

State of Rhode Island and Providence Plantations Department of Health  
Board of Medical Licensure & Discipline

**IN THE MATTER OF:**

**Amrut Patel, M.D.**  
**License Number MD 06701**  
**Case # C16-885B**

**CONSENT ORDER**

Amrut Patel, M.D. ("Respondent") is licensed as a physician in Rhode Island. The Board of Medical Licensure and Discipline ("Board") through its investigating committee voted to find Respondent had committed unprofessional conduct and the Board makes following:

**FINDINGS OF FACT**

1. Respondent is a licensed physician in Rhode Island and was issued his license on August 21, 1985. His primary specialty is internal medicine.
2. The Board received complaint C16-885B from Eleanor Slater Hospital (ESH) regarding care of Patient A (alias) while under the care of the Respondent.
3. Patient A has a history of schizophrenia, obsessive compulsive disorder, nephrogenic diabetes insipidus, chronic renal failure, history of surgical correction of bowel obstruction and other medical problems. Patient A had recently (March 2016) been treated as an inpatient for

acute pancreatitis at Kent Hospital. Patient A was stabilized, treated and improved and was transferred to an inpatient ward at Eleanor Slater Hospital. After some time on the inpatient ward, Patient A continued to improve and was transferred from inpatient ward at Eleanor Slater Hospital in stable condition April 7, 2016 to the inpatient psychiatry unit of the same facility. Respondent assumed care for the Patient A at 4:30 PM, on April 7, 2016, as part of after hour's coverage.

4. Respondent was notified of Patient A's condition around 7:15 PM, staff noted Patient A to be tremulous and began to fall to the floor. Patient was returned to bed and placed on 2 L oxygen per nasal cannula. Respondent ordered patient to be transferred back to the inpatient ward at Eleanor Slater Hospital. Respondent evaluated Patient A and noted in his progress note at around 8:45 PM that Patient A had postural hypotension (lying BP 143/90, standing BP was 80/50, Pulse 70). Respondent noted patients "Lung: clear, Heart: tachycardic, Abd: soft, distended - ? ascites". Respondent's impression: "postural hypotension - will hold amlodipine - acute pancreatitis - CRF-constipation - laxative, GERD". "Suggest abd ultrasound, monitor postural BP, encourage p.o. fluid". Respondent did order for Patient A; a specific diet, "check postural blood pressure and pulse three times a day as well as biscodyl 5 mg 4 tabs po q 8am daily, miralax 51 gm in juice or water q 6 am for constipation, senokot - 5 5 tablets at 8 am for constipation".

5. Respondent was notified at 06:45 AM on April 8, 2016 that Patient A vomited a moderate amount of cola colored watery substance. Nursing note states "abdomen large distended with positive bowel sounds in all quadrants. Patient had large BM x 2 this shift. MD made aware - order for Fleet enema administered at 6:20 am". Respondent also ordered "obtain flat plate this am".

6. Patient A was evaluated by another physician at 9:40 AM and noted to have decompensated and Patient A was transferred to Kent Hospital. Patient A was critically ill upon arrival to Kent, had an aggressive resuscitation. Patient A died later that day.

7. The medical record was reviewed by another physician at ESH who noted "there was a failure to recognize the progressive deterioration in patient's condition and provide correct treatment and management."

8. The medical record was reviewed by a second physician at ESH who noted "the physician response in this instance is wholly insufficient for the clinical picture. There is again absence of clinical acumen in the record with failure to recognize, diagnose, and treat the clinical changes . . . . There remains no working diagnosis or plan."

9. A third physician Board Certified in Internal Medicine not employed at ESH has reviewed the same medical record. That physician is of the opinion that Dr. Patel did not deviate from the standards of care applicable to the management of a patient of this type. In particular, the issue is whether or not this patient needed urgent or emergent care to have his complaints worked up at the time Dr. Patel was attending to the patient. Given the overnight course of this patient, it would not be the standard of care to have him sent to the hospital for treatment at an Emergency Room nor would it be the standard of care to have a more urgent work-up done. This is based upon the fact that the patient appeared to have clinically a distended abdomen, postural hypotension, and a single precipitous desaturation. The minimal intervention of a small amount of oxygen (2 liters) improved the patient to be able to maintain a saturation of 94% on room air. Overnight, he was noted to be resting comfortably and sleeping in naps. Likewise, hydration with 360 ml of fluid caused the patient to respond as one would expect.

