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

In the Matter of the Accusation Against: Nazrul M. Islam, M.D. Physician's and Surgeon's License No. A102426 Respondent.	Case No. 800-2017-035696

DECISION

The attached Stipulated Settlement 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 February 24, 2021.

IT IS SO ORDERED: January 25, 2021.

MEDICAL BOARD OF CALIFORNIA

Ronald H. Lewis, M.D., Chair
Panel A

XAVIER BECERRA
Attorney General of California
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BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: NAZRUL M. ISLAM, M.D. 3114 West Beverly Boulevard Montebello, CA 90640 Physician's and Surgeon's Certificate No. A 102426, Respondent.	Case No. 800-2017-035696 OAH No. 2020040757 **STIPULATED SETTLEMENT AND DISCIPLINARY ORDER**

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

PARTIES

1. William Prasifka ("Complainant") is the Executive Director of the Medical Board of California ("Board"). He brought this action solely in his official capacity and is represented in this matter by Xavier Becerra, Attorney General of the State of California, by Rebecca L. Smith, Deputy Attorney General.

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2. Respondent Nazrul M. Islam, M.D. ("Respondent") is represented in this proceeding by attorney Peter Osinoff, whose address is 355 South Grand Avenue, Suite 1750, Los Angeles, California 90071-1562.

3. On or about January 4, 2008, the Board issued Physician's and Surgeon's Certificate No. A 102426 to Respondent. That license was in full force and effect at all times relevant to the charges brought in Accusation No. 800-2017-035696, and will expire on January 31, 2022, unless renewed.

JURISDICTION

4. Accusation No. 800-2017-035696 was filed before the Board, and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on March 23, 2020. Respondent timely filed his Notice of Defense contesting the Accusation.

5. A copy of Accusation No. 800-2017-035696 is attached as Exhibit A and incorporated herein by reference.

ADVISEMENT AND WAIVERS

6. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 800-2017-035696. Respondent has also carefully read, fully discussed with his counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

7. Respondent is fully aware of his legal rights in this matter, including the right to a hearing on the charges and allegations in the Accusation; the right to confront and cross-examine the witnesses against him; the right to present evidence and to testify on his own behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the production of documents; the right to reconsideration and court review of an adverse decision; and all other rights accorded by the California Administrative Procedure Act and other applicable laws.

8. Respondent voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

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CULPABILITY

9. Respondent understands and agrees that the charges and allegations in Accusation No. 800-2017-035696, if proven at a hearing, constitute cause for imposing discipline upon his Physician's and Surgeon's Certificate.

10. Respondent does not contest that, at an administrative hearing, Complainant could establish a prima facie case with respect to the charges and allegations in Accusation No. 800-2017-035696, and that he has thereby subjected his Physician's and Surgeon's Certificate, No. A 102426 to disciplinary action.

11. Respondent agrees that his Physician's and Surgeon's Certificate is subject to discipline and he agrees to be bound by the Board's probationary terms as set forth in the Disciplinary Order below.

CONTINGENCY

12. This stipulation shall be subject to approval by the Medical Board of California. Respondent understands and agrees that counsel for Complainant and the staff of the Medical Board of California may communicate directly with the Board regarding this stipulation and settlement, without notice to or participation by Respondent or his counsel. By signing the stipulation, Respondent understands and agrees that he may not withdraw his agreement or seek to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails to adopt this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal action between the parties, and the Board shall not be disqualified from further action by having considered this matter.

13. Respondent agrees that if he ever petitions for early termination or modification of probation, or if an accusation and/or petition to revoke probation is filed against him before the Board, all of the charges and allegations contained in Accusation No. 800-2017-035696 shall be deemed true, correct and fully admitted by respondent for purposes of any such proceeding or any other licensing proceeding involving Respondent in the State of California.

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14. The parties understand and agree that Portable Document Format ("PDF") and facsimile copies of this Stipulated Settlement and Disciplinary Order, including PDF and facsimile signatures thereto, shall have the same force and effect as the originals.

