

BEFORE THE  
MEDICAL BOARD OF CALIFORNIA  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA

In the Matter of the Accusation  
Against:

Kevin Wayne Olson, M.D.

Physician's and Surgeon's  
Certificate No. G 86467

Respondent.

Case No. 800-2020-066486

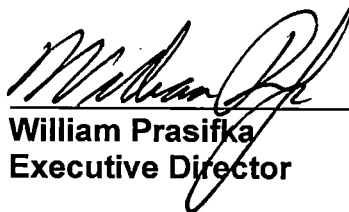
DECISION

The attached Stipulated Surrender of License and Disciplinary Order is hereby adopted as the Decision and Order of the Medical Board of California, Department of Consumer Affairs, State of California.

This Decision shall become effective at 5:00 p.m. on July 20, 2022.

IT IS SO ORDERED July 13, 2022.

MEDICAL BOARD OF CALIFORNIA



\_\_\_\_\_  
William Prasifka  
Executive Director

1 ROB BONTA  
Attorney General of California  
2 MATTHEW M. DAVIS  
Supervising Deputy Attorney General  
3 JASON J. AHN  
Deputy Attorney General  
4 State Bar No. 253172  
600 West Broadway, Suite 1800  
5 San Diego, CA 92101  
P.O. Box 85266  
6 San Diego, CA 92186-5266  
Telephone: (619) 738-9433  
7 Facsimile: (619) 645-2061

8 *Attorneys for Complainant*

9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19

**BEFORE THE  
MEDICAL BOARD OF CALIFORNIA  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA**

In the Matter of the Accusation Against:  
**KEVIN WAYNE OLSON, M.D.  
7736 LONE MOOR CIR  
DALLAS, TX 75248-1713**  
**Physician's and Surgeon's  
Certificate No. G 86467**  
  
Respondent.

Case No. 800-2020-066486  
  
**STIPULATED SURRENDER OF  
LICENSE AND DISCIPLINARY ORDER**

20 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-  
21 entitled proceedings that the following matters are true:

22 **PARTIES**

23 1. William Prasifka (Complainant) is the Executive Director of the Medical Board of  
24 California (Board). He brought this action solely in his official capacity and is represented in this  
25 matter by Rob Bonta, Attorney General of the State of California, by Jason J. Ahn, Deputy  
26 Attorney General.

27 2. Kevin Wayne Olson, M.D. (Respondent) is representing himself in this proceeding  
28 and has chosen not to exercise his right to be represented by counsel.



1 CULPABILITY

2 8. Respondent admits the truth of each and every charge and allegation in Accusation  
3 No. 800-2020-066486, agrees that cause exists for discipline and hereby surrenders his  
4 Physician's and Surgeon's Certificate No. G 86467 for the Board's formal acceptance.

5 9. Respondent understands that by signing this stipulation he enables the Board to issue  
6 an order accepting the surrender of his Physician's and Surgeon's Certificate without further  
7 process.

8 CONTINGENCY

9 11. Business and Professions Code section 2224, subdivision (b), provides, in pertinent  
10 part, that the Medical Board "shall delegate to its executive director the authority to adopt a . . .  
11 stipulation for surrender of a license."

12 12. This Stipulated Surrender of License and Disciplinary Order shall be subject to  
13 approval of the Executive Director on behalf of the Medical Board. The parties agree that this  
14 Stipulated Surrender of License and Disciplinary Order shall be submitted to the Executive Director  
15 for his consideration in the above-entitled matter and, further, that the Executive Director shall have  
16 a reasonable period of time in which to consider and act on this Stipulated Surrender of License  
17 and Disciplinary Order after receiving it. By signing this stipulation, Respondent fully understands  
18 and agrees that he may not withdraw his agreement or seek to rescind this stipulation prior to the  
19 time the Executive Director, on behalf of the Medical Board, considers and acts upon it.

