STATE OF MARYLAND
DEPARTMENT OF AGRICULTURE
BEFORE THE STATE BOARD OF VETERINARY MEDICAL EXAMINERS

IN THE MATTER OF:	*	
ADAM MAUSER, D.V.M. LICENSE NO. 7690	*	DOCKET NO. 20-01
	*	

* * * * * * * * * * * * *

CIVIL PENALTY FINAL ORDER

This Civil Penalty Final Order ("Order"), dated this 28th day of October, 2020, is entered by the State Board of Veterinary Medical Examiners ("SBVME" or "Board") in this case involving Adam Mauser, D.V.M. ("Dr. Mauser"), License No. 7690. This Order resolves the charge filed by the SBVME on or about September 21, 2020 in Docket No. 20-10 alleging that Dr. Mauser violated the Veterinary Practice Act and related Code of Maryland Regulations ("COMAR") as set forth herein.

By letter and email to Board counsel on September 21, 2020, Dr. Mauser, through counsel, requested a hearing on the charge. Thereafter, Dr. Mauser's counsel notified Board counsel of his intention to waive his right to a hearing in this case, to accept the charge, and to pay the civil penalty proposed. By agreeing to entry of this Order, Dr. Mauser waives the right to a hearing on the charging document in Docket Number 20-10 and agrees to the resolution set forth herein.

Under Maryland law, the SBVME is the licensing authority responsible for regulating the practice of veterinary medicine in this State, which includes filing disciplinary actions against veterinarians charged with violating the provisions of the Veterinary Practice Act and related COMAR regulations adopted pursuant to this law. As part of its authority, the SBVME "may refuse, suspend, or revoke any application or license, and censure or place on probation any licensee ... if the veterinarian ... [f]ails to comply with Board rules and regulations after receiving a license." Md. Code Ann., Agric. Art., §2-310(8). The Board may also impose a civil penalty of not more than $5,000 for a first offense, or $10,000 for a second or subsequent offense, in lieu of or in addition to suspending or revoking a veterinarian's license, respectively.

Md. Code Ann., Agric. Art., § 2-310.1 In setting the amount of a civil penalty, the Board shall consider the severity of the violation, the good faith of the violator, and any history of prior violations, as well as the Board's regulatory civil penalty standards. Md. Code Ann., State Gov't Art. § 10-1001(b); COMAR 15.14.11 (Civil Penalty Standards for Veterinarians).

FINDINGS OF FACT AND CONCLUSIONS OF LAW

Adam Mauser, D.V.M., by agreeing to this Order, acknowledges that the SBVME has sufficient evidence to find, as fact, and to conclude as a matter of law that Dr. Mauser violated COMAR 15.14.01.07A (Professional Judgment and Practice), as follows:

1. Dr. Mauser is a veterinarian licensed to practice in the State of Maryland, where he has been licensed since 2016. Dr. Mauser was, at the time of the events described herein, a veterinarian at Mountain View Animal Emergency ("Hospital") (License No. 21-018), located at 1850-A Maugans Avenue, Hagerstown, MD 21742.

2. This case involves care provided to Henry, a 2-year-old neutered male French Bulldog, owned by Tyler Kendrick ("Mr. Kendrick" or "Owner"). On June 21, 2019, the Owner took Henry to Mountain View Veterinary Services ("MVVS") located in Shippensburg, Pennsylvania, for decreased appetite and diarrhea, where Henry was examined by a veterinarian.

3. According to the medical record from MVVS, Henry's physical exam was within normal limits. The treating veterinarian noted that Henry had a tense abdomen upon palpation. While at MVVS, Henry vomited twice. The veterinarian recommended radiographs, bloodwork, and sending Henry home with sucralfate and famotidine, but the Owner declined. Henry was discharged and returned home.

4. The medical record from MVVS indicated that the Owner called later that afternoon because Henry continued to vomit (5-6 times) and developed bloody diarrhea. The Owner returned to MVVS to have Henry re-evaluated. During this visit, Mr. Kendrick approved radiographs, full bloodwork, and a fecal cytology.

5. According to the MVVS medical record, radiographs detailed no significant findings other than a small amount of gas in the colon. Full bloodwork confirmed an abnormal canine pancreas-specific lipase

("CPL"). Henry continued to vomit white foam throughout his visit at MVVS. The MVVS veterinarian suspected gastroenteritis and was concerned that Henry could have pancreatitis. She recommended subcutaneous ("SQ") fluids and a Cerenia injection. Mr. Kendrick consented to this treatment plan.

6. Shortly after Henry received an injection of Cerenia and 450 milliliters ("mls.") of SQ fluids, he vomited again. The veterinarian then recommended intravenous ("IV") fluids and hospitalization, but Mr. Kendrick declined this option.

7. Upon discharge from MVVS, Henry continued to have hematochezia (bloody stools). Therefore, the MVVS veterinarian recommended hospitalization at a 24-hour facility. Mr. Kendrick agreed and took Henry to Mountain View Animal Emergency in Maryland, where Dr. Mauser became his treating veterinarian.

8. On June 21, 2019, at approximately 1:00 p.m., Henry presented to the Hospital for continued care due to progressive vomiting and hematochezia. Based upon Henry's previous history, bloodwork, and radiographs, Dr. Mauser recommended hospitalization for supportive care and IV fluids. An estimate for Henry's proposed treatment plan was provided to and approved by the Owner.

