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

In the Matter of the First Amended Accusation Against: Minh Hiep Nguyen, M.D. Physician's and Surgeon's Certificate No. A 98914 Respondent.	Case No.: 800-2018-050552

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 November 3, 2022.

IT IS SO ORDERED: October 4, 2022.

MEDICAL BOARD OF CALIFORNIA

Richard E. Thorp, M.D., Chair
Panel B

ROB BONTA
Attorney General of California
STEVE DIEHL
Supervising Deputy Attorney General
CAITLIN ROSS
Deputy Attorney General
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Attorneys for Complainant

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

In the Matter of the First Amended Accusation Against: **MINH HIEP NGUYEN, M.D.** **2299 Bacon Street, Suite 2** **Concord, CA 94520** **Physician's and Surgeon's Certificate No. A 98914** Respondent.	Case No. 800-2018-050552 OAH No. 2022030038 **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 Caitlin Ross, Deputy Attorney General.

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2. Respondent Minh Hiep Nguyen, M.D. (Respondent) is represented in this proceeding by attorney Robert W. Hodges, Esq., whose address is: 3480 Buskirk Avenue, Suite 250 Pleasant Hill, CA 94523.

3. On February 9, 2007, the Board issued Physician's and Surgeon's Certificate No. A 98914 to Minh Hiep Nguyen, M.D. The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in First Amended Accusation No. 800-2018-050552, and will expire on November 30, 2022, unless renewed.

JURISDICTION

4. First Amended Accusation No. 800-2018-050552 was filed before the Board, and is currently pending against Respondent. The original Accusation and all other statutorily required documents were properly served on Respondent on November 10, 2021. Respondent filed his Notice of Defense contesting the charges and allegations in the Accusation. The First Amended Accusation was served on Respondent on December 31, 2021.

5. A copy of First Amended Accusation No. 800-2018-050552 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 First Amended Accusation No. 800-2018-050552. 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 First Amended 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.

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

CULPABILITY

9. Respondent understands and agrees that the charges and allegations in First Amended Accusation No. 800-2018-050552, 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 or factual basis with respect to the charges and allegations in First Amended Accusation No. 800-2018-050552, 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. A 98914 to disciplinary action. Respondent hereby gives up his right to contest those charges.

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 First Amended Accusation No. 800-2018-

050552 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.

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 98914 issued to Respondent Minh Hiep Nguyen, M.D. is revoked. However, the revocation is stayed and Respondent is placed on probation for thirty-five (35) months on the following terms and conditions:

1. EDUCATION COURSE. Within 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 40 hours per year, for each year of probation. The educational program(s) or course(s) shall be in the field of vascular access or vascular medicine, with at least 20 of those hours in the field of vascular access 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 65 hours of CME of which 40 hours were in satisfaction of this condition.

2. MEDICAL RECORD KEEPING COURSE. Within 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 First Amended 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 15 calendar days after successfully completing the course, or not later than 15 calendar days after the effective date of the Decision, whichever is later.

3. NOTIFICATION. Within seven (7) days of the effective date of this Decision, the Respondent shall provide a true copy of this Decision and First Amended 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 15 calendar days.

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

4. 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.

5. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby ordered to reimburse the Board its costs of investigation and enforcement, including, but not limited to, expert review, amended accusations, legal reviews, joint investigations, and subpoena

enforcement, as applicable, in the amount of $2,731.25 (two thousand seven hundred thirty-one dollars and twenty-five cents). Costs shall be payable to the Medical Board of California. Failure to pay such costs shall be considered a violation of probation.

Any and all requests for a payment plan shall be submitted in writing by respondent to the Board.

The filing of bankruptcy by respondent shall not relieve respondent of the responsibility to repay investigation and enforcement costs, including expert review costs.

6. 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 10 calendar days after the end of the preceding quarter.

7. 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 30 calendar days prior to the dates of departure and return.

8. 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.

9. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or its designee in writing within 15 calendar days of any periods of non-practice lasting more than 30 calendar days and within 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 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 18 calendar months, Respondent shall successfully complete the Federation of State Medical Boards's 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.

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

11. 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.