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

DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 102426 issued to Respondent NAZRUL M. ISLAM, M.D. is revoked. However, the revocation is stayed and Respondent is placed on probation for three (3) years on the following terms and conditions:

1. EDUCATION COURSE. Within sixty (60) calendar days of the effective date of this Decision, and on an annual basis thereafter, Respondent shall submit to the Board or its designee for its prior approval educational program(s) or course(s) which shall not be less than forty (40) hours per year, for each year of probation. The educational program(s) or course(s) shall be aimed at correcting any areas of deficient practice or knowledge and shall be Category I certified. The educational program(s) or course(s) shall be at Respondent's expense and shall be in addition to the Continuing Medical Education ("CME") requirements for renewal of licensure. Following the completion of each course, the Board or its designee may administer an examination to test Respondent's knowledge of the course. Respondent shall provide proof of attendance for sixty-five (65) hours of CME of which forty (40) hours were in satisfaction of this condition.

2. MEDICAL RECORD KEEPING COURSE. Within sixty (60) calendar days of the effective date of this Decision, Respondent shall enroll in a course in medical record keeping approved in advance by the Board or its designee. Respondent shall provide the approved course provider with any information and documents that the approved course provider may deem pertinent. Respondent shall participate in and successfully complete the classroom component of the course not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully complete any other component of the course within one (1) year of enrollment. The medical record keeping course shall be at Respondent's expense and shall be in addition to the

Continuing Medical Education ("CME") requirements for renewal of licensure.

A medical record keeping course taken after the acts that gave rise to the charges in the Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board or its designee, be accepted towards the fulfillment of this condition if the course would have been approved by the Board or its designee had the course been taken after the effective date of this Decision.

Respondent shall submit a certification of successful completion to the Board or its designee not later than fifteen (15) calendar days after successfully completing the course, or not later than fifteen (15) calendar days after the effective date of the Decision, whichever is later.

3. MONITORING - PRACTICE. Within thirty (30) calendar days of the effective date of this Decision, Respondent shall submit to the Board or its designee for prior approval as a practice monitor, the name and qualifications of one or more licensed physicians and surgeons whose licenses are valid and in good standing, and who are preferably American Board of Medical Specialties ("ABMS") certified. A monitor shall have no prior or current business or personal relationship with Respondent, or other relationship that could reasonably be expected to compromise the ability of the monitor to render fair and unbiased reports to the Board, including but not limited to any form of bartering, shall be in Respondent's field of practice, and must agree to serve as Respondent's monitor. Respondent shall pay all monitoring costs.

The Board or its designee shall provide the approved monitor with copies of the Decision(s) and Accusation(s), and a proposed monitoring plan. Within fifteen (15) calendar days of receipt of the Decision(s), Accusation(s), and proposed monitoring plan, the monitor shall submit a signed statement that the monitor has read the Decision(s) and Accusation(s), fully understands the role of a monitor, and agrees or disagrees with the proposed monitoring plan. If the monitor disagrees with the proposed monitoring plan, the monitor shall submit a revised monitoring plan with the signed statement for approval by the Board or its designee.

Within sixty (60) calendar days of the effective date of this Decision, and continuing throughout probation, Respondent's practice shall be monitored by the approved monitor. Respondent shall make all records available for immediate inspection and copying on the

premises by the monitor at all times during business hours and shall retain the records for the entire term of probation.

If Respondent fails to obtain approval of a monitor within sixty (60) calendar days of the effective date of this Decision, Respondent shall receive a notification from the Board or its designee to cease the practice of medicine within three (3) calendar days after being so notified. Respondent shall cease the practice of medicine until a monitor is approved to provide monitoring responsibility.

The monitor shall submit a quarterly written report to the Board or its designee which includes an evaluation of Respondent's performance, indicating whether Respondent's practices are within the standards of practice of medicine, and whether Respondent is practicing medicine safely. It shall be the sole responsibility of Respondent to ensure that the monitor submits the quarterly written reports to the Board or its designee within ten (10) calendar days after the end of the preceding quarter.

If the monitor resigns or is no longer available, Respondent shall, within five (5) calendar days of such resignation or unavailability, submit to the Board or its designee, for prior approval, the name and qualifications of a replacement monitor who will be assuming that responsibility within fifteen (15) calendar days. If Respondent fails to obtain approval of a replacement monitor within sixty (60) calendar days of the resignation or unavailability of the monitor, Respondent shall receive a notification from the Board or its designee to cease the practice of medicine within three (3) calendar days after being so notified. Respondent shall cease the practice of medicine until a replacement monitor is approved and assumes monitoring responsibility.

