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

In the Matter of the Accusation Against: Iduama B. Kelly-Dokubo M.D. Physician's & Surgeon's Certificate No. G 51025 Respondent.	Case No. 800-2019-059709

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 January 20, 2022.

IT IS SO ORDERED December 21, 2021.

MEDICAL BOARD OF CALIFORNIA

Laurie Rose Lubiano, J.D., Chair
Panel A

ROB BONTA
Attorney General of California
JUDITH T. ALVARADO
Supervising Deputy Attorney General
REBECCA L. SMITH
Deputy Attorney General
State Bar No. 179733
California Department of Justice
300 South Spring Street, Suite 1702
Los Angeles, CA 90013
Telephone: (213) 269-6475
Facsimile: (916) 731-2117
Attorneys for Complainant

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

In the Matter of the Accusation Against: IDUAMA B. KELLY-DOKUBO, M.D. P.O. Box 50082 Pasadena, CA 91115 Physician's and Surgeon's Certificate No. G 51025, Respondent.	Case No. 800-2019-059709 OAH No. 2021040600 **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 Rob Bonta, Attorney General of the State of California, by Rebecca L. Smith, Deputy Attorney General.

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2. Iduama B. Kelly-Dokubo, M.D. (Respondent) is represented in this proceeding by attorney Gary Wittenberg, whose address is 1901 Avenue of the Stars, Suite 1750, Los Angeles, California 90067.

3. On or about August 15, 1983, the Board issued Physician's and Surgeon's Certificate No. G 51025 to Respondent. That license was in full force and effect at all times relevant to the charges brought in Accusation No. 800-2019-059709, and will expire on May 31, 2023, unless renewed.

JURISDICTION

4. Accusation No. 800-2019-059709 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 5, 2021. Respondent timely filed his Notice of Defense contesting the Accusation.

5. A copy of Accusation No. 800-2019-059709 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. 800-2019-059709. 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. 800-2019-059709, 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. 800-2019-059709, a true and correct copy of which is attached hereto as Exhibit A, and that he has thereby subjected his Physician's and Surgeon's Certificate, No. G 51025 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 imposition of discipline by the Board 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. 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.

14. 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. G 51025 issued to Respondent Iduama B. Kelly-Dokubo, M.D. is publicly reprimanded pursuant to California Business and Professions Code section 2227, subdivision (a)(4), with the following attendant terms and conditions.

A. PUBLIC REPRIMAND.

This Public Reprimand, which is issued in connection with Respondent's care and treatment of Patient 1 as set forth in Accusation No. 800-2019-059709, is as follows:

> In 2019, you committed acts constituting negligence and a failure to maintain adequate and accurate medical records in violation of Business and Professions Code sections 2234, subdivisions (b) and (c), and 2266, in your cardiac care and treatment of Patient 1.

B. 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.

If Respondent fails to enroll, participate in, or successfully complete the medical record keeping course within the designated time period, 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 not resume the practice of medicine until enrollment or participation in the medical record keeping course has been completed. Failure to successfully complete the medical record keeping course outlined above shall constitute unprofessional conduct and is grounds for further disciplinary action.

C. **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. 800-2019-059709 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, Gary Wittenberg. 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: 9/23/21

IDUAMA B. KELLY-DOKUBO, M.D.
Respondent

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I have read and fully discussed with Respondent Iduama B. Kelly-Dokubo, 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: 9/23/21

GARY WITTENBERG
Attorney for Respondent

ENDORSEMENT

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

DATED: 9/23/2021

Respectfully submitted,

ROB BONTA
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. 800-2019-059709

XAVIER BECERRA
Attorney General of California
JUDITH T. ALVARADO
Supervising Deputy Attorney General
REBECCA L. SMITH
Deputy Attorney General
State Bar No. 179733
California Department of Justice
300 South Spring Street, Suite 1702
Los Angeles, CA 90013
Telephone: (213) 269-6475
Facsimile: (916) 731-2117
Attorneys for Complainant

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

In the Matter of the Accusation Against: IDUAMA B. KELLY-DOKUBO, M.D. P.O. Box 50082 Pasadena, CA 91115 Physician's and Surgeon's Certificate No. G 51025, Respondent.	Case No. 800-2019-059709 **ACCUSATION**

PARTIES

1. William Prasifka (Complainant) brings this Accusation solely in his official capacity as the Executive Director of the Medical Board of California, Department of Consumer Affairs (Board).

