

Please note that there is an error on page 4, line 8 of this document as patient S.G. was a male patient not a female patient.

BEFORE THE ARIZONA MEDICAL BOARD

In the Matter of

**DEVENDRA SONI, M.D.**

Holder of License No. 27826  
For the Practice of Allopathic Medicine  
In the State of Arizona

Case No. MD-05-0648A  
Case No. MD-05-1034A

**CONSENT AGREEMENT FOR  
LETTER OF REPRIMAND AND  
PROBATION**

**CONSENT AGREEMENT**

By mutual agreement and understanding, between the Arizona Medical Board ("Board") and Devendra Soni, M.D. ("Respondent"), the parties agreed to the following disposition of this matter.

1. Respondent has read and understands this Consent Agreement and the stipulated Findings of Fact, Conclusions of Law and Order ("Consent Agreement"). Respondent acknowledges that he has the right to consult with legal counsel regarding this matter.

2. By entering into this Consent Agreement, Respondent voluntarily relinquishes any rights to a hearing or judicial review in state or federal court on the matters alleged, or to challenge this Consent Agreement in its entirety as issued by the Board, and waives any other cause of action related thereto or arising from said Consent Agreement.

3. This Consent Agreement is not effective until approved by the Board and signed by its Executive Director.

4. The Board may adopt this Consent Agreement of any part thereof. This Consent Agreement, or any part thereof, may be considered in any future disciplinary action against Respondent.

5. This Consent Agreement does not constitute a dismissal or resolution of other matters currently pending before the Board, if any, and does not constitute any waiver,

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

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

4 2. Respondent is the holder of license number 27826 for the practice of  
5 allopathic medicine in the State of Arizona.

6 3. The Board initiated case numbers MD-05-0648A and MD-05-1034A after  
7 receiving a complaint regarding Respondent's care and treatment of a sixty-three year-old  
8 female patient ("SG") and a twenty year-old female patient ("MC").

9 **PATIENT SG**

10 4. On April 16, 2004 at approximately 10:00 a.m. SG presented to the hospital  
11 with a temperature of 101.9, bilateral atelectasis on chest computed tomography (CT),  
12 anemia (Hgb 6.3), bacteremia, a deep venous thrombosis (DVT) and pulse of 112. SG was  
13 admitted to the hospital by an internist ("Internist") who asked Respondent to assume SG's  
14 care.

15 5. At 1600 SG was transferred to the intensive care unit (ICU) by Internist with  
16 a temperature of 103 and pulse of 105. Respondent called in orders on SG's arrival to the  
17 ICU, but did not physically see SG until April 17, 2004 at 0500 (approximately twelve hours  
18 after SG's admission to ICU).

19 6. A surgeon saw SG on April 16, 2004 and left orders at 1810 for a heparin  
20 drip to treat the DVT and asked for a consult with hematology/oncology specialist  
21 ("Specialist"). Specialist ordered multiple labs to address the etiology of the anemia.

22 7. Respondent noted he initially saw SG on April 16, 2005 at 0500; however,  
23 this note is incorrect because it is dated the day before SG arrived at the hospital.  
24 Respondent later clarified that he initially saw SG on April 17, 2004. Respondent's note  
25 indicates SG had an elevated temperature, systolic blood pressure (SBP) of 100 and

1 tachycardia - all symptoms of systemic inflammatory response syndrome (SIRS).  
2 Respondent considered an infection, ordered an infectious disease consultation, blood  
3 cultures and an arterial line. Respondent did not order antibiotics.

4 8. At 0810 a nurse called Respondent because SG had a SBP of 78.  
5 Respondent ordered a cardiology consult and Dopamine titrated to keep SG's SBP greater  
6 than 90. Respondent did not return to see SG. An infectious disease specialist also saw  
7 SG and ordered antibiotics by intravenous (IV) fluids at approximately 1400, but SG was  
8 not given the antibiotics until 1600.

9 9. SG's condition continued to deteriorate. SG expired on April 18, 2004 at  
10 approximately 0300.

11 10. A physician is required to maintain adequate legible medical records  
12 containing, at a minimum, sufficient information to identify the patient, support the  
13 diagnosis, justify the treatment, accurately document the results, indicate advice and  
14 cautionary warnings provided to the patient and provide sufficient information for another  
15 practitioner to assume continuity of the patient's care at any point in the course of  
16 treatment. A.R.S. § 32-1401(2). Respondent's records were inadequate because he  
17 misdated when he initially saw SG.

18 11. The standard of care for an admitting physician is to see the patient in a  
19 timely manner and to recognize, diagnose and treat early SIRS in a timely manner.

20 12. Respondent deviated from the standard of care because he failed to see SG  
21 in a timely manner and he failed to recognize, diagnose and treat SIRS in a timely manner.

22 13. The failure to recognize, diagnose and treat SIRS in a timely manner led to  
23 SG's death.

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**PATIENT MC**

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2 14. On August 18, 2005 at approximately 1630, MC attempted suicide by taking  
3 forty-six 325 mg Aspirin tablets. MC had been recently discharged from a psychiatric  
4 hospital for a prior suicide attempt. She was diagnosed with depression and attention  
5 deficit disorder. Paramedics evaluated MC, gave her charcoal and transported her to the  
6 hospital. On arrival her vital signs were stable. MC was in the emergency room for six  
7 hours. At 2103 staff was going to admit MC to behavioral health; however, because of the  
8 ingestion of aspirin, MC was admitted to Respondent at 2330.