In lieu of a monitor, Respondent may participate in a professional enhancement program approved in advance by the Board or its designee that includes, at minimum, quarterly chart review, semi-annual practice assessment, and semi-annual review of professional growth and education. Respondent shall participate in the professional enhancement program at Respondent's expense during the term of probation.

4. NOTIFICATION. Within seven (7) days of the effective date of this Decision, the Respondent shall provide a true copy of this Decision and Accusation to the Chief of Staff or the

Chief Executive Officer at every hospital where privileges or membership are extended to Respondent, at any other facility where Respondent engages in the practice of medicine, including all physician and locum tenens registries or other similar agencies, and to the Chief Executive Officer at every insurance carrier which extends malpractice insurance coverage to Respondent. Respondent shall submit proof of compliance to the Board or its designee within fifteen (15) calendar days.

This condition shall apply to any change(s) in hospitals, other facilities or insurance carrier.

5. SUPERVISION OF PHYSICIAN ASSISTANTS. During probation, Respondent is prohibited from supervising physician assistants.

6. OBEY ALL LAWS. Respondent shall obey all federal, state and local laws, all rules governing the practice of medicine in California and remain in full compliance with any court ordered criminal probation, payments, and other orders.

7. QUARTERLY DECLARATIONS. Respondent shall submit quarterly declarations under penalty of perjury on forms provided by the Board, stating whether there has been compliance with all the conditions of probation.

Respondent shall submit quarterly declarations not later than ten (10) calendar days after the end of the preceding quarter.

8. GENERAL PROBATION REQUIREMENTS.

Compliance with Probation Unit

Respondent shall comply with the Board's probation unit.

Address Changes

Respondent shall, at all times, keep the Board informed of Respondent's business and residence addresses, email address (if available), and telephone number. Changes of such addresses shall be immediately communicated in writing to the Board or its designee. Under no circumstances shall a post office box serve as an address of record, except as allowed by Business and Professions Code section 2021, subdivision (b).

Place of Practice

Respondent shall not engage in the practice of medicine in Respondent's or patient's place

of residence, unless the patient resides in a skilled nursing facility or other similar licensed facility.

License Renewal

Respondent shall maintain a current and renewed California physician's and surgeon's license.

Travel or Residence Outside California

Respondent shall immediately inform the Board or its designee, in writing, of travel to any areas outside the jurisdiction of California which lasts, or is contemplated to last, more than thirty (30) calendar days.

In the event Respondent should leave the State of California to reside or to practice, Respondent shall notify the Board or its designee in writing thirty (30) calendar days prior to the dates of departure and return.

9. INTERVIEW WITH THE BOARD OR ITS DESIGNEE. Respondent shall be available in person upon request for interviews either at Respondent's place of business or at the probation unit office, with or without prior notice throughout the term of probation.

10. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or its designee in writing within fifteen (15) calendar days of any periods of non-practice lasting more than thirty (30) calendar days and within fifteen (15) calendar days of Respondent's return to practice. Non-practice is defined as any period of time Respondent is not practicing medicine as defined in Business and Professions Code sections 2051 and 2052 for at least forty (40) hours in a calendar month in direct patient care, clinical activity or teaching, or other activity as approved by the Board. If Respondent resides in California and is considered to be in non-practice, Respondent shall comply with all terms and conditions of probation. All time spent in an intensive training program which has been approved by the Board or its designee shall not be considered non-practice and does not relieve Respondent from complying with all the terms and conditions of probation. Practicing medicine in another state of the United States or Federal jurisdiction while on probation with the medical licensing authority of that state or jurisdiction shall not be considered non-practice. A Board-ordered suspension of practice shall not be

considered as a period of non-practice.

In the event Respondent's period of non-practice while on probation exceeds eighteen (18) calendar months, Respondent shall successfully complete the Federation of State Medical Boards' Special Purpose Examination, or, at the Board's discretion, a clinical competence assessment program that meets the criteria of Condition 18 of the current version of the Board's "Manual of Model Disciplinary Orders and Disciplinary Guidelines" prior to resuming the practice of medicine.

Respondent's period of non-practice while on probation shall not exceed two (2) years.

Periods of non-practice will not apply to the reduction of the probationary term.

