

1 regulatory agency proceeding, civil or criminal court proceeding, in the State
2 any other state or federal court.

3 5. Respondent acknowledges and agrees upon signing the
4 Agreement, and returning it (or a copy thereof) to the Board's Executive
5 Respondent may not revoke his acceptance of the Consent Agreement. Respo
6 not make any modifications to the document. Any modifications to this original
7 are ineffective and void unless mutually approved by the parties.

8 6. Respondent further understands that this Consent Agreement
9 approved and signed, is a public record that may be publicly disseminated
10 action of the Board and will be reported to the National Practitioner Data Bank
11 Arizona Medical Board's website.

12 7. If any part of the Consent Agreement is later declared void or
13 unenforceable, the remainder of the Consent Agreement in its entirety shall
14 force and effect.

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16 
17 _____
Michael T. Salwitz, M.D.

DATED: Jul 13, 2003

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19
20 _____
21 Martin P. Clare, Esq.
22 Attorney for Respondent
23 Approved as to Form

DATED: _____

24 **FINDINGS OF FACT**

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

1 regulatory agency proceeding, civil or criminal court proceeding, in the State of Arizona or
2 any other state or federal court.

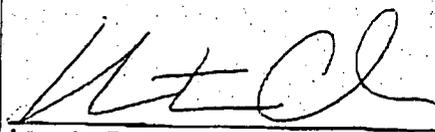
3 5. Respondent acknowledges and agrees upon signing this Consent
4 Agreement, and returning it (or a copy thereof) to the Board's Executive Director,
5 Respondent may not revoke his acceptance of the Consent Agreement. Respondent may
6 not make any modifications to the document. Any modifications to this original document
7 are ineffective and void unless mutually approved by the parties.

8 6. Respondent further understands that this Consent Agreement, once
9 approved and signed, is a public record that may be publicly disseminated as a formal
10 action of the Board and will be reported to the National Practitioner Data Bank and to the
11 Arizona Medical Board's website.

12 7. If any part of the Consent Agreement is later declared void or otherwise
13 unenforceable, the remainder of the Consent Agreement in its entirety shall remain in
14 force and effect.

17 _____
Michael T. Salwitz, M.D.

DATED: _____

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19 
20 _____

21 Martin P. Clare, Esq.
22 Attorney for Respondent
23 Approved as to Form

DATED: 7/17/03

24 **FINDINGS OF FACT**

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

1 2. Respondent is the holder of license number 13243 for the practice of
2 allopathic medicine in the State of Arizona.

3 3. The Board initiated case number MD-02-0214 after the Board received
4 notification of a malpractice settlement regarding Respondent's care and treatment of a 53
5 year-old male patient ("S.L.").

6 4. On October 2, 1999, at 9:50 p.m., S.L. presented to the Emergency
7 Department of Payson Regional Medical Center ("ER") with complaints of chronic low back
8 pain and abdominal pain. S.L. told an ER physician ("ER Physician") that he ran out of his
9 Methadone the previous day. S.L.'s pain was now unrelenting and he was moaning in
10 pain and unable to sleep.

11 5. S.L.'s past medical history was significant for smoking and peptic ulcer
12 disease; two hernia surgeries; chronic low back pain since 1996, treated with Klonopin and
13 Methadone; and multiple knee surgeries; all of which rendered him disabled from
14 employment.

15 6. S.L.'s vital signs included blood pressure of 147/94, pulse of 104,
16 respirations of 20 and unlabored. The ER Physician recommended in-patient
17 detoxification, but S.L. refused. The ER Physician gave S.L. 60 mg of Toradol and 0.1 mg
18 of Clonidine. S.L. reported the pain was lessening and was discharged with a prescription
19 for 0.1 mg of Clonidine 3-4 times daily for withdrawal and instructions to see his primary
20 care physician or return if the pain worsens.

21 7. On October 3, 1999, S.L.'s wife called 911 reporting that S.L. had lost
22 consciousness at home. When the Emergency Medical Service ("EMS") personnel
23 arrived, S.L. was found lying on the floor, conscious and mumbling. S.L. was treated on
24 site with 1100 ccs of intravenous fluids ("IV"), after which his consciousness improved. A
25 physical examination by EMS personnel revealed sores and scabs all over S.L.'s upper

1 extremities, abdominal cramping, and a blood pressure of 82/66, pulse of 104 and
2 respirations of 18 and shallow.

3 8. At 4:47 p.m., on October 3, 1999, S.L. was brought to ER via ambulance
4 and was seen by Respondent. Respondent examined S.L. and ordered 300 ccs of
5 intravenous non-saline fluids, a complete blood count ("CBC"), laboratory tests, urinalysis,
6 and drug screen. S.L.'s vital signs at this time were a blood pressure of 114/63, pulse 110
7 and respirations of 16 that were unlabored.

8 9. On October 3, 1999, at 7:40 p.m., a nurse noted that S.L. had a small
9 amount of incontinence of loose stool and Lomotil was given at 7:55 p.m.

