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

In the Matter of:

ASHWINI K. NEELGUND, M.D.
License No. 25MA06330800

CONSENT ORDER

This matter was opened before the New Jersey State Board of Medical Examiners (the "Board") upon the Board's receipt of a report from the Medical Practitioner Review Panel (the "Panel"), detailing findings and recommendations made by the Panel at the conclusion of the Panel's investigation of information reported by UMDNJ-University Correctional Healthcare ("UMDNJ-UCH"). Specifically, the Panel received notice from UMDNJ-UCH that respondent Ashwini K. Neelgund, M.D., resigned his privileges to practice at UMDNJ-UCH, while the facility was investigating his provision of patient care following the death of an inmate, T.B. Dr. Neelgund had been providing psychiatric care to T.B., whose death was caused by apparent Doxepin toxicity.

The Panel reviewed available information, to include patient records for T.B. and testimony that respondent offered when he appeared before the Panel on June 18, 2010, represented by Christopher Barbrack, Esq. On review of available information, the Panel found that respondent provided psychiatric care (in his capacity as a prison psychiatrist) to patient T.B. commencing in or about February 2009, and continuing through the time of T.B.'s death in October 2009. Respondent prescribed Doxepin, a tricyclic antidepressant, for T.B. after T.B. complained of difficulty sleeping. In or about June 2009

(while respondent was on vacation), T.B. was seen by a covering psychiatrist, who discontinued Doxepin after ordering blood work and finding that T.B.'s blood levels of Doxepin were at a potentially lethal level.

Approximately one month after respondent returned from his vacation (and resumed providing care to T.B.), he restarted T.B. on Doxepin, and then prescribed Doxepin at a level significantly higher (250ml daily) than the level that T.B. had previously been prescribed. Respondent restarted T.B. on Doxepin without ordering any repeat blood work, and he thereafter continued to prescribe Doxepin to T.B. for a period of approximately three months (through the time of T.B.'s death in October 2009) without ever ordering repeat blood work. During that time period, respondent also prescribed Paroxetine (Paxil) for T.B.

When appearing before the Panel, respondent testified that he was unaware, during the time he provided care to T.B., that an electrogardiogram had been performed (while T.B. was incarcerated) with a result reported as abnormal. While that information was within T.B.'s medical chart, respondent failed to review the chart adequately to obtain that result (the abnormal EKG is significant, as tricyclic antidepressants, at high levels in the bloodstream, can cause arrhythmias).

The Panel found that respondent engaged in gross negligence in his care of patient T.B. Without limitation, bases for the Panel's finding include: 1) respondent's failure to have ordered any repeat blood work at the time that he resumed prescribing Doxepin to T.B. and/or to have ordered any blood work at any time thereafter,

notwithstanding his knowledge that Doxepin had been discontinued by another covering psychiatrist after blood work revealed potentially toxic levels in T.B.'s blood, and notwithstanding the fact that he increased the daily dose of Doxepin that T.B. was receiving to a level significantly higher than the dose T.B. had been previously prescribed; 2) respondent's prescribing of Doxepin at an inappropriately high level; 3) respondent's failure to have adequately reviewed T.B.'s medical history and record; and 4) respondent's failure to have been aware of the possible drug interactions between Doxepin and Paxil, even though that information would have been readily available to him through the computer system maintained at UMDNJ-UCH (Paxil is in a class of medications that can raise the blood levels of Doxepin).

The Board has reviewed the report and recommendations made by the Panel, and adopted the Panel's findings in their entirety. Based thereon, the Board concludes that grounds for the imposition of disciplinary sanction against respondent exist pursuant to N.J.S.A. 45:1-21 (c).

The parties desiring to resolve this matter without the need for further administrative proceedings, and the Board being satisfied that good cause exists to support entry of the within Order,

IT IS on this 1st day of October, 2010

ORDERED and AGREED:

1. Respondent Ashwini K. Neelgund, M.D., is hereby formally reprimanded for having engaged in gross negligence when providing care to patient T.B., for the reasons set forth above.

2. Respondent is hereby assessed a civil penalty in the amount

of $10,000, which penalty shall be paid in six equal monthly installments of $1,666.67, with the first payment to be made on October 1, 2010 and subsequent payments to be made on or before the 1st of each month thereafter through and including March 1, 2011.

3. Respondent shall, within six months of the date of entry of this Order, successfully complete a course, acceptable to the Board, in psychopharmacology. Respondent shall submit information to the Board detailing the curricula for any course he may propose to take to satisfy the requirements of this paragraph, and shall obtain express pre-approval from the Board for such course.

NEW JERSEY STATE BOARD
OF MEDICAL EXAMINERS

By: _____
Paul T. Jordan, M.D.
Board President

I represent that I have read and considered this Order, and consent to the entry of the Order by the Board.

_____
Ashwini K. Neelgund, M.D.

Consent given to the form and entry of this Order.

_____
Christopher R. Barbrack, Esq.

NOTICE OF REPORTING PRACTICES OF BOARD REGARDING DISCIPLINARY ACTIONS

Pursuant to N.J.S.A. 52:14B-3(3), all orders of the New Jersey State Board of Medical Examiners are available for public inspection. Should any inquiry be made concerning the status of a licensee, the inquirer will be informed of the existence of the order and a copy will be provided if requested. All evidentiary hearings, proceedings on motions or other applications which are conducted as public hearings and the record, including the transcript and documents marked in evidence, are available for public inspection, upon request.

Pursuant to 45 CFR Subtitle A 60.8, the Board is obligated to report to the National Practitioners Data Bank any action relating to a physician which is based on reasons relating to professional competence or professional conduct:

(1) Which revokes or suspends (or otherwise restricts) a license,
(2) Which censures, reprimands or places on probation,
(3) Under which a license is surrendered.

Pursuant to 45 CFR Section 61.7, the Board is obligated to report to the Healthcare Integrity and Protection (HIP) Data Bank, any formal or official actions, such as revocation or suspension of a license(and the length of any such suspension), reprimand, censure or probation or any other loss of license or the right to apply for, or renew, a license of the provider, supplier, or practitioner, whether by operation of law, voluntary surrender, non-renewability, or otherwise, or any other negative action or finding by such Federal or State agency that is publicly available information.

Pursuant to N.J.S.A.45:9-19.13, if the Board refuses to issue, suspends, revokes or otherwise places conditions on a license or permit, it is obligated to notify each licensed health care facility and health maintenance organization with which a licensee is affiliated and every other board licensee in this state with whom he or she is directly associated in private medical practice.

In accordance with an agreement with the Federation of State Medical Boards of the United States, a list of all disciplinary orders are provided to that organization on a monthly basis.

Within the month following entry of an order, a summary of the order will appear on the public agenda for the next monthly Board meeting and is forwarded to those members of the public requesting a copy. In addition, the same summary will appear in the minutes of that Board meeting, which are also made available to those requesting a copy.

Within the month following entry of an order, a summary of the order will appear in a Monthly Disciplinary Action Listing which is made available to those members of the public requesting a copy.

On a periodic basis the Board disseminates to its licensees a newsletter which includes a brief description of all of the orders entered by the Board.

From time to time, the Press Office of the Division of Consumer Affairs may issue releases including the summaries of the content of public orders.

Nothing herein is intended in any way to limit the Board, the Division or the Attorney General from disclosing any public document.