2. On or about August 15, 1983, the Medical Board issued Physician's and Surgeon's Certificate Number G 51025 to Iduama B. Kelly-Dokubo, M.D. (Respondent). That license was in full force and effect at all times relevant to the charges brought herein and will expire on May 31, 2021, unless renewed.

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JURISDICTION

3. This Accusation is brought before the Board, under the authority of the following laws. All section references are to the 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.

(f) Approving undergraduate and graduate medical education programs.

(g) Approving clinical clerkship and special programs and hospitals for the programs in subdivision (f).

(h) Issuing licenses and certificates under the board's jurisdiction.

(i) Administering the board's continuing medical education program.

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.

(d) Incompetence.

(e) The commission of any act involving dishonesty or corruption that is substantially related to the qualifications, functions, or duties of a physician and surgeon.

(f) Any action or conduct that would have warranted the denial of a certificate.

(g) The failure by a certificate holder, in the absence of good cause, to attend and participate in an interview by the board. This subdivision shall only apply to a certificate holder who is the subject of an investigation by the board.

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.

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FACTUAL ALLEGATIONS

8. On June 12, 2019, Respondent admitted Patient 1,[1] a 75-year-old male, to Huntington Memorial Hospital for an elective percutaneous coronary intervention (PCI)[2] to address his symptoms of unstable angina.[3] The patient had a past medical history significant for coronary artery bypass grafting (CABG) with patent saphenous vein graft to the left anterior descending artery and ramus intermedius arteries, critical left main and obtuse marginal stenosis, peripheral arterial disease, a prior revascularization procedure, a pacemaker, hypertension, and end-stage renal disease/chronic kidney disease (CKD)[4] requiring dialysis.

9. With respect to the patient's unstable angina, Respondent noted that the patient had been maintained on medical management, including Ranexa,[5] but had been complaining of increasing angina symptoms for the past several months and was ingesting sublingual nitroglycerin frequently. Respondent did not address the appropriateness of the use of Ranexa given the patient's chronic kidney disease nor did he document consideration of a trial of prescribing a long acting oral or topical nitroglycerine preparation or a dihydropyridine calcium channel blocker.[6] The records reflect that the patient was also taking metoprolol succinate,[7] 25 mg, extended release, twice a day.

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

[2] PCI, also known as coronary angioplasty, is a nonsurgical procedure performed in a hospital cardiac catheterization laboratory that improves blood flow to the heart by widening blocked arteries.

[3] Unstable angina results from acute obstruction of a coronary artery without myocardial infarction. Symptoms include chest discomfort with or without dyspnea, nausea, and diaphoresis.

[4] CKD is divided into 5 stages based on the level of kidney function. Stage 1 is kidney damage with normal kidney function. Stage 2 is mild loss of kidney function. Stage 3 is mild to moderate loss of kidney function. Stage 4 is severe loss of kidney function. Stage 5 is end stage kidney failure with the need for transplant or dialysis.

[5] Ranexa is a medication prescribed to treat angina.

[6] Dihydropyridine calcium channel blockers are used to reduce systemic vascular resistance and arterial pressure.

[7] Metoprolol succinate is a beta blocker used to treat angina, heart failure and high blood pressure. Its dosage varies from 25 mg to 200 mg.

10. Prior to the procedure, the patient underwent a single view chest x-ray. No stress test or echocardiogram was performed immediately prior to the PCI and had last been performed sometime in Respondent's medical office. The patient's admitting laboratory studies reflected a potassium level of 5.4,[8] an elevated BUN of 37[9] and elevated creatinine level of 9.0.[10] The patient's glomerular filtration rate (GFR) was 7.[11] At 7:04 a.m., Patient 1's blood pressure was documented to be 133/66.[12] Respondent noted that the patient was not a surgical candidate due to the high risk nature of his coronary anatomy. Respondent recommended a PCI with the insertion of an Impella device[13] and consent was obtained for the same. There was no documentation that nephrology was consulted prior to the procedure regarding the patient's end-stage renal failure.