12. 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 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.

13. 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.

14. 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 First Amended Accusation No. 800-2018-050552 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, Robert W. Hodges, Esq. 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: _____ _____

MINH HIEP NGUYEN, M.D.
Respondent

I have read and fully discussed with Respondent Minh Hiep Nguyen, M.D. the terms and

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conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order. I approve its form and content.

DATED: _____ _____
ROBERT W. HODGES, ESQ.
Attorney for Respondent

ENDORSEMENT

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

DATED: _____

Respectfully submitted,

ROB BONTA
Attorney General of California
STEVE DIEHL
Supervising Deputy Attorney General

CAITLIN ROSS
Deputy Attorney General
Attorneys for Complainant

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DATED: 7/23/22

MINH HIEP NGUYEN, M.D.
Respondent

I have read and fully discussed with Respondent Minh Hiep Nguyen, M.D. the terms and

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conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order. I approve its form and content.

DATED: 7/26/22

ROBERT W. HODGES, ESQ.
Attorney for Respondent

ENDORSEMENT

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

DATED: _____

Respectfully submitted,

ROB BONTA
Attorney General of California
STEVE DIEHL
Supervising Deputy Attorney General

CAITLIN ROSS
Deputy Attorney General
Attorneys for Complainant

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DATED: _____

ROBERT W. HODGES, ESQ.
Attorney for Respondent

ENDORSEMENT

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

DATED: 7-26-22

Respectfully submitted,

ROB BONTA
Attorney General of California
STEVE DIEHL
Supervising Deputy Attorney General

CAITLIN ROSS
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

First Amended Accusation No. 800-2018-050552

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Attorneys for Complainant

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

In the Matter of the First Amended Accusation Against: **MINH HIEP NGUYEN, M.D.** **2299 Bacon Street, Suite 2** **Concord, CA 94520** **Physician's and Surgeon's Certificate No. A 98914,** Respondent.	Case No. 800-2018-050552 **FIRST AMENDED ACCUSATION**

PARTIES

1. William Prasifka (Complainant) brings this First Amended 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 February 9, 2007, the Board issued Physician's and Surgeon's Certificate Number A 98914 to Minh Hiep Nguyen, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought herein and will expire on November 30, 2022, unless renewed.

JURISDICTION

3. This First Amended 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 2227 of the Code provides that a licensee who is found guilty under the Medical Practice Act may have his or her license revoked, suspended for a period not to exceed one year, placed on probation and required to pay the costs of probation monitoring, or such other action taken in relation to discipline as the Board deems proper.

5. Section 2234 of the Code states, in pertinent part, that the Board shall take action against any licensee who is charged with unprofessional conduct. Unprofessional conduct includes, but is not limited to:

(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.

6. Section 2266 of the Code provides that 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.

COST RECOVERY

7. Effective January 1, 2022, Section 125.3 of the Code provides, in pertinent part, that the Board may request the administrative law judge to direct a licensee found to have committed a violation or violations of the licensing act to pay a sum not to exceed the reasonable costs of the investigation and enforcement of the case, with failure of the licensee to comply subjecting the license to not being renewed or reinstated. If a case settles, recovery of investigation and enforcement costs may be included in a stipulated settlement.

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FACTUAL ALLEGATIONS

8. Respondent is a pulmonary intensivist physician who treated Patient A,[1] a woman in her late 60s/early 70s, at a hospital by inserting a central line for her upcoming dialysis.

9. Respondent was asked to insert the central line because Patient A had significant loss of kidney function and needed dialysis. Respondent attempted to insert an intravenous catheter in order for dialysis to proceed. This type of process involves a practitioner inserting a needle into a vein, dilating the vein, and inserting a catheter into the vein. Then, for the dialysis procedure, the patient's blood is temporarily removed via the catheter and the kidney's blood-filtering functions are performed using equipment outside of the body. Finally, the filtered blood returns to the body via the same catheter and circulates through the body. The cycle continues until a practitioner determines that the dialysis procedure is complete.

