**BEFORE THE REVIEW COMMITTEE OF THE ARIZONA MEDICAL BOARD**

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| In the Matter of<br><br>**PRASAD S. RAVI, M.D.**<br><br>Holder of License No. 53608<br>For the Practice of Allopathic Medicine<br>In the State of Arizona. | Case No. MD-22-0951A<br><br>**FINDINGS OF FACT, CONCLUSIONS OF LAW AND ORDER FOR LETTER OF REPRIMAND** |

The Review Committee of the Arizona Medical Board ("Board") considered this matter at its public meeting on October 6, 2023. Prasad S. Ravi, M.D. ("Respondent"), appeared with legal counsel, Jay A. Fradkin, Esq., before the Review Committee for a Formal Interview pursuant to the authority vested in the Board by A.R.S. § 32-1451(P). The Review Committee voted to issue Findings of Fact, Conclusions of Law and Order after due consideration of the facts and law applicable to this matter.

## 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 53608 for the practice of allopathic medicine in the State of Arizona.

3. The Board initiated case number MD-22-0951A after receiving notification of a malpractice settlement regarding Respondent's care and treatment of a 17-year-old male patient ("BK") alleging failure to order an inpatient cardiac MRI and premature discharge of a patient resulting in death.

4. On September 23, 2020, BK presented to an urgent care with complaints of tachycardia. An EKG was interpreted as normal, and the patient was discharged home. The next day BK returned with complaints of heart palpitations, chest pain, dizziness, and the feeling described as giddy. Again, later in the day he went to the emergency department with complaints of chest pain. Along with the chest pain he now had an

abnormal EKG. The ED physician contacted Respondent who recommended transfer to a Hospital.

5. On September 24, 2020, BK was admitted to a Children's Hospital. Respondent's differential diagnosis included pericarditis, myocarditis, and vasospasm. A troponin-T high sensitivity was performed with the resultant number of 11. Since this was a high number, serial high sensitivity troponins were repeated approximately six hours apart. These troponin levels were repeated six times, with the results as follows; 11, 8, 10, 17, 10, and 11. In addition to the abnormal troponin levels the patient continued to have chest pain and was noted to be hypertensive. Toxicology screens were negative.

6. During the hospitalization, BK continued to have brief periods of chest pain, and tachycardia that were like previous episodes. Respondent noted that the patient had palpitations, and sinus tachycardia with transient ST segment changes on EKG. Respondent also noted that the high sensitivity troponins "were" borderline high but coming down. Respondent stated that if the next troponin was down trending the patient could be discharged.

7. On September 26, 2020, BK was discharged with instructions to follow-up with cardiology within 3-4 days.

8. On September 29, 2020, 0648, BK was found unresponsive and pulseless. EMS was called and resuscitative efforts were started and continued at the hospital but no cardiac activity was obtained, and the patient was severely acidotic. At 0734, BK was pronounced dead. An autopsy was performed, and the cause of death was listed as Takayasu arteritis involving the coronary arteries.

9. The standard of care requires a physician to perform a complete cardiac work-up in a patient presenting with chest pain, abnormal EKG, and elevated high

sensitivity troponins. Respondent deviated from the standard of care by failing to order a cardiac MRI in a patient with abnormal troponin levels.

10. The standard of care requires a physician to stabilize a patient prior to discharge. Respondent deviated from the standard of care by discharging a patient with an abnormal EKG, elevated troponin, and intermittent chest pain.

11. Actual patient harm was identified in that the patient expired.

12. During a Formal Interview on this matter, Respondent testified regarding the foregoing and his rationale for discharging the patient. Respondent stated that he advised BK's parents that BK should avoid stress, and to return to the ER in the event that BK's symptoms worsened. Respondent agreed that while BK's troponins were trending down in the period prior to discharge, BK was not pain free. Respondent stated that the pain was appropriate, and noted that he reviewed BK's telemetry but did not note anything that indicated ongoing ischemia. Respondent testified that he felt BK's parents were in agreement with the plan to discharge BK.

13. During that same Formal Interview, Review Committee members commented that the troponin levels, in combination with the patient's clinical presentation, EKG findings and tachycardia, were potentially indicative of ischemia or another condition, which was not sufficiently explored. The Committee voted in favor of a Letter of Reprimand.

## CONCLUSIONS OF LAW

1. The Board possesses jurisdiction over the subject matter hereof and over Respondent.

2. 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.

## RIGHT TO PETITION FOR REHEARING OR REVIEW

Respondent is hereby notified that he has the right to petition for a rehearing or review. The petition for rehearing or review must be filed with the Board's Executive Director within thirty (30) days after service of this Order. A.R.S. § 41-1092.09(B). The petition for rehearing or review must set forth legally sufficient reasons for granting a rehearing or review. A.A.C. R4-16-103. Service of this order is effective five (5) days after date of mailing. A.R.S. § 41-1092.09(C). If a petition for rehearing or review is not filed, the Board's Order becomes effective thirty-five (35) days after it is mailed to Respondent.

Respondent is further notified that the filing of a motion for rehearing or review is required to preserve any rights of appeal to the Superior Court.

DATED AND EFFECTIVE this 14th day of December, 2023.

ARIZONA MEDICAL BOARD

By Patricia E. McSorley
Patricia E. McSorley
Executive Director

EXECUTED COPY of the foregoing mailed this 14th day of December, 2023 to:

Prasad S. Ravi, M.D.
Address of Record

Jay A. Fradkin, Esq.
Broening Oberg Woods & Wilson, PC
2800 N. Central Ave, Ste 1600
Phoenix, Arizona 85004
Attorney for Respondent

ORIGINAL of the foregoing filed
this 11th day of December, 2023 with:

Arizona Medical Board
1740 West Adams, Suite 4000
Phoenix, Arizona 85007

Michelle Rosas
Board staff