Periods of non-practice for a Respondent residing outside of California will relieve Respondent of the responsibility to comply with the probationary terms and conditions with the exception of this condition and the following terms and conditions of probation: Obey All Laws; General Probation Requirements; Quarterly Declarations; Abstain from the Use of Alcohol and/or Controlled Substances; and Biological Fluid Testing.

11. COMPLETION OF PROBATION. Respondent shall comply with all financial obligations (e.g., restitution, probation costs) not later than one-hundred twenty (120) calendar days prior to the completion of probation. Upon successful completion of probation, Respondent's certificate shall be fully restored.

12. VIOLATION OF PROBATION. Failure to fully comply with any term or condition of probation is a violation of probation. If Respondent violates probation in any respect, the Board, after giving Respondent notice and the opportunity to be heard, may revoke probation and carry out the disciplinary order that was stayed. If an Accusation, or Petition to Revoke Probation, or an Interim Suspension Order is filed against Respondent during probation, the Board shall have continuing jurisdiction until the matter is final, and the period of probation shall be extended until the matter is final.

13. LICENSE SURRENDER. Following the effective date of this Decision, if Respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy the terms and conditions of probation, Respondent may request to surrender his or her license.

The Board reserves the right to evaluate Respondent's request and to exercise its discretion in determining whether or not to grant the request, or to take any other action deemed appropriate and reasonable under the circumstances. Upon formal acceptance of the surrender, Respondent shall within 15 calendar days deliver Respondent's wallet and wall certificate to the Board or its designee and Respondent shall no longer practice medicine. Respondent will no longer be subject to the terms and conditions of probation. If Respondent re-applies for a medical license, the application shall be treated as a petition for reinstatement of a revoked certificate.

14. PROBATION MONITORING COSTS. Respondent shall pay the costs associated with probation monitoring each and every year of probation, as designated by the Board, which may be adjusted on an annual basis. Such costs shall be payable to the Medical Board of California and delivered to the Board or its designee no later than January 31 of each calendar year.

15. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for a new license or certification, or petition for reinstatement of a license, by any other health care licensing action agency in the State of California, all of the charges and allegations contained in Accusation No. 800-2017-035696 shall be deemed to be true, correct, and admitted by Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or restrict license.

ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Peter Osinoff. I understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Medical Board of California.

DATED: Nov, 20, 2020

NAZRUL M. ISLAM, M.D.
Respondent

I have read and fully discussed with Respondent Nazrul M. Islam, M.D. the terms and conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order. I approve its form and content.

DATED: 11/20/2020

PETER OSINOFF
Attorney for Respondent

ENDORSEMENT

The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully submitted for consideration by the Medical Board of California.

DATED: 11-23-2020

Respectfully submitted,

XAVIER BECERRA
Attorney General of California
JUDITH T. ALVARADO
Supervising Deputy Attorney General

REBECCA L. SMITH
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

Accusation No. 800-2017-035696

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

In the Matter of the Accusation Against:	Case No. 800-2017-035696
NAZRUL M. ISLAM, M.D. 3114 West Beverly Boulevard Montebello, CA 90640 Physician's and Surgeon's Certificate No. A 102426, Respondent.	**ACCUSATION**

PARTIES

1. Christine J. Lally ("Complainant") brings this Accusation solely in her official capacity as the Interim Executive Director of the Medical Board of California; Department of Consumer Affairs ("Board").

2. On or about January 4, 2008, the Medical Board issued Physician's and Surgeon's Certificate Number A 102426 to Nazrul M. Islam, M.D. ("Respondent"). That license was in full force and effect at all times relevant to the charges brought herein and will expire on January 31, 2022, unless renewed.

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JURISDICTION

3. This Accusation is brought before the Board under the authority of the following provisions of the California Business and Professions Code ("Code") unless otherwise indicated.

4. Section 2004 of the Code states:

"The board shall have the responsibility for the following:

"(a) The enforcement of the disciplinary and criminal provisions of the Medical Practice Act.

"(b) The administration and hearing of disciplinary actions.

"(c) Carrying out disciplinary actions appropriate to findings made by a panel or an administrative law judge.

"(d) Suspending, revoking, or otherwise limiting certificates after the conclusion of disciplinary actions.