20 13. The parties agree that this Stipulated Surrender of License and Disciplinary Order shall  
21 be null and void and not binding upon the parties unless approved and adopted by the Executive  
22 Director on behalf of the Board, except for this paragraph, which shall remain in full force and  
23 effect. Respondent fully understands and agrees that in deciding whether or not to approve and  
24 adopt this Stipulated Surrender of License and Disciplinary Order, the Executive Director and/or  
25 the Board may receive oral and written communications from its staff and/or the Attorney General's  
26 Office. Communications pursuant to this paragraph shall not disqualify the Executive Director, the  
27 Board, any member thereof, and/or any other person from future participation in this or any other  
28 matter affecting or involving Respondent. In the event that the Executive Director on behalf of the

1 Board does not, in his discretion, approve and adopt this Stipulated Surrender of License and  
2 Disciplinary Order, with the exception of this paragraph, it shall not become effective, shall be of  
3 no evidentiary value whatsoever, and shall not be relied upon or introduced in any disciplinary  
4 action by either party hereto. Respondent further agrees that should this Stipulated Surrender of  
5 License and Disciplinary Order be rejected for any reason by the Executive Director on behalf of  
6 the Board, Respondent will assert no claim that the Executive Director, the Board, or any member  
7 thereof, was prejudiced by its/his/her review, discussion and/or consideration of this Stipulated  
8 Surrender of License and Disciplinary Order or of any matter or matters related hereto.

9 **ADDITIONAL PROVISIONS**

10 14. This Stipulated Surrender and Disciplinary Order is intended by the parties herein  
11 to be an integrated writing representing the complete, final, and exclusive embodiment of the  
12 agreements of the parties in the above-entitled matter.

13 15. The parties agree that copies of this Stipulated Surrender and Disciplinary Order,  
14 including copies of the signatures of the parties, may be used in lieu of original documents and  
15 signatures and, further, that such copies shall have the same force and effect as originals.

16 16. In consideration of the foregoing admissions and stipulations, the parties agree the  
17 Board may, without further notice to or opportunity to be heard by Respondent, issue and enter  
18 the following Disciplinary Order:

19 **ORDER**

20 IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. G 86467, issued  
21 to Respondent Kevin Wayne Olson, M.D., is surrendered and accepted by the Board.

22 1. The surrender of Respondent's Physician's and Surgeon's Certificate and the  
23 acceptance of the surrendered license by the Board shall constitute the imposition of discipline  
24 against Respondent. This stipulation constitutes a record of the discipline and shall become a part  
25 of Respondent's license history with the Board.

26 2. Respondent shall lose all rights and privileges as a physician and surgeon in  
27 California as of the effective date of the Board's Decision and Order.

28 ///



1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

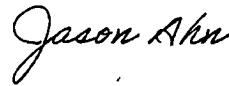
**ENDORSEMENT**

The foregoing Stipulated Surrender of License and Disciplinary Order is hereby respectfully submitted for consideration by the Medical Board of California of the Department of Consumer Affairs.

DATED: July 6, 2022

Respectfully submitted,

ROB BONTA  
Attorney General of California  
MATTHEW M. DAVIS  
Supervising Deputy Attorney General



JASON J. AHN  
Deputy Attorney General  
*Attorneys for Complainant*

SD2022800701  
Stipulated Surrender of License and Order.docx

**Exhibit A**

**Accusation No. 800-2020-066486**



1 ROB BONTA  
Attorney General of California  
2 MATTHEW M. DAVIS  
Supervising Deputy Attorney General  
3 JASON J. AHN  
Deputy Attorney General  
4 State Bar No. 253172  
600 West Broadway, Suite 1800  
5 San Diego, CA 92101  
P.O. Box 85266  
6 San Diego, CA 92186-5266  
Telephone: (619) 738-9433  
7 Facsimile: (619) 645-2061  
8 *Attorneys for Complainant*