10. There are multiple options for accessing the blood for dialysis. In this matter, Respondent was attempting to insert a central venous catheter into the right-sided internal jugular vein, a large vein located in the neck. The internal jugular vein is located very near the arterial system also located in the neck.

11. Because the neck's arterial and venous systems are located very close together, unintentional arterial puncture during central line insertion via the internal jugular vein can occasionally occur. However, most of the time this is recognized during the procedure when the blood return is classically arterial with bright red color and higher-pressured throbbing flow, as opposed to darker colored and non-throbbing lower-pressured venous flow. If arterial puncture has accidentally occurred, the needle is removed and pressure can be applied to the location before further reattempts. However, if the practitioner who unintentionally punctured the artery moves forward with dilation and catheter insertion, the situation is much more problematic, since the larger dilator/catheter will create a larger tear and disruption to the arterial wall than the puncture by the smaller needle. When dilation of a large artery has occurred, surgical intervention may be required to safely remove the line.

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[1] Patient A's name is withheld to protect her privacy. Respondent is aware of Patient A's identity.

12. On September 22, 2018, Respondent attempted to insert the central line into Patient A's internal jugular vein, but instead inserted the central line into an artery. On September 23, 2018, Patient A underwent dialysis with the misplaced central line and subsequently suffered catastrophic clinical consequences.

13. Central venous catheters, particularly dialysis catheters, that are misplaced into an artery, as opposed to a vein, can lead to catastrophic clinical consequences. These include blood clots, high risk of stroke (since the internal jugular vein is so close to the brain), uncontrolled bleeding with hemorrhagic shock, circulatory collapse, and death. As a result, if any potential doubts regarding placement are raised, approval for line use should not be granted until a thorough and prompt diagnostic evaluation is completed to assure proper placement.

14. During the procedure to insert the central line into the internal jugular vein, Respondent did not use ultrasound guidance to confirm that he had inserted the needle and catheter into the vein, as opposed to the artery. He moved forward with inserting the catheter. Shortly after Respondent completed the procedure, but long before the catheter was used during dialysis the next day, a chest x-ray was performed. The purpose of the chest x-ray was to confirm correct line placement before dialysis proceeded. The radiology report for the x-ray stated that the catheter crossed the midline of the body and noted "[i]ndeterminate position" of the catheter and warned that ". . . arterial placement cannot be excluded."

15. This x-ray finding was strikingly abnormal and concerning. With very few rare exceptions, a right-sided central line should not be pointing towards the left side of the body and crossing the midline, as this would highly suggest potential arterial placement. This observation should prompt a very high index of suspicion with further investigation.

16. Respondent did not perform a blood gas analysis or connect the line to a pressure transducer—two simple options that would have revealed that the catheter was in the artery. Instead, Respondent proceeded to tell other medical staff at the hospital that it was safe to proceed with dialysis using the line. Respondent states that on September 22, 2018, he performed a post-x-ray ultrasound, but there is no medical record created before the September 23, 2018 dialysis attempt noting an ultrasound procedure. There is a medical record, created by Respondent late on

September 23, 2018, after other medical staff had attempted dialysis and determined that the line was placed in the artery, where Respondent reports that he performed a post-x-ray ultrasound that showed "it was not in the distal carotid and assumed it to be in the IJ as it was lateral. However CT later showed that it entered the carotid proximally."

17. On the morning of September 23, 2018, dialysis began using the line Respondent inserted. Dialysis proceeded for at least several minutes. Patient A deteriorated, with low blood pressure and declining alertness. Dialysis was stopped, her condition began improving, and Patient A was transferred to the ICU. Another hospital physician confirmed arterial placement via two methods: blood gas analysis and connecting the line to a pressure transducer. Hospital staff also ordered a second chest x-ray, with the report noting the right-sided catheter crossing of the midline and the "exact location of the tip is unclear but suspected to be arterial." A CT scan later that day also confirmed that the central line had entered the artery.