"(e) Reviewing the quality of medical practice carried out by physician and surgeon certificate holders under the jurisdiction of the board.

"..."

5. Section 2227 of the Code states:

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

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

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

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

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

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

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

6. Section 2234 of the Code, states:

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

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

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7. Section 2266 of the Code, states:

"The failure of a physician and surgeon to maintain adequate and accurate records relating to the provision of services to their patients constitutes unprofessional conduct."

FACTUAL ALLEGATIONS

8. At approximately 1:30 p.m. on April 14, 2014, Patient 1,[1] a 48-year-old female, was transported by paramedics from Clinica Medica Virgen de Guadalupe in Huntington Park to the emergency department at Community Hospital of Huntington Park (hereinafter referred to as "hospital") after presenting with an elevated blood pressure of 190/110 and complaints of severe abdominal pain.

9. Upon arrival at the emergency department, Patient 1 underwent an abdominal pain work up by emergency room physician, Dr. C.S. A CT scan of the abdomen showed cholelithiasis and a pelvic mass, likely a fibroid uterus, extending to the abdomen. Laboratory studies revealed a slightly elevated white blood cell count of 13.06, likely secondary to nausea and vomiting.[2] The patient also had an elevated glucose level of 352, slightly low levels of potassium at 3.2 and creatinine at 0.4.[3] The patient was afebrile with a temperature of 98.2. Dr. C.S.'s impression was cholelithiasis and hypokalemia. The patient was scheduled for discharge with instructions to follow up with her regular doctor; however, her blood pressure did not respond to treatment and remained in the range of 180/110.[4] In addition, the patient continued to have midepigastric pain despite the repeated administration of pain medication. Dr. C.S. discussed the patient's case with Respondent telephonically and Respondent admitted the patient to the telemetry unit of the hospital with a diagnosis of cholelithiasis, hypokalemia and hypertension urgency.

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[1] For privacy purposes, the patient in this Accusation is referred to as Patient 1.

[2] Normal white blood count levels ranged from 4.80 to 10.80.

[3] Normal Glucose levels ranged from 74 to 106, normal potassium levels ranged from 3.5 to 5.1 and normal creatinine levels ranged from 0.5 to 1.0.

[4] While in the emergency department, the patient's blood pressure was documented to be 218/104 at 1:52 p.m., 223/113 at 5:30 p.m. and 193/112 at 7:25 p.m.

10. At approximately 10:30 p.m. on April 14, 2014, Respondent issued initial admitting orders by telephone which included Accu-Chek and sliding scale insulin with standard treatment instructions for hypoglycemic episodes.[5] That same night, Respondent also issued a telephonic order for blood pressure medications: clonidine, amlodioxine and Lopressor. He also ordered Hydralazine as needed every 8 hours if the patient's systolic pressure exceeded 170.

11. Laboratory studies performed the morning of April 15, 2014 reflected a high white blood count at 20.74, a high glucose level of 386 and a creatinine level of 0.8. Respondent was called at 8:10 a.m. by Nurse C.M. and notified that the patient's blood pressure was 130/73, heart rate was 120, oxygen saturation was 91% on 2 liters of oxygen per minute by nasal cannula, white blood count was 20.74 and platelet count was 509. Respondent ordered IV antibiotics Rocephin and Levaquin, long-acting insulin Lantus,[6] and Accu-Chek for monitoring her blood glucose levels. Respondent did not order any blood and urine cultures. At 9:42 a.m., the patient's blood pressure was 113/64.

12. That same morning, Respondent saw Patient 1 at approximately 10:54 a.m. Respondent reviewed the patient's history of present illness and past history. In his handwritten history and physical report, he noted the laboratory and diagnostic study results obtained on April 14, 2014, in the emergency department. Respondent documented that he performed a physical examination though the vital signs that he documented were identical to the vital signs documented the previous day at 1:52 p.m. in the emergency department, including the blood pressure reading of 223/113 and pulse of 84. His impression was generalized abdominal pain, cholelithiasis, fibroid uterus/abdominal mass, gross obesity, diabetes mellitus, anemia, hypertensive urgency and hypokalemia.

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[5] Accu-Chek is a method of monitoring blood glucose levels. Sliding scale insulin refers to the progressive increase in insulin dose, based on blood glucose ranges. Hypoglycemic episodes occur when blood glucose levels are at 70 mg or below and treatment is initiated to get blood glucose levels back into normal range.