9  
10 **BEFORE THE**  
11 **MEDICAL BOARD OF CALIFORNIA**  
12 **DEPARTMENT OF CONSUMER AFFAIRS**  
13 **STATE OF CALIFORNIA**

13 In the Matter of the Accusation Against:	Case No. 800-2020-066486
14 <b>Kevin Wayne Olson, M.D.</b>	<b>A C C U S A T I O N</b>
15 <b>7736 LONE MOOR CIR</b>	
16 <b>DALLAS TX 75248-1713</b>	
17 <b>Physician's and Surgeon's</b>	
18 <b>Certificate No. G 86467,</b>	
19	
20	
21	
22	
23	
24	
25	
26	
27	
28	

Respondent.

20 **PARTIES**

- 21 1. William Prasifka (Complainant) brings this Accusation solely in his official capacity  
22 as the Executive Director of the Medical Board of California, Department of Consumer Affairs  
23 (Board).
- 24 2. On or about April 5, 2002, the Medical Board issued Physician's and Surgeon's  
25 Certificate No. G 86467 to Kevin Wayne Olson, M.D. (Respondent). The Physician's and  
26 Surgeon's Certificate was in full force and effect at all times relevant to the charges brought  
27 herein and will expire on October 31, 2023, unless renewed.  
28 ///

JURISDICTION

1  
2 3. This Accusation is brought before the Board, under the authority of the following  
3 laws. All section references are to the Business and Professions Code (Code) unless otherwise  
4 indicated.

5 4. Section 2227 of the Code states:

6 (a) A licensee whose matter has been heard by an administrative law judge of  
7 the Medical Quality Hearing Panel as designated in Section 11371 of the Government  
8 Code, or whose default has been entered, and who is found guilty, or who has entered  
9 into a stipulation for disciplinary action with the board, may, in accordance with the  
10 provisions of this chapter:

11 (1) Have his or her license revoked upon order of the board.

12 (2) Have his or her right to practice suspended for a period not to exceed one  
13 year upon order of the board.

14 (3) Be placed on probation and be required to pay the costs of probation  
15 monitoring upon order of the board.

16 (4) Be publicly reprimanded by the board. The public reprimand may include a  
17 requirement that the licensee complete relevant educational courses approved by the  
18 board.

19 (5) Have any other action taken in relation to discipline as part of an order of  
20 probation, as the board or an administrative law judge may deem proper.

21 (b) Any matter heard pursuant to subdivision (a), except for warning letters,  
22 medical review or advisory conferences, professional competency examinations,  
23 continuing education activities, and cost reimbursement associated therewith that are  
24 agreed to with the board and successfully completed by the licensee, or other matters  
25 made confidential or privileged by existing law, is deemed public, and shall be made  
26 available to the public by the board pursuant to Section 803.1.

27 5. Section 2234 of the Code, states:

28 The board shall take action against any licensee who is charged with  
unprofessional conduct. In addition to other provisions of this article, unprofessional  
conduct includes, but is not limited to, the following:

(a) Violating or attempting to violate, directly or indirectly, assisting in or  
abetting the violation of, or conspiring to violate any provision of this chapter.

(b) Gross negligence.

(c) Repeated negligent acts. To be repeated, there must be two or more  
negligent acts or omissions. An initial negligent act or omission followed by a  
separate and distinct departure from the applicable standard of care shall constitute  
repeated negligent acts.

(1) An initial negligent diagnosis followed by an act or omission medically

1 appropriate for that negligent diagnosis of the patient shall constitute a single  
2 negligent act.

3 (2) When the standard of care requires a change in the diagnosis, act, or  
4 omission that constitutes the negligent act described in paragraph (1), including, but  
5 not limited to, a reevaluation of the diagnosis or a change in treatment, and the  
6 licensee's conduct departs from the applicable standard of care, each departure  
7 constitutes a separate and distinct breach of the standard of care.

8 "..."