11. That same day, Respondent performed a PCI, including saphenous vein graft studies. Respondent noted that the studies showed that the patient still had patent grafts, but with progression of obtuse marginal branch disease. Throughout the procedure, the patient was hypertensive. His systolic blood pressure ranged from 110 to 191 and diastolic blood pressure ranged from 78 to 117. On multiple occasions throughout the procedure, the nursing staff reported to Respondent that the patient complained of pain rated as a 10 on a scale of 1 to 10 and that the patient complained that he was uncomfortable, had hip pain and was unable to lie still. Initially, 2 doses of lidocaine (a local anesthetic) was administered. Thereafter, 1 mg of morphine (an opioid analgesic), 1 mg of versed (a benzodiazepine used to

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[8] The reference range for a normal potassium level is 3.5 to 5.5.

[9] The reference range for a normal BUN level is 9 to 23.

[10] The reference range for a normal creatinine level is 0.70 to 1.30.

[11] GFR is a measure of kidney function. A GFR of less than 15 is indicative of kidney failure.

[12] A normal blood pressure reading is less than 120 systolic and less than 80 diastolic. A patient is prehypertensive with a systolic reading of 120-139 or a diastolic reading of 80-89. A patient is hypertensive with a systolic reading of 140 or higher or a diastolic reading of 90 or higher. A patient is in a hypertensive crisis with a systolic reading higher than 180 and/or a diastolic reading higher than 120.

[13] The Impella device is a mechanical support during PCI. It helps pump blood through the body by pulling blood out of the heart and pumping it into the aorta, bypassing the left ventricular. The Impella catheter is placed from the femoral artery in the groin and advanced from the aorta into the left ventricle.

cause relaxation and sleepiness), 25 mcg of Fentanyl (a synthetic opioid that is similar to morphine but is 50 to 100 times more potent), an additional 1 mg of morphine and 2 mg of Dilaudid (an opioid analgesic) were administered. In the procedure report, Respondent noted that the patient was "not quite cooperative," complained of being uncomfortable on the table, thrashed and attempted to move during the procedure. Intravenous morphine sulfate and Dilaudid were administered on multiple occasions so as to maintain the patient's comfort."[14]

12. Respondent noted that there was successful angioplasty and stenting of the left main artery with Impella support. Post-operatively, there were hemostasis issues that developed and a left groin hematoma, due to failed perclose device after the large 14 French sheath was removed. The sheath was reinsterted to maintain hemostasis and the patient was transferred to the Intensive Care Unit (ICU) for subsequent sheath removal by a vascular surgeon following normalization of the patient's anticoagulation.

13. Dr. M.J., a vascular surgery resident, consulted for the bleeding at the catheter site. Dr. M.J. removed the sheath at which time it was noted that there was a loss of distal extremity perfusion. The patient was started on heparin (a blood thinner) and a pulmonary-critical care consult was requested. Thereafter, the patient suddenly became apneic and had an emergency intubation. Dr. A.P., a pulmonary and critical care specialist, ordered a CT scan of the chest, ruling out pulmonary embolism and a brain CT which showed no acute changes. The patient developed an ischemic leg and was increasingly acidotic.

14. Vascular surgeon, Dr. W.L. noted that the patient was not in physiological condition to undergo any type of revascularization procedure and reperfusing the limb may significantly worsen his clinical status with a reperfusion injury. Dr. W.L. recommended supportive care for the patient's other organ systems and possible cryoamputation at the bedside, should the left lower extremity become profoundly ischemic or necrotic.

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[14] At the time of his interview with the Board, Respondent stated that from his prior experiences with the patient, he was not surprised that the patient would be uncomfortable during the procedure as the patient had a low pain threshold and suffered from hip problems.

