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BEFORE THE ARIZONA MEDICAL BOARD

In the Matter of  
**RANDALL P. SCOTT, M.D.**  
Holder of License No. 27944  
For the Practice of Allopathic Medicine  
In the State of Arizona.

Board Case No. MD-03-0003A

**FINDINGS OF FACT,  
CONCLUSIONS OF LAW  
AND ORDER**

(Letter of Reprimand & Probation)

The Arizona Medical Board ("Board") considered this matter at its public meeting on December 10, 2003. Randall P. Scott, M.D., ("Respondent") appeared before the Board without legal counsel for a formal interview pursuant to the authority vested in the Board by A.R.S. § 32-1451(H). After due consideration of the facts and law applicable to this matter, the Board voted to issue the following findings of fact, conclusions of law and order.

**FINDINGS OF FACT**

1. The Board is the duly constituted authority for the regulation and control of the practice of allopathic medicine in the State of Arizona.
2. Respondent is the holder of License No. 27944 for the practice of allopathic medicine in the State of Arizona.
3. The Board initiated case number MD-03-0003A after receiving a complaint regarding Respondent's care and treatment of a 31 year-old female patient ("SS").
4. On October 27, 2002 SS and her family met in Flagstaff, Arizona for a family reunion. SS's family was alarmed at her appearance, specifically she was pale and had lost a considerable amount of weight. SS's family felt she needed immediate medical evaluation and on October 28, 2002 presented to Concentra Medical Center where Respondent evaluated SS. The following day, SS felt much worse and presented

1 to the emergency room at Flagstaff Medical Center where she was admitted with a  
2 diagnosis of diabetic ketoacidosis ("DKA") and a glucose level of 600.

3 5. Respondent testified that he ordered a urine test that showed ketones, but  
4 no sugar. Respondent testified that from SS's history she had been experiencing  
5 symptoms for two months. Respondent stated that SS looked well on examination and  
6 showed no signs of dehydration. Respondent stated that when the urine test showed  
7 ketones, but no glucose, he followed up with additional laboratory tests, ordered on a  
8 non-stat basis. Respondent stated that he believed this lab work was returned the next  
9 day at about the time SS presented in the emergency room.

10 6. Respondent was asked what his thought process was when he was given  
11 the results of the ketonuria in the urine, but no glucose. Respondent stated that it is not  
12 uncommon to see ketones in someone who had not eaten recently. Respondent was  
13 asked if he determined that SS had not eaten recently. Respondent stated that he did  
14 not know if he had. Respondent was asked to what he attributed a 10 to 20 pound  
15 weight loss over a two month period in a young woman who related no change in eating  
16 habits or appetite. Respondent stated that he attributed the weight loss to a break-up  
17 with her boyfriend that SS mentioned during her history. Respondent was asked if this  
18 was his conclusion even though SS had stated she had no change in eating habits or  
19 appetite. Respondent testified that he just remembered SS telling him that she was  
20 upset.

21 7. Respondent was asked how he determined that SS looked healthy  
22 considering he had never seen her before and had no baseline with which to make a  
23 comparison. Respondent stated that SS had good color, was cheerful at the time, and  
24 did not seem to be acutely ill. Respondent was asked why he did not think to perform a  
25 finger stick or something else based on the results of the urine test. Respondent stated

1 that in hindsight he should have done one. Respondent stated that in the past he had  
2 diagnosed DKA many times and SS did not appear to be in DKA at the time.

3 8. Respondent was asked if it ever occurred to him that the urine test results  
4 might be wrong. Respondent stated that because SS appeared well he never considered  
5 the accuracy of the test results. Respondent was asked if he formulated any primary  
6 diagnosis because there did not appear to be a differential diagnosis in SS's record.  
7 Respondent stated that he had an assessment of fatigue, weight loss, and blurred vision  
8 and that he was going to wait to make a diagnosis until the additional lab tests came  
9 back.

10 9. Respondent was asked what other things would fall in a differential  
11 diagnosis of a patient who has ketones in the urine and is relatively healthy. Respondent  
12 stated starvation, dehydration, and diabetes would have to be considered. Respondent  
13 was asked what his plan was for SS since he had eliminated dehydration. Respondent  
14 stated that ordering blood work was the only other thing he thought was appropriate at  
15 that time.