9 6. Section 2266 of the Code states: The failure of a physician and surgeon to maintain  
10 adequate and accurate records relating to the provision of services to their patients constitutes  
11 unprofessional conduct.

12 7. Unprofessional conduct under Business and Professions Code section 2234 is conduct  
13 which breaches the rules or ethical code of the medical profession, or conduct which is  
14 unbecoming a member in good standing of the medical profession, and which demonstrates an  
15 unfitness to practice medicine. (*Shea v. Board of Medical Examiners* (1978) 81 Cal.App.3d 564,  
16 575.)

#### 17 COST RECOVERY

18 8. Section 125.3 of the Code states:

19 (a) Except as otherwise provided by law, in any order issued in resolution of a  
20 disciplinary proceeding before any board within the department or before the  
21 Osteopathic Medical Board, upon request of the entity bringing the proceeding, the  
22 administrative law judge may direct a licensee found to have committed a violation or  
23 violations of the licensing act to pay a sum not to exceed the reasonable costs of the  
24 investigation and enforcement of the case.

(b) In the case of a disciplined licensee that is a corporation or a partnership, the  
order may be made against the licensed corporate entity or licensed partnership.

(c) A certified copy of the actual costs, or a good faith estimate of costs where  
actual costs are not available, signed by the entity bringing the proceeding or its  
designated representative shall be prima facie evidence of reasonable costs of  
investigation and prosecution of the case. The costs shall include the amount of  
investigative and enforcement costs up to the date of the hearing, including, but not  
limited to, charges imposed by the Attorney General.

(d) The administrative law judge shall make a proposed finding of the amount  
of reasonable costs of investigation and prosecution of the case when requested  
pursuant to subdivision (a). The finding of the administrative law judge with regard to  
costs shall not be reviewable by the board to increase the cost award. The board may  
reduce or eliminate the cost award, or remand to the administrative law judge if the  
proposed decision fails to make a finding on costs requested pursuant to subdivision  
(a).

1 (e) If an order for recovery of costs is made and timely payment is not made as  
2 directed in the board's decision, the board may enforce the order for repayment in any  
3 appropriate court. This right of enforcement shall be in addition to any other rights  
4 the board may have as to any licensee to pay costs.

5 (f) In any action for recovery of costs, proof of the board's decision shall be  
6 conclusive proof of the validity of the order of payment and the terms for payment.

7 (g) (1) Except as provided in paragraph (2), the board shall not renew or  
8 reinstate the license of any licensee who has failed to pay all of the costs ordered  
9 under this section.

10 (2) Notwithstanding paragraph (1), the board may, in its discretion,  
11 conditionally renew or reinstate for a maximum of one year the license of any  
12 licensee who demonstrates financial hardship and who enters into a formal agreement  
13 with the board to reimburse the board within that one-year period for the unpaid  
14 costs.

15 (h) All costs recovered under this section shall be considered a reimbursement  
16 for costs incurred and shall be deposited in the fund of the board recovering the costs  
17 to be available upon appropriation by the Legislature.

18 (i) Nothing in this section shall preclude a board from including the recovery of  
19 the costs of investigation and enforcement of a case in any stipulated settlement.

20 (j) This section does not apply to any board if a specific statutory provision in  
21 that board's licensing act provides for recovery of costs in an administrative  
22 disciplinary proceeding.

### 23 FIRST CAUSE FOR DISCIPLINE

#### 24 (Gross Negligence)

25 7. Respondent has subjected his Physician's and Surgeon's Certificate No. G 86467 to  
26 disciplinary action under section 2227 and 2234, subdivision (b), of the Code, in that he  
27 committed gross negligence in his care and treatment of Patient A,<sup>1</sup> as more particularly alleged  
28 hereinafter:

<sup>1</sup> The patient herein is identified as Patient A in order to maintain patient confidentiality.