[6] Lantus is the brand name of insulin glargine, a long-acting insulin.

13. On April 15, 2014 at approximately 11:00 a.m., Lantus (20 units) was administered for a blood glucose of 501.

14. The patient's blood pressure was 117/63 at 11:29 a.m. and at approximately 11:30 a.m., Respondent ordered normal saline at a rate of 150 ml per hour and 14 units of regular insulin. At approximately 12:00 p.m., Humulin R (14 units) was administered for a blood glucose of 501.[7]

15. Gynecological and surgical consults for the pelvic mass and abdominal pain also took place on April 15, 2014. A pelvic ultrasound was ordered secondary to pelvic pain. It was noted that the uterus appeared to be enlarged with a possible leiomyoma. There was also nonspecific free fluid noted within the pelvis. Patient 1 did not have an acute abdomen.

16. At approximately 5:15 p.m., Humulin R (10 units) was administered for a blood glucose of 394. Shortly thereafter, Respondent was notified by Nurse P.R. that the patient's blood pressure was 93/59. At that time, Respondent ordered that the patient's blood pressure be checked every two hours and to call him with the results. In addition, he ordered a Foley Catheter to measure the patient's input and output.

17. At approximately 5:45 p.m., the patient had a heart rate of 111.

18. Nurse J.R. noted that he received Patient 1 on the evening of April 15, 2014 with persistent hypotension. Her blood sugar was 402 and 12 units of regular insulin was administered at approximately 8:37 p.m. At that time, her blood pressure was 80/53. Nurse J.R. placed the patient in Trendelenburg position (lowering the patient's head and elevating her feet) to increase her blood pressure but it was ineffective. Nurse J.R. inserted a Foley Catheter but no urine drained by gravity. Nurse J.R. noted that the patient continued to have sinus tachycardia and persistent hypotension. Respondent was notified of the patient's condition by phone and at approximately 8:30 p.m., Respondent ordered a renal ultrasound and that the patient be transferred to the ICU. No order for a cardiology consult was ordered to address the patient's irregular heart rhythm. The patient was transferred to the ICU with a blood pressure of 79/54, heart rate of 110, respiratory rate of 22, oxygen saturation of 92% and temperature of 98.1.

[7] Humulin R is the brand name of regular insulin, a short-acting insulin.

19. At 9:15 p.m., the patient's blood pressure was 79/54. At 9:45 p.m., Respondent was notified of the patient's condition. At that time, he continued the same orders except that he ordered that all blood pressure medications be held. He also ordered Levophed to titrate to keep the patient's blood pressure above 90. He ordered that the IV fluid rate be decreased from 150 ml to 100 ml and that the previously ordered renal ultrasound be performed immediately.[8]

20. At 11:05 p.m., the Rapid Response Team was called to Patient 1's bedside in the ICU. Patient 1 had no pulse and an oxygen saturation of 60%. She was intubated by the emergency room physician. Thereafter, a Code Blue was called at 11:10 p.m. and ended successfully 11:15 p.m.[9] At 11:25 p.m., Respondent was notified of the events and he telephonically ordered a consult and post intubation chest x-ray. Four more Code Blues were called during the early morning hours of April 16, 2014 with the patient ultimately expiring at 2:47 a.m.[10] Autopsy findings revealed that Patient 1 had no evidence of cholecystits or any infection. She had an enlarged heart and evidence of coronary artery disease due to hypertension, poorly controlled diabetes and untreated hyperlipidemia.

21. Respondent dictated the patient's death summary on April 16, 2014 at 9:59 a.m. The report was transcribed at 10:59 a.m. and authenticated by Respondent on April 26, 2014 at 10:14 a.m. Respondent noted that he saw the patient at approximately 11:00 a.m. on April 15, 2014. With respect to his objective findings, he documented vital signs identical to the vital signs documented the previous day at 1:52 p.m. in the emergency department, including the blood pressure reading of 223/113 and pulse of 84. With respect to the patient's hospital course, he described the long-acting insulin prescribed but did not note the administration of short-acting insulin. In addition, he documented that the long-acting insulin "somehow normalized the blood

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[8] The renal ultrasound had been performed at approximately 8:23 p.m. The renal ultrasound report, dictated by Dr. J.L. on April 16, 2014 at 9:47 a.m. reflected an unremarkable ultrasound of both kidneys with no evidence of obstruction or hydronephrosis.

