In the Matter of

FERNANDO CRUZADO, M.D.

Holder of License No. 30961

In the State of Arizona.

For the Practice of Allopathic Medicine

3

4

5

6 7

8

9

11

12

13

14

15

16

17

18 19

20

21

2223

. .

24

25

Case No. MD-21-0508A

ORDER FOR LETTER OF REPRIMAND AND PROBATION; AND CONSENT TO THE SAME

Fernando Cruzado, M.D. ("Respondent") elects to permanently waive any right to a hearing and appeal with respect to this Order for Letter of Reprimand and Probation; admits the jurisdiction of the Arizona Medical Board ("Board"); and consents to the entry of this Order by the Board.

FINDINGS OF FACT

- 1. The Board is the duly constituted authority for the regulation and control of the practice of allopathic medicine in the State of Arizona.
- 2. Respondent is the holder of license number 30961 for the practice of allopathic medicine in the State of Arizona.
- 3. The Board initiated case number MD-21-0508A after receiving notification of a malpractice settlement regarding Respondent's care and treatment of a 2 year-old female patient ("AM") alleging inappropriate administration of Ativan medication leading to respiratory distress requiring intubation and failure to properly intubate resulting in cardiorespiratory arrest, hypoxia, and death.
- 4. On April 13, 2018, AM presented to the Hospital ED with complaints of wheezing, coughing, and congestion for one day after attending a carnival. AM had a medical history of asthma. At 0943, AM's vital signs were BP 143/82, HR 160, RR 60, and O2 saturation of 92% on room air. AM was noted to be wheezing on physical examination and to be tachypneic with accessory muscle use. Respondent evaluated AM as the treating physician.

- 5. At 0950, an Albuterol and Atrovent nebulizer breathing treatment was ordered along with Methylprednisolone IM. Respondent noted that after the breathing treatment, AM was felt to be anxious and Ativan 0.05mg was ordered with an indication of "wheezing". Additionally, AM was found to have a bilateral otitis media and her chest x-ray showed a "mild lateral left inferior perihilar airspace opacity". Subsequently, AM was given IV fluids as well as a dose of ceftriaxone for presumed left lower lobe pneumonia and otitis media. AM was administered an additional Atrovent nebulizer treatment followed by a Pulmicort nebulizer treatment.
- 6. At 1118, a pediatric consultation was obtained, and AM was noted to be weak, mouth breathing, and in respiratory distress with retractions. The Pediatrician recommended no further doses of Ativan which could cause "respiratory depression" and transfer to a Children's Hospital for a higher level of care. AM was noted to become more "sleepy", which was attributed to it being her naptime.
- 7. At 1240, AM's respiratory rate was 73 and oxygen saturation was 97% while on 10 liter blow by oxygen. The Hospital was notified of a delay in EMS arrival via fixed wing aircraft secondary to weather conditions. Upon ground crew arrival, request was made by EMS to secure patient's airway prior to transport to airport.
- 8. At 1325, the Hospital initiated rapid sequence intubation ("RSI"). At 1328, AM desaturated and an unsuccessful endotracheal intubation attempt was made at 1330 by Respondent. AM developed peri-intubation bradycardia and hypoxemia progressing to pulselessness. AM received chest compressions from 1329 to 1355. At 1342, an adult dose of epinephrine was administered.
- 9. At 1412, the flight crew arrived and successfully intubated patient. At the Children's Hospital, AM was diagnosed with parainfluenza type 3 from a respiratory viral panel. AM was noted to have a concerning neurological examination given the lack of

neurological responses with no sedation upon her arrival at the Children's Hospital. A head CT scan was read as normal. However, on April 14, AM experienced another cardiopulmonary arrest and was noted to have pulmonary edema and neurological findings consistent with diffuse hypoxic ischemic encephalopathy. AM subsequently was transferred to the ICU where she expired on April 19, 2018. The cause of death was identified as global anoxic brain injury due to respiratory arrest, pneumonia and parainfluenza.