9 15. Respondent ordered salicylate level measurements every four hours and  
10 instructed staff to call if the level was greater than 30. On August 19, 2005 (no time noted)  
11 Respondent discussed with MC's mother that MC was medically stable for transfer to a  
12 psychiatric unit. At 0605 Respondent noted to "discontinue IV fluids, heplock if discharged,  
13 Psychiatric consult[ation], diet as tolerated, and protonix." At 1440 Respondent ordered a  
14 bicarbonate drip and further salicylate and potassium levels in response to MC's rising  
15 salicylate levels of 33.1 documented at 1315. MC was willing to be admitted to the  
16 psychiatric unit, but at 1500 the psychiatric unit notified the social worker MC could not be  
17 admitted until her salicylate level was less than 20. MC's salicylate level was 42.3 at 1700  
18 and fell to 37.8 at 2120.

19 16. On August 20, 2005 Respondent noted, "One single salicylate ingestion with  
20 levels even up to 50 are very safe and cause no S/S [symptoms] and should not even be  
21 treated (up to 100 even are no problem). At this point patient is very safe to be transferred  
22 to any unit and has no C/I [contraindications] to be transferred. Stop bicarb today." At  
23 0145 MC's salicylate level fell to 26.8 and continued downward for two more checks.  
24 However, there were no beds available in the psychiatric unit and MC could not be  
25 discharged to an inpatient psychiatric hospital unless first evaluated by a psychiatrist. On

1 August 23, 2005 MC was seen by a psychiatrist and was discharged to an inpatient  
2 psychiatric hospital.

3 17. The standard of care for a suicide attempt with aspirin overdose of  
4 approximately 15 grams of aspirin is frequent monitoring of salicylate levels.

5 18. Respondent deviated from the standard of care because he failed to  
6 frequently monitor MC until the salicylate levels peaked and headed downward out of  
7 potentially toxic range.

8 19. The failure to frequently monitor salicylate levels after an aspirin overdose  
9 could have led to organ injury and death.

10 20. On July 31, 2006 the Board issued an Interim Order to Respondent to  
11 undergo an evaluation with the Physician Assessment and Clinical Education (PACE)  
12 Program. On September 26, 2006 and September 27, 2006 Respondent attended the  
13 PACE Program and met the minimum standard of care for internal medicine.

14 **CONCLUSIONS OF LAW**

15 1. The Board possesses jurisdiction over the subject matter hereof and over  
16 Respondent.

17 2. The conduct and circumstances described above constitute unprofessional  
18 conduct pursuant to A.R.S. § 32-1401(27)(e) ("[f]ailing or refusing to maintain adequate  
19 records on a patient"); A.R.S. § 32-1401(27)(q) ("[a]ny conduct or practice that is or might  
20 be harmful or dangerous to the health of the patient or the public") and A.R.S. § 32-1401  
21 (27)(ll) ("[c]onduct that the board determines is gross negligence, repeated negligence or  
22 negligence resulting in harm to or the death of a patient.").

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25

1 **ORDER**

2 IT IS HEREBY ORDERED THAT:

3 1. Respondent is issued a Letter of Reprimand for failure to recognize,  
4 diagnose and treat SIRS in a timely manner and failure to frequently monitor MC until  
5 salicylate levels were potentially out of a toxic range.

6 2. Respondent is placed on probation for one year with the following terms and  
7 conditions:

8 A. Continuing Medical Education (CME)

9 Respondent shall, within six months of the effective date of this Order undergo the  
10 Physician Assessment and Clinical Education Program (PACE) record keeping course and  
11 provide Board Staff with satisfactory proof of attendance. The CME hours shall be in  
12 addition to the hours required for the biennial renewal of medical license. The probation  
13 shall terminate upon successful completion of CME.

14 B. Obey All Laws

15 Respondent shall obey all state, federal and local laws, all rules governing the  
16 practice of medicine in Arizona, and remain in full compliance with any court order criminal  
17 probation, payments and other orders.

18 C. Tolling

19  
20 In the event Respondent should leave Arizona to reside or practice outside the  
21 State or for any reason should Respondent stop practicing medicine in Arizona,  
22 Respondent shall notify the Executive Director in writing within ten days of departure and  
23 return or the dates of non-practice within Arizona. Non-practice is defined as any period of  
24 time exceeding thirty days during which Respondent is not engaging in the practice of  
25 medicine. Periods of temporary or permanent residence or practice outside Arizona or of  
non-practice within Arizona, will not apply to the reduction of the probationary period.

1 3. This Order is the final disposition of case number MD-05-0648A and MD-05-  
2 1034A.

3 DATED AND EFFECTIVE this 9<sup>th</sup> day of February, 2006<sup>7</sup>

4  
5 (SEAL)



ARIZONA MEDICAL BOARD

6  
7 By *Timothy C. Miller*  
8 TIMOTHY C. MILLER, J.D.  
Executive Director

9 ORIGINAL of the foregoing filed  
10 this 9<sup>th</sup> day of February, 2006<sup>7</sup> with:

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

13 EXECUTED COPY of the foregoing mailed  
14 this 9<sup>th</sup> day of February, 2006 to:

15 Devendra Soni, M.D.  
16 Address of Record

17 *Devendra Soni*  
18 Investigational Review