

**FILED**

December 10, 2014

**NEW JERSEY STATE BOARD  
OF MEDICAL EXAMINERS**

STATE OF NEW JERSEY  
DEPARTMENT OF LAW & PUBLIC SAFETY  
DIVISION OF CONSUMER AFFAIRS  
STATE BOARD OF MEDICAL EXAMINERS

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In the matter of:

RICHARD G. OLARSCH, D.O.

CONSENT ORDER

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This matter was opened before the New Jersey State Board of Medical Examiners (the "Board") upon receipt of a report from the Medical Practitioner Review Panel (the "Panel") detailing findings and recommendations made by the Panel at the conclusion of an investigation focused upon care that respondent Richard G. Olarsch, D.O., provided to patient A.P., a child who he provided primary care to from ten days to approximately nineteen months of age. Specifically, the Panel commenced an investigation upon receipt of a malpractice payment report from respondent's medical malpractice insurance carrier, which detailed that a payment of \$300,000 was made on respondent's behalf in September 2010 to settle a civil malpractice action wherein it had been alleged that respondent failed to diagnose and treat Respiratory Syncytial Virus (RSV) pneumonia resulting in major permanent neurological injuries.

The Panel reviewed available information regarding this matter, to include expert reports prepared during the civil malpractice action, medical records that respondent maintained for A.P., and testimony offered by respondent when he appeared before

the Panel, represented by Gary M. Samms, Esq., for an investigative hearing on February 21, 2014.

Upon review of available information, the Panel found that respondent provided pediatric care (as a family practice physician) to patient A.P. between March 31, 2005 and October 31, 2006. Throughout that entire time period, respondent never sought to screen A.P. for iron deficiency anemia, notwithstanding that A.P. met established criteria to be classified as being at high risk for iron deficiency anemia and notwithstanding that such testing would have been consistent with established guidelines and recommendations of both the American Academy of Pediatrics and the American Academy of Family Practitioners.

On October 26, 2006, A.P. was brought to Dr. Olarsch's office by her mother with complaints of cough, congestion, low grade fever and difficulty swallowing. Vital signs recorded in the chart include a blood pressure of 130/70, a temperature of 97.8, a pulse rate of 12 and a respiration rate of 12.<sup>1</sup> Dr. Olarsch's chart reflects that he performed a physical examination with all findings recorded as "normal" (with the only exception being a notation of inflamed tonsils), diagnosed tonsillitis, prescribed Zithromax and Motrin and advised A.P.'s mother to bring her back to his office for a re-check in two weeks. When appearing before the

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<sup>1</sup> When appearing before the Panel, Dr. Olarsch testified that it appeared that he mistakenly wrote the respiratory rate twice, and that he did not in fact take or record a pulse rate for the October 26, 2006 visit.

Panel, Dr. Olarsch conceded that he had no recollection of the visit, but opined, based on review of his record, that A.P. "was sick but she didn't look septic."

A.P. was brought back to Dr. Olarsch's office five days later on October 31, 2006. Respondent's medical assistant documented a chief complaint of "child sick, feverish at night, breathing fast, a lot of mucus." Review of Dr. Olarsch's office record for said visit suggests that he again performed a physical examination and that again all his findings were "normal." Dr. Olarsch testified, when appearing before the Panel, that he did have "some recollection of [the] visit," that A.P. then did not look pale, had normal coloration, was not tachycardic (Dr. Olarsch recorded a pulse rate of 100), was ambulatory and did not look like a child with a hemoglobin level of two.

The following morning, A.P. was found unresponsive by her mother, with clenched fists and shaking movements consistent with seizure activity. She was taken by ambulance to the emergency room at Burdette Tomlin Hospital, where her vital signs were recorded to include a blood pressure reading of 45/26, a pulse of 172 and a respiratory rate of 46. A.P. was noted to be grunting and to appear pale, and blood tests ordered revealed severe anemia marked by a hemoglobin level of 1.5 gm/dl (a normal reading for a child of A.P.'s age would have been approximately 12 gm/dl), a hematocrit of 7 and a MCV (mean corpuscular volume) of 54. A.P. was stabilized

after intubation and diagnosed with profound anemia and respiratory failure. She was then transferred to Cooper Medical Center, where she required multiple blood transfusions and was hospitalized through November 16, 2006 with multiple medical complications caused by bilateral sepsis and RSV pneumonia. Imaging studies documented both cerebral atrophy and bilateral watershed infarctions. After being discharged from Cooper, A.P. was admitted to Weisman Children's Rehabilitation Hospital for physical therapy for right-sided weakness, and then referred to the Bacharach Rehabilitation Institute for outpatient physical therapy.