9. While under Dr. Mauser's care, Henry had no further episodes of vomiting or diarrhea. On the evening of June 21, 2019, at 6:00 p.m., Henry's case was transferred to another veterinarian at the Hospital, Noelle Hunter, DVM ("Dr. Hunter") (License No. 7957). Henry ate eagerly at 8:00 p.m.

10. According to the Hospital's medical records, Henry regurgitated a large amount at approximately 12:00 a.m. on June 22, 2019. After vomiting several times between 12:30 a.m. and 3:00 a.m., Dr. Hunter decided that Henry should not be given anything by mouth ("NPO") for the remainder of the night.

11. On the morning of June 22, 2019, Henry's case was transferred back to Dr. Mauser, who contacted the Owner with an update. Dr. Mauser reported that Henry had multiple episodes of regurgitation and continued to have hemorrhagic diarrhea overnight. Dr. Mauser recommended continued hospitalization and supportive care.

12. At approximately 3:00 p.m. on June 22, 2019, Henry regurgitated again, despite being NPO. Dr. Mauser contacted the Owner again to discuss placing a nasogastric tube ("NG tube") to remove the fluid

build-up in Henry's stomach. Dr. Mauser also had concerns about aspiration due to Henry's persistent regurgitation and breed as a brachiocephalic dog. Additionally, the NG tube would allow Dr. Mauser to administer supplemental nutrition to Henry through internal feeding.

13. Dr. Mauser discussed the risk of sedation with the Owner, who consented to placement of the NG tube.

14. Henry was sedated with IV butorphanol and propofol to effect. A registered veterinary technician placed the NG tube. A lateral radiograph was performed to confirm the placement of the NG tube. After reviewing the radiograph, Dr. Mauser asked the technician to advance the NG tube further. The technician complied.

15. Dr. Mauser repeated the radiograph and reviewed it. According to Dr. Mauser, the NG tube appeared to be further within the lumen of the stomach.

16. The technician flushed the NG tube with 4 mls. of sterile water to determine the patency of the tube but air was withdrawn. At this point, Dr. Mauser determined the NG tube was in the trachea. The NG tube was removed followed by a small amount of fluid. Suction was applied to remove the fluid from Henry's airway. Soon after the removal of the NG tube, Henry became cyanotic with no audible heart rate. Henry was intubated, and Dr. Mauser and staff initiated cardiopulmonary resuscitation ("CPR").

17. Several rounds of CPR were performed in an effort to resuscitate Henry. Additionally, a thoracocentesis was performed to remove air from the pleural space. After three rounds of CPR, depolarization of the ventricles (QRS complexes) were visualized on an electrocardiogram ("ECG"). Henry began taking a few breaths, suggesting that spontaneous circulation had returned. Henry's heart rate was approximately 70-80 beats per minute.

18. Subsequently, multiple thoracocentesis were performed in an attempt to restore negative thoracic pressure. With each manual breath, a small amount of air was leaking. Another Hospital veterinarian assisted in these resuscitative efforts to allow Dr. Mauser to call the Owner. Dr. Mauser contacted Mr. Kendrick and told him that Henry had developed a complication during the placement of the NG tube,

which caused him to go into cardiopulmonary arrest. In an effort to stabilize Henry, Dr. Mauser initiated a plan to place a thoracotomy tube to allow for continuous suction of fluid/air build up from around the lungs.

19. Approximately four minutes after the return of spontaneous circulation, Henry arrested again. After twelve minutes of CPR, Henry was confirmed deceased.

20. The Owner later submitted a complaint to the Board, and the Board opened an action and conducted an investigation, which included obtaining and reviewing the medical records. The Board found that Dr. Mauser provided substandard care to Henry.

22. COMAR 15.14.01.07A (Professional Judgment and Practice) provides that: "[a] veterinarian, when caring for and treating a patient, shall conform to those minimum standards of care and treatment which are customary among veterinarians in this State." Dr. Mauser failed to satisfy the applicable standard in his care and treatment of Henry when he failed to assess accurately the initial radiograph, which showed, or at least should have suggested to Dr. Mauser, that the NG tube was likely in the trachea. At that time, a veterinarian acting in accordance with the standard of care would have taken a second radiographic view to verify the location of the tube before instructing the technician to push the tube in further. While NG tube placement has the potential complication of insertion into the airway, Dr. Mauser's instruction to advance the tube after the initial radiograph likely caused further damage to the airways and potentially other structures.

Taking the facts and circumstances into consideration, including the nature of the violation, Dr. Mauser's lack of disciplinary history, and his good faith efforts to resolve this matter promptly, the Board concluded that the most reasonable and appropriate resolution includes the measures set forth below.

ORDER

Based on the foregoing Findings of Fact and Conclusions of Law, it is this 28th day of October, 2020, by the State Board of Veterinary Medical Examiners, ORDERED that for the violation of COMAR 15.14.01.07A (Professional Judgment and Practice), Dr. Mauser is assessed a civil penalty of $300 payable

within thirty (30) days from the date of this Civil Penalty Final Order to the "Maryland Department of Agriculture" with the notation "SBVME – 20-10."

WITNESS the hand of the State Board of Veterinary Medical Examiners, State of Maryland, this 28th day of October, 2020.

STATE BOARD OF VETERINARY
MEDICAL EXAMINERS

Elizabeth Callahan/CDS

_____

Elizabeth Callahan, DVM
President
State Board of Veterinary Medical Examiners
Maryland Department of Agriculture
50 Harry S. Truman Parkway, Room 102
Annapolis, Maryland 21401
Telephone: 410.841.5862