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NEW JERSEY STATE BOARD
OF MEDICAL EXAMINERS

STATE OF NEW JERSEY
DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS
STATE BOARD OF MEDICAL EXAMINERS
DOCKET No.

IN THE MATTER OF THE SUSPENSION OR REVOCATION OF THE LICENSE OF: **Prahlad M. Patel, M.D.** **License No. MA54438** TO PRACTICE MEDICINE & SURGERY IN THE STATE OF NEW JERSEY	Administrative Action COMPLAINT

Peter Harvey, Acting Attorney General of New Jersey, by Alexandra Garcia, Deputy Attorney General, with offices located at 124 Halsey Street, 5th floor, Newark, New Jersey, on the basis of information and belief, by way of Complaint says:

GENERAL ALLEGATIONS

1. Complainant, Peter Harvey, Acting Attorney General of New Jersey, is charged with enforcing the laws of the State of New Jersey, pursuant to N.J.S.A. 52:17A-4(h), and is empowered to initiate administrative disciplinary proceedings against persons

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licensed by the Board of Medical Examiners (the "Board") in the State of New Jersey pursuant to N.J.S.A. 45:1-14 et seq.

2. The New Jersey State Board of Medical Examiners is charged with the duty and responsibility of regulating the practice of medicine and surgery in the State of New Jersey pursuant to N.J.S.A. 45:9-1 et seq. and 45:1-14 et seq.

3. Respondent, Prahlad M. Patel, M.D., holding license number MA54438, has been a licensee at all times pertinent to this Complaint.

4. Respondent is board certified in Internal Medicine.

5. Respondent appeared with counsel and gave testimony under oath before the Preliminary Evaluation Committee ("PEC") of the New Jersey Board of Medical Examiners on March 15, 2000, during which time he discussed his care and treatment of infant J.H., his medical practice in general and his pediatric medical knowledge.

6. Respondent maintains a private General Internal Medicine and Family Practice, which is currently located at 600 Berlin Crosskeys Road, #102, Sicklerville, New Jersey 08081.

7. On or about March 15, 2000, Respondent testified to the "PEC" that his practice is limited to treating adults and children over six years of age, and that he has only treated infants on rare occasions.

8. On or about August 18, 1996, Respondent was working part-time as an emergency room physician at South Jersey Hospital - Bridgeton in New Jersey.

9. On or about May 2, 1997, Respondent was working part-time as an emergency room physician at South Jersey Hospital - Bridgeton in New Jersey.

10. Pursuant to N.J.S.A. 45:1-21(c) a licensee shall be subject to discipline by a licensing Board if such licensee has engaged in gross negligence, gross malpractice or gross incompetence which damaged or endangered the life, health, welfare, safety or property of any person.

11. Pursuant to N.J.S.A. 45:1-21(d) a licensee shall be subject to discipline by a licensing Board if such licensee has engaged in repeated acts of negligence, malpractice or incompetence.

COUNT I

1. Complainant repeats and realleges the General Allegations of this Complaint as if fully set forth herein.

2. On or about August 18, 1996 Respondent evaluated and treated 17 day old infant boy J.H. in the emergency department of Bridgeton Hospital.

3. On that day, J.H. was brought in by his mother, L.T., who reported a chief complaint of a history of diarrhea and one episode of vomiting.

4. Respondent conducted only a cursory examination of the infant, J.H., and failed to appropriately medically evaluate, diagnose and treat J.H., including, but not limited to, the following acts and omissions:

a. Respondent failed to recognize that the feeding and behavior changes exhibited by J.H. on August 18, 1996 indicated an extremely high risk of serious infection or congenital abnormality;

b. Respondent did not properly treat or rule out sepsis in J.H. in that he did not perform a full sepsis work-up;

c. Respondent failed to properly assess the cause of J.H.'s elevated temperature;

d. Respondent failed to repeat checks of the infant's temperature during observation and prior to discharge;

e. Respondent inappropriately ordered Tylenol for J.H., thus masking a fever which would indicate serious illness;

f. Respondent failed to recognize and further evaluate J.H.'s presenting clinical signs of stress due to his infection evident at that time, including but not limited to, J.H.'s elevated heart-rate and temperature, and his elevated blood glucose level and anion gap;

g. Respondent misdiagnosed J.H. as having a viral syndrome;

h. Respondent failed to consult a pediatrician prior to discharging J.H.;

i. Respondent failed to definitively arrange follow-up care with J.H.'s pediatrician for the following morning; and

j. Respondent failed to admit J.H. to the hospital for the necessary observation, evaluation and treatment.

