with hyperkalemia from  
2 acute renal failure. When treatment was initiated to correct hyperkalemia, AB went into  
3 cardiac arrest. Despite aggressive treatment efforts, AB was pronounced dead at 5:45  
4 a.m. on July 24, 2011. An autopsy performed revealed the immediate cause of death to  
5 be from a massive right side retroperitoneal hematoma likely resulting from an intimal tear  
6 in the right femoral artery with dissection and adventitial hemorrhage.

7 8. The standard of care requires a physician treating a patient with findings of  
8 retroperitoneal hematoma and suspected femoral artery pseudoaneurysm after cardiac  
9 catheterization to obtain an ultrasound to determine if an aneurysm is present and admit  
10 the patient for observation and cardiology consultation. Respondent deviated from the  
11 standard of care by failing to admit a patient with a known retroperitoneal hematoma for  
12 observation and cardiology consultation.

13 9. In response to the investigation, Respondent stated that the final ultrasound  
14 interpretation that recommended further evaluation was not communicated to him. He  
15 agreed, however, that even if the patient only had the retroperitoneal bleed which was  
16 identified the night before, he should have been admitted. Respondent expressed deep  
17 remorse for the error in judgment, and stated that it would never be repeated.

18  
19 **CONCLUSIONS OF LAW**

20 a. The Board possesses jurisdiction over the subject matter hereof and over  
21 Respondent.

22 b. The conduct and circumstances described above constitute unprofessional  
23 conduct pursuant to A.R.S. § 32-1401(27)(q) (“[a]ny conduct or practice that is or might be  
24 harmful or dangerous to the health of the patient or the public.”).

1 **ORDER**

2 IT IS HEREBY ORDERED THAT:

3 1. Respondent is issued a Letter of Reprimand.

4 DATED AND EFFECTIVE this 3<sup>rd</sup> day of June, 2016.

5 ARIZONA MEDICAL BOARD

6 By Patricia E. McSorley  
7 Patricia E. McSorley  
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 to  
16 a hearing or judicial review in state or federal court on the matters alleged, or to challenge  
17 this Order in its entirety as issued by the Board, and waives any other cause of action  
18 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.

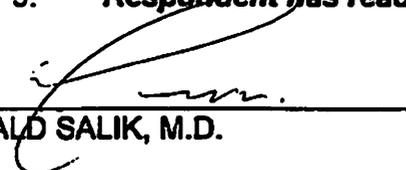
21 5. All admissions made by Respondent are solely for final disposition of this  
22 matter and any subsequent related administrative proceedings or civil litigation involving  
23 the Board and Respondent. Therefore, said admissions by Respondent are not intended  
24 or made for any other use, such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

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

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

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

12           9.     *Respondent has read and understands the terms of this agreement.*

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14   
RONALD SALIK, M.D.

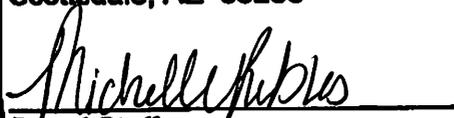
DATED: 4/13/16

15  
16 EXECUTED COPY of the foregoing mailed  
this 3<sup>rd</sup> day of June, 2016 to:

17 Anne M. Fulton-Cavett  
18 Cavett & Fulton  
19 6035 E Grant Road  
20 Tucson, AZ 85712-2317  
Attorney for Respondent

21 ORIGINAL of the foregoing filed  
this 3<sup>rd</sup> day of June, 2016 with:

22 Arizona Medical Board  
23 9545 E. Doubletree Ranch Road  
24 Scottsdale, AZ 85258

25   
Board Staff