On review of all available information, the Panel concluded that A.P.'s critical illness and stroke were related to profound, untreated and undiagnosed iron deficiency anemia. While the Panel recognized that it would be impossible to know precisely how A.P. appeared when she was seen by Dr. Olarsch on either October 26 or October 31, 2006, it noted that the recorded evidence regarding her condition on admission to Burette Tomlin Hospital in the early morning on November 1, 2006 -- most notably her hemoglobin reading of 1.5 - provides strong basis for a conclusion that Dr. Olarsch engaged in gross negligence by failing to properly examine A.P. on October 31, 2006, failing to then appreciate and diagnose the gravity of her medical condition, and failing to recognize the significance of the fact that she continued to have

worsening symptoms despite having been on antibiotics for five days.

The Board adopted all findings made by the Panel. The Board thus finds that grounds for disciplinary sanction against respondent exist pursuant to N.J.S.A. 45:1-21 (c) (engaging in gross negligence, based on the failure to have diagnosed the severity of A.P.'s condition on October 31, 2006 and based on Dr. Olarsch's failure, throughout the course of his treatment of A.P., to have conducted any screening for iron deficiency anemia). The parties desiring to resolve this matter without the need for further administrative proceedings, and the Board being satisfied that good cause exists for the entry of the within Order,

IT IS on this 10th day of December, 2014

ORDERED and AGREED:

1. The license of respondent Richard Olarsch, D.O. to practice medicine and surgery in the State of New Jersey is hereby suspended for a period of one year, the entirety of which shall be stayed and served as a period of probation.

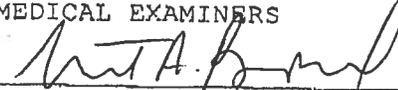
2. Respondent is hereby assessed a civil penalty in the amount of \$10,000. \$2500 of the assessed penalty shall be due and payable at the time of entry of this Order. The remaining \$7500 of the assessed penalty shall be due and payable in three \$2500 quarterly installments, to be paid not later than March 10, 2015, June 10, 2015 and September 10, 2015 respectively.

3. Respondent shall, within six months of the date of entry of this Order, complete courses acceptable to the Board in: (1) medical record keeping and (2) the evaluation of anemia in pediatric patients. Respondent shall be required to secure written pre-approval from the Board for both courses, which he may seek by providing all available information concerning any proposed course to the Medical Director of the Board, who shall review said information and then determine whether any proposed course is acceptable to the Board (for the medical record keeping course only, respondent need not secure written pre-approval if he elects to attend any medical record keeping course which is presently approved by the Board). Respondent shall thereafter be responsible to ensure that documentation of successful completion of the courses taken to satisfy the requirements of this paragraph is forwarded by the course provider(s) to the Board. In the event that respondent fails to successfully complete the course work required herein in a timely fashion (that is, in the event the Board does not receive documentation of successful completion of approved courses within six months of the date of entry of this Order), respondent shall be deemed to have failed to comply with the requirements of this Order, and his license may then be immediately suspended by the Board for failure to comply with the terms of this Order. In the event an Order of immediate suspension for failure to comply with the terms of this Order is entered,

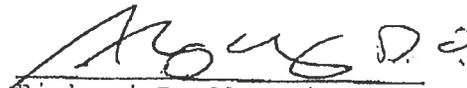
respondent's license shall thereafter continue to be actively suspended until such time as he successfully completes the required course work, documentation thereof is submitted to the Board, and written notice of reinstatement is provided by the Board to respondent.

NEW JERSEY STATE BOARD OF  
MEDICAL EXAMINERS

By:

  
Stewart Berkowitz, M.D.  
Board President

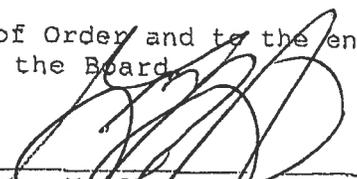
I represent that I have carefully read and considered this Order, understand its terms, agree to comply with said terms and consent to the entry of the Order by the Board.

  
Richard G. Olarsch, D.O.

Dated:

10/17/2014

Consent to form of Order and to the entry of this Order by the Board.

  
Gary M. Barans, Esq.  
Counsel for Dr. Olarsch

Dated:

10/20/2014