5. On or about August 19, 1996, J.H. returned to the emergency department with abnormal jerking movements and rolling of his eyes into the back of his head. Respondent again examined the infant and this time arranged for J.H. to be admitted to the hospital. A pediatrician evaluated the critically ill infant. J.H. was subsequently transferred to Cooper Hospital in Camden, New Jersey. J.H. arrived to Cooper Hospital in shock and he died on August 21, 1996 of overwhelming Group B Strep sepsis and meningitis.

6. Respondent's overall evaluation, diagnosis and treatment of J.H. fell below the generally accepted standard of care required of an emergency room physician treating pediatric patients.

7. Respondent's failure to properly evaluate, diagnose and properly treat J.H. as alleged in this Count constitutes gross malpractice, gross negligence, or gross incompetence and is thus a basis for disciplinary sanction pursuant to N.J.S.A. 45:1-21(c).

8. Respondent's failure to properly evaluate, diagnose and properly treat J.H. as alleged in this Count constitutes repeated acts of negligence, malpractice or incompetence in violation of N.J.S.A. 45:1-21(d).

COUNT II

1. Complainant repeats and realleges the General Allegations and the allegations of Count I as if fully set forth herein.

2. On or about May 2, 1997, Respondent evaluated and treated four month old premature infant girl N.S. in the emergency department of South Jersey Hospital.

3. On that day, N.S. was brought into the emergency department by her mother, S.C., who reported N.S. had a recurring fever, persistent coughing, increased congestion, crying, and that N.S. had been treated with antibiotics one week prior for fever, runny nose and coughing.

4. Respondent examined N.S. and failed to appropriately medically evaluate and treat her, including, but not limited to, the following acts and omissions:

a. Respondent failed to recognize and appropriately respond to the clear signs of significant distress or shock exhibited by N.S. upon arrival to the emergency department;

b. Respondent failed to recognize and promptly respond to the infant's pulse oximetry reading which indicated potentially life-threatening hypoxemia;

c. Respondent failed to order bronchodilators in response to N.S.'s abdominal breathing, nasal flaring and grunting combined with her low pulse oximetry value;

d. Respondent failed to properly take into account N.S.'s status as a premature infant which compromised her pulmonary reserve and her vascular access, and he therefore did not treat her appropriately;

e. Respondent failed to recognize N.S.'s bulging fontanelle, and failed to order a CT scan of the head to evaluate N.S. for possible bleeding, edema or fracture;

f. Respondent failed to promptly administer broad-spectrum antibiotics while performing a full sepsis work-up on N.S. in light of her fever and metabolic acidosis;

i. Respondent failed to promptly arrange for admission of N.S. to the ICU or PICU despite the clear indication that N.S. was severely ill.

j. Respondent failed to promptly consult the on-call pediatrician to assist him in the care of N.S.

5. Respondent admitted N.S. to the floor approximately two to three hours after she arrived at the emergency department, where she subsequently suffered three seizures. N.S. was transferred to Cooper Hospital's PICU six hours after her arrival at the emergency department, and a CT Scan of her head revealed bilateral subdural hematomas, among other things. On May 19, 1997, N.S. was discharged from Cooper Hospital and transferred to a rehabilitation center.

6. Respondent's overall evaluation, diagnosis and treatment of N.S. fell below the generally accepted standard of care required of an emergency room physician treating pediatric patients.

7. Respondent's failure to properly evaluate and properly treat N.S. as alleged in this Count constitutes gross malpractice, gross negligence, or gross incompetence and is thus a basis for disciplinary sanction pursuant to N.J.S.A. 45:1-21(c).

8. Respondent's failure to properly evaluate and properly treat N.S. as alleged in this Count constitutes repeated acts of negligence, malpractice or incompetence in violation of N.J.S.A. 45:1-21(d).

WHEREFORE, complainant demands the entry of an Order against Respondent including the following:

1. The suspension or revocation of the license heretofore issued to Respondent, Prahlad M. Patel, M.D., to practice medicine and surgery in the State of New Jersey following a plenary hearing;

2. The assessment of civil penalties pursuant to N.J.S.A. 45:1-25, for each and every transaction set forth herein constituting a separate offense.

3. Imposition of costs, including investigative costs, attorney's fees, expert witness expenses, and costs of hearing including transcripts; and

4. Such other further relief as the Board Medical Examiners shall deem just and appropriate under the circumstances.

PETER C. HARVEY
ACTING ATTORNEY GENERAL OF NEW JERSEY

By: _____
Alexandra Garcia
Deputy Attorney General

Dated: 5/21/03