

State of Rhode Island
Department of Health
Board of Medical Licensure & Discipline



IN THE MATTER OF:
Antonio Barajas M.D.
License Number MD 08971
Case # C171876

CONSENT ORDER

The Rhode Island Board of Medical Licensure and Discipline (hereinafter "Board") has reviewed and investigated the above referenced complaint pertaining to Dr. Antonio Barajas (hereinafter "Respondent") through its Investigative Committee.

FINDINGS OF FACT

1. Respondent has been a licensed physician in the State of Rhode Island since August 2nd, 1995. He graduated from the University of Guadalajara on June 1, 1990. His primary specialty is Internal Medicine. He is not Board certified. His practice is located at 825 Chalkstone Avenue, Roger Williams Hospital in Providence, Rhode Island.
2. The Board received a notice of settlement from the National Practitioner Data Bank (NPDB) of a settlement of a malpractice action for \$1 million dollars paid on behalf of practitioner for failure to diagnose meningitis resulting in permanent neurologic deficits in Patient A (alias) a 22-year-old male.
3. Respondent was the attending physician for Patient A and evaluated Patient A in the Emergency Department at Roger Williams Hospital on 2 separate occasions. Initially on 2/4/2009 at 8:55 AM after Patient A presented with a seizure and again on 2/6/2009 at 3:17 PM when Patient A presented with a severe headache.
4. At the initial visit to the Roger Williams Emergency Department (ED) Patient A had a seizure of unknown etiology. It was noted in the history that Patient A also had a history of "heavy alcohol consumption x 5 days". Subsequent diagnostic evaluation revealed a

urine drug screen positive for benzodiazepines as well as THC (metabolite of marijuana). A CAT Scan of Patient A's brain was abnormal, the radiologist reported "*region of low attenuation involving the right occipital lobe and possible left parieto-occipital region.... if they are real, involvement of the gray matter as well as the white matter suggests possible infarcts though other etiologies cannot be excluded. MRI is recommended.*" Patient A was discharged on 2/4/2009 at 11:00 AM with a diagnosis of new onset seizure and chronic alcoholism and instructions to follow up with his primary care provider within 3 days.

5. Patient A presented to Respondent again at the same ED 2 days later at 3:17 PM later with a severe headache, nausea as well as recent onset of blurry vision. Patient A had a neurologic finding on his physical exam of ptosis on the right side of his face. Patient A was discharged at 5:24 PM to home.
6. Respondent reports at the second ED visit he ordered another CAT Scan yet it was canceled because Patient A had left and did not want to wait for the study to be done.
7. There was no documentation in the medical record that Respondent discussed with Patient A, the risk of leaving without appropriate diagnostic studies. There was no documentation in the medical record that Respondent had determined that Patient A had the capacity to make decisions regarding his health care. There was no documentation in the medical record of medical decision making on the part of Respondent that he had considered a reasonable differential diagnosis for the presenting signs and symptoms.
8. Respondent appeared before the Investigative Committee and admitted he did not document that Patient A wanted to go home prior to appropriate studies, nor did he have Patient A sign out "Against Medical Advice" (AMA). He also did not document educating Patient A about the potential risk of any untreated and undiagnosed disease process.
9. Patient A was subsequently diagnosed with meningitis and suffered permanent neurologic deficits.
10. The Investigative Committee concluded Respondent did not meet the standard of care. Respondent did not obtain appropriate diagnostic studies in the context of a concerning

history, clinical findings of neurologic pathology and an abnormal CAT scan. The constellation of findings should have raised the Respondent's index of suspicion for a significant etiology of Patient' A's disease.

11. The Investigative Committee also concluded the documentation failed to meet the standard due to lack of educating the patient about risks of undiagnosed and untreated diseases as well as not documenting the patient had the appropriate mental capacity to make their own decisions.

12. Respondent violated Rhode Island General Laws, specifically, § 5-37-5.1 (19) ... *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.*

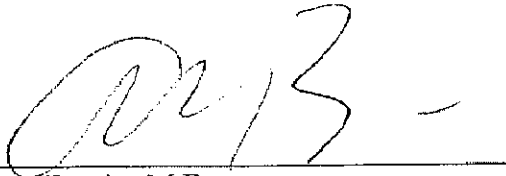
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Based on the foregoing, the parties agree as follows:

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, and this Consent Order is not binding on Respondent until final ratification by the Board.
3. 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.

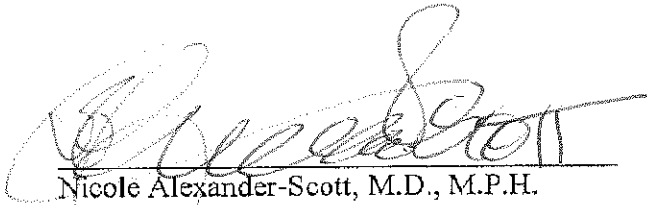
- h. Any objection that this Consent Order will be reported to the National Practitioner Data Bank, Federation of State Medical Boards as well as posted on the department's public web site.
4. Respondent agrees to pay upon ratification of this Consent Order an administrative fee to the Board with a check for \$850 dollars made payable to the Rhode Island General Treasurer for costs associated with investigating the above-referenced complaint.
 5. Respondent hereby agrees to this reprimand on his physician license.
 6. Respondent will successfully complete greater than 12 hours of board approved CME within the next 12 months on neurologic emergencies.
 7. Respondent will send to DOH.PRCOMPLIANCE@health.ri.gov no later than 30 business days after completing this course of study.
 8. Respondent acknowledges that this Consent Order is an agreement of the Board as specified in Rhode Island General Law § 5-37-5.1(24), a violation of which constitutes unprofessional conduct.
 9. In the event that any term of this Consent Order is violated, the Director of the Department of Health shall have the discretion to immediately suspend Respondent's license, and/or impose further disciplinary action. If the Director suspends Respondent's license and/or imposes further disciplinary action, Respondent shall be given notice and shall have the right to request a hearing within twenty (20) days of the immediate suspension and/or further discipline. 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 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 9th day of November 2018.



Antonio Barajas M.D.

Ratified by the Board of Medical Licensure and Discipline on the 14th day of November 2018.



Nicole Alexander-Scott, M.D., M.P.H.

Director

Rhode Island Department of Health

3 Capitol Hill, Room 401

Providence, Rhode Island 02908