1           8.    On or about March 10, 2020 Patient A, a forty-six (46) year-old man with end-stage  
2 renal disease<sup>2</sup> on hemodialysis<sup>3</sup> presented for placement of a peritoneal dialysis catheter.<sup>4</sup>

3 Respondent provided anesthetic care to Patient A.

4           9.    On or about March 10, 2020, Respondent proceeded with anesthesia of Patient A.  
5 During the course of an hour and a half (1.5 hours), Respondent used typical agents, including,  
6 but not limited to, fentanyl (250 micrograms). At the end of the surgery, Patient A sustained a  
7 cardiac arrest. At that time, relaxant reversal had been administered and spontaneous ventilation  
8 had been reestablished, although tidal volumes were low and end tidal CO2 was high. Patient A  
9 remained intubated and on 100% oxygen. Patient A was resuscitated and transported to Intensive  
10 Care Unit (ICU), but did poorly, and medical care was compassionately withdrawn on March 16,  
11 2020. Respondent failed to adequately ventilate Patient A, leading to Patient A suffering  
12 hypoxemia, with cardiac arrest.

13           10. Respondent committed gross negligence in his care and treatment of Patient A which  
14 included, but was not limited to, the following:

15               (a) Respondent failed to adequately ventilate Patient A.

16   **SECOND CAUSE FOR DISCIPLINE**

17   **(Repeated Negligent Acts)**

18           11. Respondent has further subjected his Physician's and Surgeon's Certificate No. G  
19 86467 to disciplinary action under sections 2227 and 2234, as defined by section 2234,  
20 subdivision (c), of the Code, in that Respondent committed repeated negligent acts in his care and  
21 \_\_\_\_\_

22   <sup>2</sup> End-Stage Renal Disease (ESRD) is a medical condition in which a person's kidneys  
23 cease functioning on a permanent basis leading to the need for a regular course of longer term  
dialysis or a kidney transplant to maintain life.

24   <sup>3</sup> Hemodialysis is a procedure where a dialysis machine and a special filter called an  
25 artificial kidney, or a dialyzer, are used to clean your blood.

26   <sup>4</sup> Before a person can begin peritoneal dialysis (PD) treatments, he/she needs to have a  
27 peritoneal dialysis catheter placed as an access for the removal of waste and toxins from his/her  
28 body. A PD catheter, the only type of dialysis access used for PD, is placed through your  
abdomen and into the peritoneal space through the peritoneal membrane – the thin membrane that  
lines your abdominal wall.

1 treatment of Patient A, Patient B, Patient C, Patient D, and Patient E, as more particularly alleged  
2 herein.

3 **Patient A**

4 12. Paragraphs 7 through 10, above, are hereby incorporated by reference and  
5 realleged as if fully set forth herein.

6 **Patient B**

7 13. On or about October 28, 2019, Patient B, an eighty-two (82) year-old woman  
8 with colorectal carcinoma,<sup>5</sup> presented for laparoscopic robotic colectomy<sup>6</sup> for chronic  
9 low-grade bowel obstruction. Patient B's comorbidities included atrial fibrillation,<sup>7</sup>  
10 hypertension,<sup>8</sup> chronic kidney disease, and generalized debilitation. Respondent provided  
11 anesthetic care to Patient B.

12 14. At surgery, Patient B was found to have a locally advanced colorectal  
13 carcinoma, which was not suspected pre-operatively. The tumor invaded multiple bowel  
14 loops and the abdominal wall, necessitating extensive dissection. Ureteral injury  
15 occurred, necessitating repair. All of this required over six (6) hours of anesthesia.  
16 Anesthesia was accomplished with typical intravenous and inhaled agents, including, but  
17 not limited to, five mg of midazolam<sup>9</sup> and 450 micrograms of fentanyl.<sup>10</sup> At the end of  
18 the surgery, despite Patient B being cold, breathing poorly, and having consumed large  
19 doses of fentanyl and midazolam in the course of six (6) hours of surgery, Respondent  
20

---

21 <sup>5</sup> Colorectal carcinoma (colon cancer) is a cancer of the colon or rectum, located at the  
digestive tract's lower end.

