

BEFORE THE
NORTH CAROLINA MEDICAL BOARD

In re:)	
)	
Ramesh Loganathan Krishnaraj, M.D.,)	NOTICE OF CHARGES
)	AND ALLEGATIONS;
Respondent.)	NOTICE OF HEARING
)	

The North Carolina Medical Board ("Board") has preferred and does hereby prefer the following charges and allegations:

1. The Board is a body duly organized under the laws of North Carolina and is the proper party to bring this proceeding under the authority granted it in Article 1 of Chapter 90 of the North Carolina General Statutes.

2. Ramesh Loganathan Krishnaraj ("Dr. Krishnaraj") is a physician first licensed to practice medicine and surgery on September 18, 1999, license number 99-01228.

3. During the times relevant herein, Dr. Krishnaraj practiced medicine in Greensboro, North Carolina.

4. On January 16, 2008, Patient A was a 65 year old female who presented to the Emergency Department where Dr. Krishnaraj worked as a physician. Patient A presented with acute abdominal pain and was admitted to the hospital based on a verbal order by Dr. Krishnaraj. At no time did Dr. Krishnaraj obtain a history or examine Patient A or get a detailed history from Patient A.

5. Dr. Krishnaraj prescribed initial and repeated doses of opiate therapy to Patient A while she was in the hospital without personally obtaining a history from the patient, examining her, or providing a reassessment of her condition. Dr. Krishnaraj failed to fulfill these responsibilities to Patient A and failed to direct any other physician to fulfill these responsibilities to Patient A. Dr. Krishnaraj's interaction with Patient A consisted of nothing more than giving verbal orders to the nursing staff.

6. As a result of the initial and repeated doses of opiate therapy prescribed to Patient A by Dr. Krishnaraj, on January 18, 2008, Patient A became obtunded. Patient A subsequently suffered a cardiorespiratory arrest, required resuscitation, and was transferred to the intensive care unit where she was diagnosed with septic shock secondary to bilateral aspiration pneumonia, anoxic encephalopathy, and possible acalculous cholecystitis. Patient A deteriorated and passed away on January 21, 2008.

7. Dr. Krishnaraj's management and treatment of Patient A departed from acceptable and prevailing standards of medical practice in that he did not personally obtain a history nor perform a physician exam on Patient A nor did Dr. Krishnaraj direct another physician to do so. The standard of care for

Patient A requires that Dr. Krishnaraj personally obtain a history, perform a physical examination, and provide periodic reassessment of Patient A's condition before prescribing repeated doses of opiate therapy. . Dr. Krishnaraj did not meet this standard of care for Patient A.. The repeated doses of opiate therapy ordered by Dr. Krishnaraj, led directly to Patient A's obtundation and respiratory failure, and contributed to her cardiorespiratory arrest, anoxic encephalopathy, and subsequent death.

8. Patient B is an 81 year old female patient with multiple diagnoses. Patient B presented to the hospital with a chief complaint of epigastric pain. Patient B was admitted to the hospital on the evening of January 14, 2008 by another physician. . On the morning of January 15, 2008, Dr. Krishnaraj was called by the nursing staff in regard to Patient B, and Dr. Krishnaraj gave verbal orders to the staff to administer opiate therapy to Patient B. Later, Patient B was found obtunded and unresponsive. She had to later be revived by hospital staff.

9. Dr. Krishnaraj's management and treatment of Patient B departed from acceptable and prevailing standards of medical practice in that he ordered an excessive amount of opiate therapy without appropriately taking into account Patient B's

age, and Patient B's previous history of opiate use. The standard of care for Patient B would require the judicious use of opiate therapy with appropriate dosing of further opiate therapy based on the patient's age and previous history of opiate use. Dr. Krishnaraj did neither in this case. The excessive intravenous opiate therapy ordered by Dr. Krishnaraj in this case led directly to the development of Patient obtundation, and respiratory failure.

10. Patient C is an 87 year old male patient with multiple diagnoses who was admitted to the hospital through the emergency department on January 16, 2007. Dr. Krishnaraj performed the admission workup for Patient C. That admission workup was deficient in appropriately detailing Patient C's presentation, past medical history, and physical examination. Patient C presented with signs and symptoms suggesting multiple organ system dysfunction that were not appropriately addressed by Dr. Krishnaraj nor did Dr. Krishnaraj develop appropriate diagnoses and treatment plans in response to those signs and symptoms.¹¹ Dr. Krishnaraj's conduct, as described above, constitutes unprofessional conduct, including, but not limited to, departure from, or the failure to conform to, the standards of acceptable and prevailing medical practice, or the ethics of the medical profession, irrespective of whether or not a patient

is injured thereby, or the committing of any act contrary to honesty, justice, or good morals, whether the same is committed in the course of the physician's practice or otherwise, and whether committed within or without North Carolina, within the meaning of N.C. Gen. Stat. § 90-14(a)(6), and grounds exist under that section of the North Carolina General Statutes for the Board to annul, suspend, revoke, or limit Dr. Krishnaraj's license to practice medicine issued by the Board or to deny any application he might make in the future.

NOTICE TO DR. KRISHNARAJ

Pursuant to N.C. Gen. Stat. § 90-14.2, it is hereby ordered that a hearing on the foregoing Notice of Charges and Allegations will be held before the Board, or a panel thereof, at 8:00 a.m., Wednesday, April 15, 2009, or as soon thereafter as the Board may hear it, at the offices of the Board at 1203 Front Street, Raleigh, North Carolina, to continue until completed. The hearing will be held pursuant to N.C. Gen. Stat. § 150B-40, 41, and 42, and N.C. Gen. Stat. § 90-14.2, 14.4, 14.5, and 14.6. You may appear personally and through counsel, may cross-examine witnesses and present evidence in your own behalf.

You may, if you desire, file written answers to the charges and complaints preferred against you within 30 days after the service of this notice.

The identities of Patients A, B and C and the date and place of treatment of these patients are being withheld from public disclosure pursuant to N.C. Gen. Stat. § 90-8. However, this information will be provided to you upon your request.

Pursuant to N.C. Gen. Stat. § 150B-40(c)(5), it is further ordered that the parties shall arrange a prehearing conference at which they shall prepare and sign a stipulation on prehearing conference. The prehearing stipulation shall be submitted to the undersigned no later than seven days prior to the hearing date.

The right to be present during the hearing of this case, including any such right conferred or implied by N.C. Gen. Stat. § 150B-40(d), shall be deemed waived by a party or his counsel by voluntary absence from the Board's office at a time when it is known that proceedings, including deliberations, are being conducted, or are about to be conducted. In such event, the proceedings, including additional proceedings after the Board has retired to deliberate, may go forward without waiting for the arrival or return of counsel or a party.

This the 5th day of January, 2009.

NORTH CAROLINA MEDICAL BOARD



By:

George L. Saunders, III, M.D.
President