10 10. Laboratory test results were reported at 7:45 p.m. and revealed urine with a
11 small amount of mucous, 2+ protein, a trace of glucose and 5-7 white blood counts
12 ("WBC") and the drug screen was positive for opiates and amphetamines. The CBC was
13 abnormal for a high WBC of 14.6, and a low red blood count ("RBC") of 3.25, Hemoglobin
14 and Hematic ("H&H") levels were 10.7 and 30.8, respectively. The laboratory test was
15 abnormal for a high glucose of 171 and a low creatinine of 0.7.

16 11. At 7:55 p.m., Respondent reviewed the ER reports from the October 2, 1999,
17 visit and wrote S.L.'s discharge orders for clear liquids in large quantities, Lomotil 2 four
18 times a day, follow up with S.L.'s attending physician, and to continue with the Clonidine
19 as prescribed. At the time of discharge, S.L.'s vital signs were reported as a blood
20 pressure of 95/67, pulse 138, respirations of 20 and a temperature of 99. Respondent
21 reports he was never informed of these vital signs at the time of discharge.

22 12. At 9:44 p.m., on October 3, 1999, S.L.'s wife called 911. When EMS
23 personnel arrived, S.L. was found lying on his bed complaining of rectal bleeding and
24 abdominal pain. At 10:04 p.m., S.L. appeared disoriented and his vital signs included a
25 blood pressure of 90/P, pulse 124 and respirations of 24, and blood sugar was measured
at 215 mg.

1 13. EMS personnel performed a physical examination of S.L. while en route to
2 the ER. The physical examination revealed abdominal tenderness to palpation,
3 associated with S.L.'s moaning, lesions all over his body and S.L. was mumbling
4 incoherently.

5 14. At 10:11 p.m., S.L. arrived at the ER via ambulance. At 10:17 p.m., S.L. was
6 seen by Respondent again. Respondent noted that S.L. was alert and awake, with vital
7 signs as a blood pressure of 75/60, pulse of 133, and respirations of 20.

8 15. Respondent noted that he had seen S.L. earlier in the day, that he had
9 abdominal pain and diarrhea, guaiac+, but not grossly bloody, and S.L. had been
10 dehydrated. He further noted that S.L. had been on large doses of narcotics for three
11 years. Respondent ordered another CBC, more laboratory tests, a type cross match 3
12 UPC, intravenous non-saline fluids times 2, Pepcid 20 intravenously, Foley and
13 Nasogastric tube ("NGT").

14 16. At 10:30 p.m., the nurse's notes documented three unsuccessful attempts to
15 start intravenous fluids and wrist restraints were applied to maintain intravenous flow for
16 S.L.'s increasing restlessness.

17 17. At 11:15 p.m., the NGT was inserted and S.L. immediately had a massive
18 gastrointestinal hemorrhage, consisting of bright red blood that was persistent. S.L.'s H&H
19 levels were 5.9 and 17.2, respectively. Respondent was notified and present at S.L.'s
20 bedside at 11:30 p.m. S.L. was unable to maintain an airway, an intubation was
21 performed, and a code called from 11:30 p.m. until S.L. died at 12:20 a.m. on October 4,
22 1999.

23 18. An autopsy report revealed a 4.5 cm ruptured gastric ulcer and the death
24 certificate listed the cause of death as aspiration of gastric blood secondary to a massive
25 gastric hemorrhage secondary to a gastric ulcer.

1 3. This Order is the final disposition of case number MD-02-0214.

2 DATED AND EFFECTIVE this 4th day of September, 2003.

3
4 ARIZONA MEDICAL BOARD

5
6 By 
7 BARRY A. CASSIDY, Ph.D., PA-C
8 Executive Director

9 ORIGINAL of the foregoing filed this
10 4th day of September, 2003 with:

11 Arizona Medical Board
12 9545 E. Doubletree Ranch Road
13 Scottsdale, AZ 85258

14 EXECUTED COPY of the foregoing mailed
15 this 4th day of September, 2003 to:

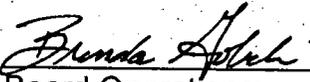
16 Martin P. Clare, Esq.
17 Campbell Yost Hergenroether Clare & Norell, PC
18 234 N. Central Avenue, Suite 600
19 Phoenix, AZ 85004-2214

20 EXECUTED COPY of the foregoing mailed by
21 Certified Mail this 4th day of September, 2003 to:

22 Michael T. Salwitz, M.D.
23 (Address of Record)

24 EXECUTED COPY of the foregoing
25 hand-delivered this 4th day of September, 2003, to:

Christine Cassetta, Assistant Attorney General
D.K. Keenom, Division Chief, Enforcement
Sandra Waitt, Management Analyst
Arizona Medical Board
9545 E. Doubletree Ranch Road
Scottsdale, AZ 85258


Board Operations