[9] At 11:10 p.m., Patient 1 had a glucose level of 266.

[10] At 2:03 a.m., Patient 1 had a glucose level of 54 and creatinine level of 3.3.

sugar around 200s."[11] Respondent did not document the patient's rise in creatinine level during her hospitalization. With respect to the patient's blood pressure readings, Respondent noted that her lowest blood pressure on April 15, 2014 was 88/46.[12]

STANDARD OF CARE

22. When initiating intravenous antibiotic therapy to treat suspected sepsis in a hospitalized patient, the standard of care requires that an internist obtain blood cultures and if necessary, sputum and urine cultures, to identify the organism causing the suspected infection and determine antibiotic sensitivity.

23. When managing a hospitalized patient's glucose levels, the standard of care requires that an internist assess the patient's laboratory data, including the patient's creatinine level for possible acute kidney injury (AKI).

24. When an internist is unable to control and stabilize a hospitalized patient's glucose levels, the standard of care requires that the physician consult with an endocrinologist to address the poorly controlled glucose levels.

25. When managing a hospitalized patient who develops an irregular heart rhythm, the standard of care requires that an internist consult with a cardiologist to address the cardiac issue.

FIRST CAUSE FOR DISCIPLINE

(Gross Negligence)

26. Respondent is subject to disciplinary action under section 2234, subdivision (b), of the Code, in that he engaged in gross negligence in the care and treatment of Patient 1. Complainant refers to and, by this reference, incorporates herein, paragraphs 8 through 25, above, as though fully set forth herein. The circumstances are as follows:

27. Respondent treated the patient's suspected sepsis with antibiotics without obtaining cultures to identify the organism causing the suspected infection.

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[11] The patient's medical records do not reflect any normalized blood sugar level at or around 200.

[12] While 88/46 was not the patient's lowest blood pressure on April 15, 2014, Respondent explained that his dictation was at least partially based on memory as opposed to chart review.

28. Respondent failed to recognize the patient's acute kidney injury and adjust the patient's doses of insulin when the patient's creatinine level rose from 0.4 on April 14, 2014 to 0.8 on April 15, 2014.

29. Respondent failed to consult with an endocrinologist to address the patient's poorly controlled glucose levels.

30. Respondent failed to consult with a cardiologist to address the patient's irregular heart rhythm that developed on April 15, 2014.

31. Respondent's acts and/or omissions as set forth in paragraphs 8 through 30, above, whether proven individually, jointly, or in any combination thereof, constitute gross negligence pursuant to section 2234, subdivision (b), of the Code. Therefore cause for discipline exists.

SECOND CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

32. Respondent is subject to disciplinary action under section 2234, subdivision (c), of the Code, in that he engaged in repeated acts of negligence in the care and treatment of Patient 1. Complainant refers to and, by this reference, incorporates herein, paragraphs 8 through 31, above, as though fully set forth herein.

33. Respondent's acts and/or omissions as set forth in paragraphs 8 through 32, above, whether proven individually, jointly, or in any combination thereof, constitute repeated acts of negligence pursuant to section 2234, subdivision (c), of the Code. Therefore cause for discipline exists.

THIRD CAUSE FOR DISCIPLINE

(Failure to Maintain Adequate and Accurate Medical Records)

34. Respondent is subject to disciplinary action under section 2266 of the Code for failing to maintain adequate and accurate records relating to his care and treatment of Patient 1. Complainant refers to and, by this reference, incorporates herein, paragraphs 12 and 21, above, as though fully set forth herein.

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PRAYER

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

1. Revoking or suspending Physician's and Surgeon's Certificate Number A 102426, issued to Nazrul M. Islam, M.D.;

2. Revoking, suspending or denying approval of Nazrul M. Islam, M.D.'s authority to supervise physician assistants pursuant to section 3527 of the Code, and advanced practice nurses;

3. If placed on probation, ordering Nazrul M. Islam, M.D. to pay the Board the costs of probation monitoring; and

4. Taking such other and further action as deemed necessary and proper.

DATED: MAR 23 2020

CHRISTINE J. LALLY
Interim Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

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