22 <sup>6</sup> Laparoscopic colectomy, also called minimally invasive colectomy, involves several  
23 small incisions in your abdomen; the surgeon passes a tiny video camera through one incision and  
special surgical tools through the other incisions.

24 <sup>7</sup> Atrial fibrillation is an irregular, often rapid heart rate that commonly causes poor blood  
25 flow.

<sup>8</sup> Hypertension refers to high blood pressure.

26 <sup>9</sup> Midazolam is a sedative, which can help patients feel relaxed or sleepy before surgery or  
27 medical procedures.

28 <sup>10</sup> Fentanyl is a narcotic, which can be used to treat severe pain.

1 decided to extubate<sup>11</sup> Patient B. Patient B lasted about twenty (20) minutes in the  
2 PACU,<sup>12</sup> before hypoventilation<sup>13</sup> necessitated re-intubation. Patient B was extubated the  
3 next day and made an otherwise uneventful recovery.

4 **Patient C**

5 15. On or about November 14, 2019, Patient C, an eighty-four (84) year-old  
6 woman with recurrent colitis<sup>14</sup> and a sigmoid stricture<sup>15</sup> presented for a laparoscopic  
7 robotic sigmoid colectomy. Patient C's comorbidities included adult-onset diabetes,  
8 hypertension, obesity, and very mild renal insufficiency. Respondent provided anesthetic  
9 care to Patient C.

10 16. Patient C underwent four (4) hours of anesthesia for a laparoscopic robotic  
11 colectomy for ulcerative colitis. Anesthesia was accomplished with agents, including,  
12 but not limited to, fentanyl (450 micrograms). At the conclusion of the surgery,  
13 Respondent decided to extubate Patient C, despite tidal volumes of under 100 cc, a last  
14 end-tidal CO2 of 63, and a last recorded temperature of 34.1 Celsius. Thereafter, Patient  
15 C was sent to the PACU, but required re-intubation in the PACU about forty-five (45)  
16 minutes later. Patient C was extubated the next morning, and had an otherwise  
17 uneventful recovery.

18 ///

19 ///

20 \_\_\_\_\_  
21 <sup>11</sup> Extubate means to remove a tube from a person or a body part.

22 <sup>12</sup> PACU refers to Post-Anesthesia Care Unit; after receiving anesthesia for a surgery or  
23 procedure, a patient is setn to the PACU to recover and wake up. The PACU is a critical care unit  
24 where the patient's vital signs are closely observed, pain management begins, and fluids are  
given.

25 <sup>13</sup> Hypoventilation refers to breathing that is too shallow or too slow to meet the needs of  
the body.

26 <sup>14</sup> Colitis refers to an inflammatory reaction in the colon, often autoimmune or infectious.

27 <sup>15</sup> A colon stricture is a narrowing of the colon. Strictures can lead to bowel obstructions,  
28 which affect your ability to have bowel movements.

1           **Patient D**

2           17. On or about January 3, 2020, Patient D, a sixty-one (61) year-old woman  
3 with comorbidities of anal carcinoma (diagnosed in 2016), cervical HPV<sup>16</sup> with  
4 condylomata, S/P vulvectomy, obesity, COPD,<sup>17</sup> and ongoing tobacco use, presented for  
5 a robotic repair of a left quadrant ventral incisional hernia. Respondent provided  
6 anesthetic care to Patient D. Anesthesia was accomplished using agents, including, but  
7 not limited to, midazolam<sup>18</sup> 2 mg, fentanyl 350 micrograms, sevoflurane,<sup>19</sup> nitrous  
8 oxide,<sup>20</sup> and rocuronium,<sup>21</sup> over the course of approximately one hour and 45 minutes.  
9 At the end of the procedure, relaxant was reversed with neostigmine,<sup>22</sup> but measured  
10 expired tidal volume was under 100 cc, end-tidal CO2 was over 60, temperature was 35.3  
11 Celsius, and respirator rate was under ten. Respondent extubated Patient D, who then  
12 required bag and mask ventilator support in PACU.

