

1 waiver, express or implied, of the Board's statutory authority or jurisdiction regarding any
2 other pending or future investigation, action or proceeding. The acceptance of this
3 Consent Agreement does not preclude any other agency, subdivision or officer of this
4 State from instituting other civil or criminal proceedings with respect to the conduct that is
5 the subject of this Consent Agreement.

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

12 7. Upon signing this agreement, and returning this document (or a copy thereof)
13 to the Board's Executive Director, Respondent may not revoke the acceptance of the
14 Consent Agreement. Respondent may not make any modifications to the document. Any
15 modifications to this original document are ineffective and void unless mutually approved
16 by the parties.

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

20 9. This Consent Agreement, once approved and signed, is a public record that
21 will be publicly disseminated as a formal action of the Board and will be reported to the
22 National Practitioner Data Bank and to the Arizona Medical Board's website.

23 10. If any part of the Consent Agreement is later declared void or otherwise
24 unenforceable, the remainder of the Consent Agreement in its entirety shall remain in force
25 and effect.

1 11. Any violation of this Consent Agreement constitutes unprofessional conduct
2 and may result in disciplinary action. A.R.S. § § 32-1401(27)(r) (“[v]iolating a formal order,
3 probation, consent agreement or stipulation issued or entered into by the board or its
4 executive director under this chapter”) and 32-1451.

5
6 *Lynn M. Keating M.D.*
7 LYNN M. KEATING, M.D. J

DATED: 4/12/08

1
2 **FINDINGS OF FACT**

3 1. The Board is the duly constituted authority for the regulation and control of
4 the practice of allopathic medicine in the State of Arizona.

5 2. Respondent is the holder of license number 19688 for the practice of
6 allopathic medicine in the State of Arizona.

7 3. The Board initiated case number MD-07-0827A after receiving notification
8 from a medical center that Respondent took a leave of absence in 2006 due to medical
9 issues and subsequently resigned from their staff without providing documentation that
10 those issues had been resolved.

11 4. During an investigational interview with Board Staff on September 24, 2007,
12 Respondent stated she took a leave of absence in 2005 for depression as recommended
13 by her psychiatrist. Respondent took a six week leave and underwent extensive
14 counseling and psychiatric medication adjustments. Respondent returned to work for
15 approximately six weeks, but did not do well. Respondent stated she had been involved in
16 two bad cases at the medical center involving patients IP and KA. Respondent took a
17 second extended leave of absence in 2006 and subsequently resigned. Following the
18 interview, Board Staff reviewed KA's and IP's medical records.

19 5. On July 22, 2005, a thirty-nine year-old female patient ("KA") was seen by
20 Respondent in the emergency department (ED) with severe abdominal pain. KA reported
21 to Respondent that she had an anaphylactic reaction to contrast substance and had to be
22 intubated. KA also reported that since that time she has been pretreated with steroids and
23 Benadryl and her only reaction was red skin. Respondent pretreated KA with intravenous
24 steroids and ordered an abdominal computed tomography (CT) scan with contrast, despite
25 her previous reaction to contrast. KA had a severe reaction with respiratory arrest requiring
intubation. Respondent admitted KA to the intensive care unit where she was diagnosed

1 with cerebral anoxia and multiple organ failure. KA never responded and was
2 subsequently transferred to a rehabilitation facility.

3 6. On December 4, 2005, Respondent saw a fifty-five year-old female patient
4 ("IP") in the ED with left sided weakness and atypical chest pains. Respondent ordered
5 cardiac studies that were reported as normal. During IP's hospital stay, it was noted that
6 she was restless and had fallen twice from the gurney; however, Respondent evaluated IP
7 and noted no evidence of trauma. Respondent did not perform a neurological evaluation of
8 IP's motor or sensory skills. Respondent discharged IP, but she returned five hours later
9 unresponsive with a large left subdural hematoma. IP was transferred to a neurosurgeon
10 and died later that day.

11 7. The standard of care requires a physician to order a CT scan without
12 contrast for a patient with a known allergy to contrast material.

13 8. Respondent deviated from the standard of care because she did not order a
14 CT scan without contrast dye for KA who had a known serious allergic reaction to contrast
15 dye.

16 9. The standard of care requires a physician to perform an adequate
17 neurological evaluation of a patient who has several comorbidities who has fallen from a
18 gurney.

19 10. Respondent deviated from the standard of care because she did not perform
20 an adequate neurological evaluation of IP who had several comorbidities and had fallen
21 twice from a gurney.

22 11. Respondent's failure to order a CT scan without contrast dye for KA resulted
23 in cerebral anoxia. Respondent's failure to perform an adequate neurological evaluation of
24 IP resulted in her death.

25

1 **CONCLUSIONS OF LAW**

2 1. The Board possesses jurisdiction over the subject matter hereof and over
3 Respondent.

4 2. The conduct and circumstances described above constitute unprofessional
5 conduct pursuant to A.R.S. § 32-1401(27)(q) (“[a]ny conduct or practice that is or might be
6 harmful or dangerous to the health of the patient or the public.”) and A.R.S. § 32-
7 1401(27)(ll) (“[c]onduct that the board determines is gross negligence, repeated
8 negligence or negligence resulting in harm to or death of a patient.”).

9 **ORDER**

10 IT IS HEREBY ORDERED THAT:

11 1. Respondent is issued a Letter of Reprimand for failure to perform an
12 adequate neurologic examination and for administrating an abdominal computed
13 tomography scan with contrast to a patient with a known allergy to the contrast dye.

14 2. Respondent’s practice is restricted for **ten years** in that she shall not practice
15 clinical medicine involving direct patient care, and is prohibited from prescribing any form
16 of treatment. After two years, Respondent may apply to the Board to request the practice
17 restriction be lifted by demonstrating that she is able to safely engage in the practice of
18 medicine. The Board may require any combination of staff approved physical examination,
19 psychiatric and/or psychological evaluations it finds necessary to assist in determining
20 whether Respondent is able to safely engage in the practice of clinical medicine.

21 3. This Order is the final disposition of case number MD-07-0827A.

22 DATED AND EFFECTIVE this 5TH day of JUNE, 2008.



ARIZONA MEDICAL BOARD

By *L. S. Wynn*
Lisa S. Wynn
Executive Director

ORIGINAL of the foregoing filed
this *5th* day of *June*, 2008 with:

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

EXECUTED COPY of the foregoing mailed
this *5th* day of *June*, 2008 to:

Lynn M. Keating, M.D.
Address of Record

Chris Camp

Investigational Review