- 10. The standard of care requires a physician to treat respiratory distress secondary to asthma exacerbation as bronchodilator therapy with nebulizer treatments. Respondent deviated from this standard of care by failing to recognize respiratory decline secondary to wheezing and asthma exacerbation in a known asthmatic pediatric patient.
- 11. The standard of care prohibits a physician from prescribing benzodiazepines for agitation in a pediatric patient with increasing respiratory distress. Respondent deviated from the standard of care by prescribing Ativan for wheezing in a pediatric patient with respiratory distress.
- 12. The standard of care requires a physician to recognize an esophageal intubation in a timely manner. Respondent deviated from the standard of care by failure to recognize an esophageal intubation in a timely manner.
- 13. The standard of care requires a physician to initiate the PALS protocol for asystole/pulseless electrical activity and peri-arrest bradycardia in a pediatric patient. Respondent deviated from the standard of care by failing to initiate the PALS protocol for asystole/pulseless electrical activity and peri-arrest bradycardia in a pediatric patient.
- 14. Actual patient harm was identified in that AM suffered an anoxic brain injury and expired.

CONCLUSIONS OF LAW

- a. The Board possesses jurisdiction over the subject matter hereof and over Respondent.
- b. The conduct and circumstances described above constitute unprofessional conduct pursuant to A.R.S. § 32-1401(27)(e)("Failing or refusing to maintain adequate records on a patient.").
- c. The conduct and circumstances described above constitute unprofessional conduct pursuant to A.R.S. § 32-1401(27)(r)("Committing any conduct or practice that is or might be harmful or dangerous to the health of the patient or the public.").

ORDER

IT IS HEREBY ORDERED THAT:

- 1. Respondent is issued a Letter of Reprimand.
- 2. Respondent is placed on Probation for a period of six months with the following terms and conditions:

a. Continuing Medical Education

Respondent shall within 6 months of the effective date of this Order obtain no less than 3 hours of Board Staff pre-approved Category I Continuing Medical Education ("CME") in the evaluation and treatment of pediatric respiratory conditions. Respondent shall within **thirty days** of the effective date of this Order submit his request for CME to the Board for pre-approval. Upon completion of the CME, Respondent shall provide Board staff with satisfactory proof of attendance. The CME hours shall be in addition to the hours required for the biennial renewal of medical licensure. The Probation shall terminate upon Respondent's proof of successful completion of the CME.

b. Obey All Laws

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

3. The Board retains jurisdiction and may initiate new action against Respondent based upon any violation of this Order. A.R.S. § 32-1401(27)(s)

DATED AND EFFECTIVE this _____ day of _______, 2022.

ARIZONA MEDICAL BOARD

Patricia E. McSorley
Executive Director

CONSENT TO ENTRY OF ORDER

- Respondent has read and understands this Consent Agreement and the stipulated Findings of Fact, Conclusions of Law and Order ("Order"). Respondent acknowledges he has the right to consult with legal counsel regarding this matter.
- 2. Respondent acknowledges and agrees that this Order is entered into freely and voluntarily and that no promise was made or coercion used to induce such entry.
- 3. By consenting to this Order, Respondent voluntarily relinquishes any rights to a hearing or judicial review in state or federal court on the matters alleged, or to challenge this Order in its entirety as issued by the Board, and waives any other cause of action related thereto or arising from said Order.
- 4. The Order is not effective until approved by the Board and signed by its Executive Director.

- 5. All admissions made by Respondent in this Order are solely for final disposition of this matter and any subsequent related administrative proceedings or civil litigation involving the Board and Respondent. Therefore, said admissions by Respondent are not intended or made for any other use, such as in the context of another state or federal government regulatory agency proceeding, civil or criminal court proceeding, in the State of Arizona or any other state or federal court.
- 6. Notwithstanding any language in this Order, this Order does not preclude in any way any other State agency or officer or political subdivision of this state from instituting proceedings, investigating claims, or taking legal action as may be appropriate now or in the future relating to this matter or other matters concerning Respondent, including but not limited to, violations of Arizona's Consumer Fraud Act. Respondent acknowledges that, other than with respect to the Board, this Order makes no representations, implied or otherwise, about the views or intended actions of any other state agency or officer or political subdivisions of the State relating to this matter or other matters concerning Respondent.
- 7. Upon signing this agreement, and returning this document (or a copy thereof) to the Board's Executive Director, Respondent may not revoke the consent to the entry of the Order. Respondent may not make any modifications to the document. Any modifications to this original document are ineffective and void unless mutually approved by the parties.
- 8. This Order is a public record that will be publicly disseminated as a formal disciplinary action of the Board and will be reported to the National Practitioner's Data Bank and on the Board's web site as a disciplinary action.
- 9. If any part of the Order is later declared void or otherwise unenforceable, the remainder of the Order in its entirety shall remain in force and effect.