13       ///

14       ///

15       ///

16       ///

17 \_\_\_\_\_  
18           <sup>16</sup> Human papillomavirus infection (HPV) refers to an infection that causes warts in  
19 various parts of the body, depending on the strain.

20           <sup>17</sup> Chronic obstructive pulmonary disease (COPD) is a group of lung diseases that block  
21 airflow and make it difficult to breathe.

22           <sup>18</sup> Midazolam is a sedative, which can help patients feel relaxed or sleepy before surgery  
23 or medical procedures.

24           <sup>19</sup> Sevoflurane (common brand Ultane) is an anesthetic, which can put patients to sleep  
25 before surgery.

26           <sup>20</sup> Nitrous oxide, commonly known as laughing as or happy gas, is a colorless, non-  
27 flammable gas, which is used in medical and dental procedures as a sedative.

28           <sup>21</sup> Rocuronium is a paralytic, which can be used to relax muscles during surgery and  
29 medical procedures.

<sup>22</sup> Neostigmine can be used to reverse the effects of anesthesia.



1           **Patient E**

2           18. On or about January 16, 2020, Patient E, a sixty-nine (69) year-old man with  
3 comorbidities, including, but not limited to, coronary artery disease with CABG<sup>23</sup> in 2005  
4 and subsequent percutaneous coronary interventions<sup>24</sup> and stents, aortic stenosis<sup>25</sup> S/P  
5 trans-femoral aortic valve replacement,<sup>26</sup> hypertension, adult onset diabetes, diastolic  
6 congestive heart failure,<sup>27</sup> peripheral vascular disease,<sup>28</sup> moderate renal insufficiency, and  
7 obstructive sleep apnea,<sup>29</sup> presented for a lumbar 4-5 decompression.<sup>30</sup> Respondent  
8 provided anesthetic care to Patient E. Anesthesia was accomplished with agents,  
9 including, but not limited to, fentanyl (350 micrograms). At the end of the surgery,  
10 Respondent extubated Patient E, placed him on BiPAP,<sup>31</sup> despite significant residual  
11 concentrations of anesthetic agent, low spontaneous tidal volume, hypotension, and low  
12 respiratory rate. Patient E was then transported to PACU. Recovery was uneventful and  
13 Patient E was transferred to the [hospital] floor two hours later. More than twenty-four  
14

---

15           <sup>23</sup> Coronary artery bypass grafting (CABG) is a surgery in which a healthy blood vessel  
16 taken from another part of the body is used to make a new path for blood around a blocked artery  
leading to the heart.

17           <sup>24</sup> Percutaneous coronary intervention is a non-surgical procedure used to treat narrowing  
18 of the coronary arteries of the heart found in coronary artery disease.

19           <sup>25</sup> Aortic stenosis refers to narrowing of the valve in the large blood vessel branching off  
the heart (aorta).

20           <sup>26</sup> Aortic valve replacement is a procedure whereby failing aortic valve of a patient's heart  
21 is replaced with an artificial heart valve.

22           <sup>27</sup> Diastolic heart failure refers to symptoms of heart failure in a patient with preserved left  
ventricular function.

23           <sup>28</sup> Peripheral vascular [artery] disease is a circulatory condition in which narrowed blood  
24 vessels reduce blood flow to the limbs.

25           <sup>29</sup> Obstructive sleep apnea is intermittent airflow blockage during sleep.

26           <sup>30</sup> During a lumbar decompression back surgery, a small portion of the bone over the  
27 nerve root and/or disc material from under the nerve root is removed to give the nerve root more  
space and provide a better healing environment.