15. Laboratory studies reported on June 12, 2019 at 11:49 p.m. revealed that the patient was hypokalemic with a critically high potassium level of 6.8, high BUN of 49 and high creatinine of 10.26. Dr. A.P. noted that she notified nephrologist, Dr. E.M. of the hypokalemia.

16. Laboratory studies reported the next morning at 4:45 a.m. revealed that the patient's potassium level trended up overnight to a further critical value of 7.9. The morning laboratory studies also revealed an elevated BUN of 54 and an elevated creatinine of 10.87. Dr. E.M. performed an urgent dialysis evaluation. In her consult note, Dr. E.M. noted that the patient had end-stage renal disease and had been undergoing maintenance hemodialysis Tuesday, Thursday and Saturday for approximately 8 years. Dr. E.M. arranged for urgent dialysis and re-dosed his medications for hyperkalemia. She also recommended a surgical evaluation of the patient's left ischemic lower extremity. The patient's potassium, BUN and creatinine remained elevated post dialysis. The inadequate dialysis was possibly due to access recirculation with hypotension and was exacerbated by the patient's ischemic limb, lactic acidosis and continued potassium leak from myocytes. Dr. E.M. noted that she discussed this with the patient's family and offered to reattempt dialysis with a catheter; however, the family declined and opted for conservative management.

17. Respondent noted discussions with the vascular surgery and nephrology consultants as well as a discussion with the patient's daughter regarding dialysis by catheter access and amputation. The patient's daughter opted for medical management without other dialysis access or any form of amputation. The patient's metabolic condition worsened and the patient's family eventually requested that the patient be taken off ventilation support. At 9:15 p.m. on June 13, 2019, the patient became unresponsive and a code blue was called. At 9:39 p.m., the patient expired.

18. Respondent was board certified by the American Board of Internal Medicine in internal medicine in 1985 and maintains current certification in internal medicine. Respondent was board certified by the American Board of Internal Medicine in the subspecialty of cardiovascular disease in 1995. Respondent's subspecialty board certification in cardiovascular

disease expired in 2015. He is not currently board certified in cardiovascular disease. On July 30, 2019, Respondent utilized letterhead reflecting that he is a Diplomat of the American Subspecialty Board of Cardiovascular Disease. At the time of Respondent's interview with the Board on April 2, 2020, he stated that he is board certified in Internal Medicine and Cardiovascular Disease. This information is also set forth on the Board's website as self-reported information provided by Respondent.

FIRST CAUSE FOR DISCIPLINE

(Gross Negligence)

19. 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 17, above, as though fully set forth herein. The circumstances are as follows:

20. When recommending that a patient undergo an interventional procedure, the standard of care requires that the recommending physician optimize the patient pharmacologically before initiating the procedure. The indication for a PCI is persistent symptoms in a patient who is pharmacologically optimized.

21. Patient 1 was not pharmacologically optimized prior to proceeding with a PCI. He was taking Ranexa, which is contraindicated in patients with CKD stages 4 and 5 and patients undergoing dialysis. Respondent did not address the appropriateness of the use of Ranexa given the patient's chronic kidney disease nor did he document consideration of the use of long acting oral or topical nitroglycerine preparation or a dihydropyridine calcium channel blocker. In addition, Patient 1 was taking Metoprolol at a low dose without undergoing a trial of increased dosage before proceeding with the PCI. Respondent's failure to properly manage Patient 1's ischemic heart disease by not optimizing him pharmacologically prior to proceeding with a PCI represents an extreme departure from the standard of care and lack of knowledge.

22. When recommending that a patient undergo an interventional procedure, the standard of care requires that the recommending physician order appropriate studies to assess the risks and benefits of undergoing the procedure.

23. Prior to the procedure, Patient 1 did not undergo any imaging studies to assist in determining the amount of myocardium at risk or the risk and benefit of undergoing a PCI. The patient underwent a single-view chest x-ray prior to the procedure. No stress test or echocardiogram was performed immediately prior to the procedure and the last studies had been performed sometime prior in Respondent's medical office. Respondent's failure to obtain preoperative imaging prior to proceeding with a PCI represents an extreme departure from the standard of care and lack of knowledge.