16 10. Respondent was asked whether, in light of SS's case, he had altered his  
17 practice to work up patients that present as SS did. Respondent stated that he would  
18 probably order blood work on a stat basis or send the patient to the hospital. Respondent  
19 was asked whether the history that SS gave of frequent urination and frequent thirst  
20 triggered at least the thought to screen for diabetes, particularly with ketonuria.  
21 Respondent stated that usually if blood sugar is above 140, 160 it will spill over into the  
22 urine, so the urine dipstick is a good diagnostic tool. When that did not show up with SS  
23 he still ordered blood work to double check.

24 11. Respondent was asked if whether the return time for the ordered blood  
25 work as indicated in the medical record as having been 3 days was normal in the setting

1 of his practice at the time he saw SS. Respondent stated that he believed it was.  
2 Respondent was asked what SS's CO2 reading of 10 suggests to him. Respondent  
3 testified that it suggested acidosis. Respondent was asked if whether a CO2 reading of  
4 10 indicated that a patient was well down the path of DKA. Respondent stated that it  
5 depended on whether the CO2 of 10 was acute or chronic. According to Respondent, if  
6 someone acutely goes to a CO2 of 10, then they look ill. But, if the CO2 of ten is a more  
7 chronic situation, they might not look ill at all. Respondent was asked what chronic  
8 condition would produce a CO2 of 10. Respondent testified that by "chronic" he meant a  
9 condition of one or two months duration.

10 12. Respondent was asked to explain why the blood results were received on  
11 October 31, 2002, but not signed off on by Respondent until November 4. Respondent  
12 stated that he did not know.

13 13. The standard of care required Respondent to recognize the classic  
14 symptoms of diabetes and be able to make that diagnosis in the office setting.

15 14. Respondent fell below the standard of care because he failed to recognize  
16 the classic symptoms of diabetes and failed to make the diagnosis in the office setting.

17 15. SS was harmed because Respondent's failure to recognize and diagnosis  
18 her diabetes resulted in her condition deteriorating to the point where she was  
19 hospitalized when she began to go into a diabetic coma

#### 20 CONCLUSIONS OF LAW

21 1. The Arizona Medical Board possesses jurisdiction over the subject matter  
22 hereof and over Respondent.

23 2. The Board has received substantial evidence supporting the Findings of  
24 Fact described above and said findings constitute unprofessional conduct or other  
25 grounds for the Board to take disciplinary action.



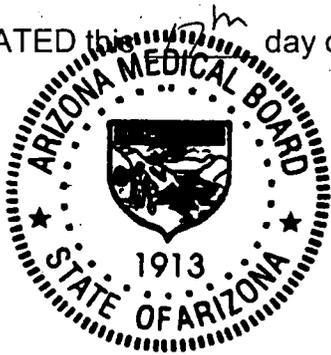
1 medicine. Periods of temporary or permanent residence or practice outside Arizona or of  
2 non-practice within Arizona do not apply to the reduction of the probationary period.

3 **RIGHT TO PETITION FOR REHEARING OR REVIEW**

4 Respondent is hereby notified that he has the right to petition for a rehearing or  
5 review. Pursuant to A.R.S. § 41-1092.09, as amended, the petition for rehearing or review  
6 must be filed with the Board's Executive Director within thirty (30) days after service of this  
7 Order and pursuant to A.A.C. R4-16-102, it must set forth legally sufficient reasons for  
8 granting a rehearing or review. Service of this order is effective five (5) days after date of  
9 mailing. If a motion for rehearing or review is not filed, the Board's Order becomes  
10 effective thirty-five (35) days after it is mailed to Respondent.

11 Respondent is further notified that the filing of a motion for rehearing or review is  
12 required to preserve any rights of appeal to the Superior Court.

13 DATED this 17<sup>th</sup> day of February, 2004.



14 THE ARIZONA MEDICAL BOARD

15 By Ananda Rich  
16  
17 for BARRY A. CASSIDY, Ph.D., PA-C  
18 Executive Director

19 ORIGINAL of the foregoing filed this  
20 17<sup>th</sup> day of February, 2004 with:

21 Arizona Medical Board  
22 9545 East Doubletree Ranch Road  
23 Scottsdale, Arizona 85258

24 Executed copy of the foregoing  
25 mailed by U.S. Certified Mail this  
17<sup>th</sup> day of February, 2004, to:

Randall P. Scott, M.D.  
Address of Record