18. Patient A underwent urgent transfer for cardiothoracic surgery. Patient A had a neck hematoma with a risk of continued hematoma expansion and potential for embolic stroke. During the surgery, the hematoma was drained and the misplaced arterial catheter was surgically removed. After the surgery, Patient A had a prolonged hospitalization with waxing and waning mental status and weakness. A neurologist determined that weakness was most likely principally caused by lack of oxygen perfusion to the spinal cord during the dialysis attempt, with a contributing component of chronic compression of spinal artery. Patient A failed extubation twice, suffered a cardiopulmonary arrest, and eventually underwent tracheostomy and gastric feeding tube placement, followed by discharge to a long term care facility.

19. The standard of care for performing central line placement in the internal jugular vein includes proficiency in interpreting the post-procedure chest x-ray and performing confirmatory tests if and when there is concern for misplacement. The physician must examine the post-procedure chest x-ray for any evidence of improper positioning of the line. Properly positioned catheters should show a straight downward course on the x-ray as the catheter follows the internal jugular vein to end at the junction of the superior vena cava and right atrium of the heart.

20. Observing a right-sided central line pointing towards the left side of the body and crossing the midline should almost always suggest potential arterial placement. This observation should prompt a very high level of suspicion with further investigation, including prompt ultrasound verification. Additionally, the location of the line can easily be determined by connecting the catheter to a pressure transducer that will show a distinct waveform pattern typical of either arterial or venous pressure. Similarly, a quick laboratory blood gas analysis on a sample drawn from the line in question can easily determine whether the source was arterial or venous.

FIRST CAUSE FOR DISCIPLINE

(Failure to Perform Thorough and Complete Workup to Ensure Catheter Was in Correct Location Before Authorizing Use of Catheter)

21. Paragraphs 8-20 above are incorporated as if set forth herein

22. Respondent Minh Hiep Nguyen, M.D. is subject to disciplinary action under Code sections 2234; 2234 subdivision (b); 2234 subdivision (c); in that despite the potential severe ramifications of dialyzing a patient via a misplaced catheter in the artery, and despite the abnormal and concerning post-placement chest x-ray finding:

a. Respondent failed to appropriately respond to the extremely concerning x-ray before allowing dialysis to proceed;

b. Respondent did not perform a thorough and complete workup to ensure that the catheter was in the correct location before authorizing use of the catheter;

c. Respondent did not perform a blood gas analysis on a sample drawn from the line in question that could have easily determined whether the source was arterial or venous;

d. Respondent did not use a pressure transducer that would have shown a distinct waveform pattern typical of either arterial or venous pressure; and

e. Respondent did not properly manage internal jugular central line complications.

SECOND CAUSE FOR DISCIPLINE

(Inaccurate and Inadequate Recordkeeping)

23. Paragraphs 8-22 above are incorporated as if set forth herein

24. Respondent Minh Hiep Nguyen, M.D. is subject to disciplinary action under Code sections 2234; 2234 subdivision (a); and 2266 in that:

a. Respondent's medical record for the line-insertion procedure has insufficient detail about the procedure he performed;

b. Respondent's medical record for the line-insertion procedure failed to mention which anatomical landmarks were used to identify the site of needle insertion, which would have been relevant in the absence of ultrasound guidance;

c. Respondent's medical record for the line-insertion procedure erroneously recorded placement of a left-sided line when in fact Respondent performed the procedure on the right side;

d. Respondent's medical record for the line-insertion procedure did not include the color and flow of blood return (to determine whether it appeared venous or arterial), the dilation of line track from skin to vessel using a dilator, and whether the guidewire was removed;

e. Respondent's medical record for the line-insertion procedure did not include sufficient detail to show that the line had been inserted in the correct place;

f. Respondent's medical record for the purported post-procedure ultrasound guidance was not documented until the day after the purported post-procedure ultrasound guidance (and after the line had already been identified by other medical staff as arterial).

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 98914, issued to Respondent Minh Hiep Nguyen, M.D.;

2. Revoking, suspending or denying approval of Respondent Minh Hiep Nguyen, M.D.'s authority to supervise physician assistants and advanced practice nurses;

3. Ordering Respondent Minh Hiep Nguyen, M.D., to pay the Board the costs of the investigation and enforcement of this case, and if placed on probation, the costs of probation monitoring; and

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

DATED: DEC 3 1 2021

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

Reji Varghese
Deputy Director

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