At approximately 6:00 a.m. the following morning the patient had vomited soda colored water and his abdomen was large and distended but with positive bowel sounds. Dr. Patel asked for a flat plate x-ray of the abdomen. At the time, the patient's vital signs were: blood pressure 118/77, pulse 95, and O<sub>2</sub> saturation on room air of 95%; the patient was offering no complaints.

It is this physician's opinion that Dr. Patel met the standard of care in his management at this time; namely, at the time Dr. Patel went off shift, the patient's blood pressure was 118/77, his pulse was 95 and his O<sub>2</sub> sat was 95% on room air with no complaints being offered with an order for imaging of the abdomen. Importantly, as of the time Dr. Patel departed the hospital, it was with full knowledge that the patient was going to be covered by another physician. Thus, it is this expert's opinion, Dr. Patel met the standard of care.

10. The Investigative committee notes the patient was not reassessed by respondent throughout the shift. Respondent did not maintain an index of suspicion for a serious condition. There was a failure to have adequate vital signs and failure to transfer patient to an appropriate facility.

11. Respondent has violated Rhode Island General Laws §5-37-5.1(19) "*... any departure from, or the failure to conform to, the minimal standards of acceptable and prevailing medical practice in his or her area of expertise as is determined by the board. The board does not need to establish actual injury to the patient in order to adjudge a physician or limited registrant guilty of the unacceptable medical practice in this subdivision;*"

**Based on the foregoing, the parties agree as follows:**

1. Respondent admits to the jurisdiction of the Board.
2. Respondent has agreed to this Consent Order and understands that it is subject to final approval of the Board.
3. This Consent Order is not binding on Respondent until ratified by the Board.
4. If ratified by the Board, Respondent hereby acknowledges and waives:
  - a. The right to appear personally or by counsel or both before the Board;
  - b. The right to produce witnesses and evidence on his behalf at a hearing;
  - c. The right to cross examine witnesses;
  - d. The right to have subpoenas issued by the Board;
  - e. The right to further procedural steps except for those specifically contained herein;
  - f. Any and all rights of appeal of this Consent Order; and
  - g. Any objection to the fact that this Consent Order will be presented to the Board for consideration and review.
  - h. Any objection that this Consent Order will be reported to the National Practitioner Data Bank, Federation of State Medical Boards as well as posted on the department's public web site.
5. Respondent agrees to pay within sixty (60) days of the ratification of this Consent Order an administrative fee to the Board with a check for \$850 dollars made payable to the Rhode Island General Treasurer for costs associated with investigating the above-referenced complaint.
6. Respondent hereby agrees to this reprimand on his physician license.

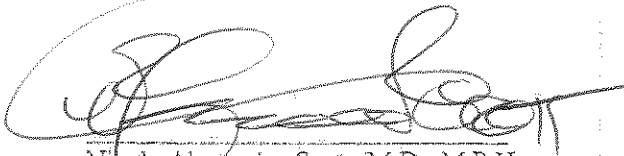
7. Respondent must complete 20 hours of additional CME. This board approved CME must be completed within 6 months of ratification of this order. This CME is to include topics related to medical record keeping, as well as assessing and recognizing medical conditions.
8. In the event that any term of this Consent Order is violated, after it is signed and ratified by the Board, the Director of the Department of Health shall have the discretion to impose further disciplinary action. If the Director imposes further disciplinary action, Respondent has the right to request an administrative hearing within twenty (20) days of said disciplinary action. The Director of the Department of Health shall also have the discretion to request an administrative hearing after notice to Respondent of a violation of any term of this Consent Order. The Hearing Panel of the Board may suspend Respondent's license, or impose further discipline, for the remainder of Respondent's licensing period if the alleged violation is proven by a preponderance of evidence.

Signed this 28 day of June, 2017.



Amrut Patel, M.D.

Ratified by the Board of Medical Licensure and Discipline on the July 12<sup>th</sup> day  
\_\_\_\_\_ 2017.



Nicole Alexander-Scott, M.D., M.P.H.  
Director  
Rhode Island Department of Health  
3 Capitol Hill, Room 401  
Providence, Rhode Island 02908