

**For Public**

*Before the Board of Medical Examiners  
of the State of Nevada*

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In The Matter of The Complaint	)	Case No. 08-28519-1
	)	NO. _____
<b>Complaint Against</b>	)	FILED <u>5 May 2008</u>
	)	<u>Sharon A. Clark</u>
<b>ADEKUNDLE AJAYI, M.D.,</b>	)	EXECUTIVE DIRECTOR
	)	
Respondent.	)	
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**COMPLAINT**

The Investigative Committee of the Board of Medical Examiners of the State of Nevada, composed of Sohail U. Anjum, M.D., Chairman, and S. Daniel McBride, M.D., Member, by and through Edward O. Cousineau, Deputy General Counsel for the Nevada State Board of Medical Examiners, having a reasonable basis to believe that Adekunle Ajayi, M.D., hereinafter referred to as "Respondent", has violated the provisions of NRS Chapter 630, hereby issues its formal Complaint, stating the Investigative Committee's charges and allegations, as follows:

1. Respondent is licensed in active status to practice medicine in the state of Nevada, and at all times alleged herein, was so licensed by the Nevada State Board of Medical Examiners, pursuant to the provisions of Chapter 630 of the Nevada Revised Statutes.

2. Patient A, a forty-five-year-old female, whose true identity is not disclosed to protect her privacy, but whose identity is disclosed in the Patient Designation served on Respondent along with a copy of this Complaint.

3. On May 7, 2005, Patient A presented to Montevista Hospital in Las Vegas after being placed on a seventy-two-hour hold for psychotic behavior consistent with a severe manic state. Patient A had a history of bipolar disorder and was paranoid and irritable at the time of her admission. Additionally, Patient A had threatened to commit suicide. Patient A indicated to hospital personnel that her psychiatrist was treating her with 900mg of lithium and 300mg of Seroquel daily. Patient A was seen by Respondent shortly after her admission and Respondent diagnosed her with bipolar type one

1 disorder and manic episode with psychosis. Additionally, Respondent ordered Patient A's lithium level,  
2 to confirm her compliance with her medications. The following day, Patient A's lithium level was  
3 reported as 1.0, with a therapeutic range being 0.6 to 1.3. Thereafter, Respondent ordered Patient A's  
4 lithium dose to be increased to 1,800mg a day and her Seroquel dose to 600mg a day.

5 4. On May 9, 10, 11, 12, 2005, Patient A continued to exhibit manic, agitated, irritable  
6 conduct and expressed various paranoid delusions, and as a result, Respondent ordered Patient A's  
7 Seroquel dose to be increased to 800mg daily and that Patient A's increased lithium level treatment was  
8 to continue as previous.

9 5. On May 13, 2005, Patient A refused a blood draw and that she had to be medicated with  
10 Hadol, Benadryl and Ativan. The patient also refused a blood draw on May 14<sup>th</sup>, and remained manic,  
11 irritable and paranoid according to Dr. Ajayi.

12 6. On May 16, 2005, Patient A was observed to be unsteady on her feet, as a result, the  
13 patient's BUN, creatinine, lithium and Depakote levels were tested. The patient's lithium level was  
14 found to be at 2.9, well above 0.6 to 1.3, which is considered to be the therapeutic range. Thereafter,  
15 Respondent ordered Patient A's lithium administration ceased and that Patient A's lithium level be  
16 retested the following day.

17 7. On May 17, 2005, Patient A was noted to be confused with slurred speech and an  
18 unsteady gait, which was again attributed to lithium toxicity. The patient's BUN, creatinine, lithium  
19 and Depakote levels were again tested. Respondent went on vacation that same day and that the  
20 patient's lithium levels were unavailable before his departure. Respondent arranged for Patient A to be  
21 monitored by another practitioner.

22 8. On May 18, 2007, Patient A was transferred to an intensive care facility at the  
23 recommend of the new practitioner. It was there determined that Patient A was suffering from renal and  
24 respiratory failure due to lithium toxicity.

25 9. NRS 630.301(4) provides that it is grounds for initiating disciplinary action if a licensee  
26 commits an act of malpractice. NAC 630.040, for the purposes of Chapter 630 of the NRS, defines  
27 "malpractice" as the failure of a physician, in treating a patient, to use the reasonable care, skill, or  
28 knowledge ordinarily used under similar circumstances.

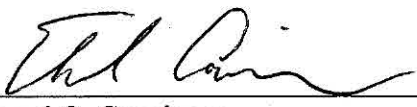
1           10.    In treating Patient A, the Respondent failed to use the reasonable care, skill, or  
2 knowledge that would normally be used in similar circumstances, when Respondent initially increased  
3 Patient A's lithium dosage in such an acute manner, and thereafter, failed to properly supervise and  
4 manage Patient A's lithium treatment course.

5           11.    By reason of the foregoing, the Respondent violated NRS 630.301(4), and is subject to  
6 discipline as provided by NRS 630.352.

7           WHEREFORE, the Investigative Committee of the Nevada State Board of Medical Examiners  
8 prays that the Nevada State Board of Medical Examiners conduct a hearing on this Complaint as provided  
9 by statute, and that the Nevada State Board of Medical Examiners, after such  
10 hearing, take such action as may be just and proper pursuant to Nevada Revised Statutes.

11           DATED this 5<sup>th</sup> day of May, 2008.

12  
13                           INVESTIGATIVE COMMITTEE OF  
14                           THE NEVADA STATE BOARD OF MEDICAL EXAMINERS

15           By:   
16                           Edward O. Cousineau  
17                           Attorney for the Investigative Committee of the  
18                           Nevada State Board of Medical Examiners

**VERIFICATION**

STATE OF NEVADA)

: ss.

COUNTY OF CLARK)

Sohail U. Anjum, M.D., having been duly sworn, hereby deposes and states under penalty of perjury that he is the Chairman of the Investigative Committee of the Nevada State Board of Medical Examiners that authorized the complaint against the Respondent herein; that he has read the foregoing Complaint; and that based upon information discovered in the course of the investigation into a complaint against Respondent, he believes that the allegations and charges in the foregoing Complaint against Respondent are true, accurate, and correct.

Dated this 5<sup>th</sup> day of May, 2008.



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Sohail U. Anjum, M. D.