28           <sup>31</sup> Bipap is a type of ventilator, a ventilator that helps with breathing.

1 (24) hours later, Patient E sustained a bradycardic arrest,<sup>32</sup> necessitating intubation and  
2 CPR,<sup>33</sup> and urgent placement of a pacemaker.<sup>34</sup>

3 19. Respondent committed repeated negligent acts in his care and treatment of  
4 Patient A, Patient B, Patient C, Patient D, and Patient E.

5 20. Paragraphs 7 through 18, above, are hereby incorporated by reference and  
6 realleged as if fully set forth herein.

7 (a) Respondent failed to adequately ventilate Patient A;

8 (b) Respondent extubated Patient B, when he should not have done so  
9 under the circumstances;

10 (c) Respondent extubated Patient C, when he should not have done so  
11 under the circumstances;

12 (d) Respondent extubated Patient D, when he should not have done so  
13 under the circumstances; and

14 (e) Respondent extubated Patient E, when he should not have done so  
15 under the circumstances.

16 **THIRD CAUSE FOR DISCIPLINE**

17 **(Failure to Maintain Adequate and Accurate Records)**

18 21. Respondent has further subjected his Physician's and Surgeon's Certificate No. G  
19 86467 to disciplinary action under sections 2227 and 2234, as defined by section 2266, of the  
20 Code, in that he failed to maintain adequate and accurate records in his care and treatment of  
21 Patient A, Patient B, Patient C, Patient D, and Patient E, as more particularly alleged in  
22 paragraphs 7 through 20, above, which are hereby incorporated by reference and realleged as if

23 \_\_\_\_\_  
24 <sup>32</sup> Bradycardic arrest (also known as bradycardia) is slower-than-expected heart rate,  
25 generally beating fewer than 60 beats per minute.

26 <sup>33</sup> Cardiopulmonary resuscitation (CPR) is a lifesaving technique that is useful in many  
27 emergencies such as a heart attack or near drowning, in which someone's breathing or heartbeat  
28 has stopped.

<sup>34</sup> Pacemaker is a small device that is placed (implanted) in the chest to help control the  
heartbeat.

1 fully set forth herein.

2 **FOURTH CAUSE FOR DISCIPLINE**

3 **(General Unprofessional Conduct)**

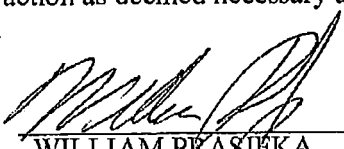
4 22. Respondent has further subjected his Physician's and Surgeon's Certificate No. G  
5 86467 to disciplinary action under sections 2227 and 2234 of the Code, in that he has engaged in  
6 conduct which breaches the rules or ethical code of the medical profession, or conduct which is  
7 unbecoming of a member in good standing of the medical profession, and which demonstrates an  
8 unfitness to practice medicine, as more particularly alleged in paragraphs 7 through 21, above,  
9 which are hereby incorporated by reference as if fully set forth herein.

10 **PRAYER**

11 WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged,  
12 and that following the hearing, the Medical Board of California issue a decision:

- 13 1. Revoking or suspending Physician's and Surgeon's Certificate No. G 86467, issued  
14 to Respondent Kevin Wayne Olson, M.D.;
- 15 2. Revoking, suspending or denying approval of Respondent Kevin Wayne Olson,  
16 M.D.'s authority to supervise physician assistants and advanced practice nurses;
- 17 3. Ordering Respondent Kevin Wayne Olson, M.D., to pay the Board the costs of the  
18 investigation and enforcement of this case, and if placed on probation, the costs of probation  
19 monitoring; and
- 20 4. Taking such other and further action as deemed necessary and proper.

21  
22 DATED: MAY 06 2022

23   
24 WILLIAM PRASIFKA  
25 Executive Director  
26 Medical Board of California  
27 Department of Consumer Affairs  
28 State of California  
Complainant