24. When a physician utilizes a mechanical assist device, as an Impella device, during a cardiac PCI, the standard of care requires an appropriate indication for use so that the benefits of its use outweigh the risks. When saphenous vein grafts are known to be patent, an Impella device will create a competitive flow, leaving vein grafts vulnerable to closure from competitive flow.

25. An Impella device is used for temporary mechanical support during high-risk interventional procedures. Respondent characterized Patient 1's PCI procedure as "high-risk" and used an Impella device for temporary mechanical support without indications of the patient being 'high-risk." Patient 1 had prior CABG, with saphenous veins grafts known to be patent. He did not have reduced left ventricular systolic function or high-risk coronary anatomy. Respondent's use of the Impella device during Patient 1's PCI when he had saphenous vein grafts known to be patent, did not have reduced left ventricular systolic function or high-risk coronary anatomy represents an extreme departure from the standard of care and lack of knowledge.

26. The standard of care requires that when performing a cardiac procedure, the physician provide pain relief and manage the patient's vital signs.

27. Despite Respondent being familiar with Patient 1's pain tolerance prior to June 12, 2019 and the patient's complaints of pain rated as a 10 on a scale of 1 to 10 during the procedure, the pain medications administered were inconsistent with the patient's complaints of pain until Dilaudid was ultimately administered near the end of the procedure. During the PCI procedure, morphine was administered twice; however it is not the preferred agent in patients on hemodialysis. Fentanyl and Dilaudid are the preferred pain relief agents for patients on hemodialysis. Respondent administered morphine twice and late in the procedure gave the

patient one dose of Fentanyl and one dose of Dilaudid. Further, the patient's blood pressure readings were severely elevated during the PCI procedure. Respondent's failure to properly manage Patient 1's discomfort and vital signs during the PCI procedure represents an extreme departure from the standard of care and lack of knowledge.

28. Respondent's acts and/or omissions as set forth in paragraphs 8 through 27, 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)

29. Respondent is subject to disciplinary action under section 2234, subdivision (c), of the Code in that he committed repeated negligent acts with respect to his care and treatment of Patient 1.

30. Complainant refers to and, by this reference, incorporates herein, paragraphs 8 through 28 above, as though fully set forth herein.

31. The standard of care requires that the admitting physician collaborate and notify consultants in a timely manner. At the time of the patient's admission, the patient was known to be in end-stage renal failure and undergoing dialysis. Respondent failed to collaborate with nephrology before performing the PCI on June 12, 2019. This represents a simple departure from the standard of care.

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

THIRD CAUSE FOR DISCIPLINE

(Incompetence)

33. Respondent is subject to disciplinary action under section 2234, subdivision (d), of the Code, in that he was incompetent in the management of Patient 1's ischemic heart disease, the use of the Impella device during Patient 1's PCI procedure and the management of Patient 1's

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vital signs during the PCI procedure. Complainant refers to and, by this reference, incorporates herein, paragraphs 8 through 32, above, as though fully set forth herein.

FOURTH 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 8 through 33, above, as though fully set forth herein.

FIFTH CAUSE FOR DISCIPLINE

(Unprofessional Conduct)

35. Respondent is subject to disciplinary action under section 2234 of the in that he engaged in unprofessional conduct in his care of Patient 1. Complainant refers to an, by this reference, incorporates herein, paragraphs 8 through 34 above, as though fully set forth herein.

36. Respondent also engaged in unprofessional conduct by inappropriately holding himself out as board certified in cardiovascular diseases. Complainant refers to and, by this reference, incorporates herein, paragraph 18.

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 G 51025, issued to Iduama B. Kelly-Dokubo, M.D.;

2. Revoking, suspending or denying approval of Iduama B. Kelly-Dokubo, M.D.'s authority to supervise physician assistants and advanced practice nurses;

3. Ordering Iduama B. Kelly-Dokubo, M.D., if placed on probation, to pay the Board the costs of probation monitoring; and

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

DATED: MAR 15 2021

WILLIAM PRASIFKA
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

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