

COMMONWEALTH OF MASSACHUSETTS

Middlesex, ss.

Board of Registration In Medicine

Adjudicatory Case No. 2023-026

In the Matter of

MARK G. GILCHRIST, M.D.

CONSENT ORDER

Pursuant to G.L. c. 30A, § 10, MARK G. GILCHRIST, M.D. (Respondent) and the Board of Registration in Medicine (Board) (hereinafter referred to jointly as the "Parties") agree the Board may issue this Consent Order to resolve the above-captioned adjudicatory proceeding. The Parties further agree this Consent Order will have all the force and effect of a Final Decision within the meaning of 801 CMR 1.01(11)(d). The Respondent admits to the findings of fact specified below and agrees the Board may make the conclusions of law and impose the sanction set forth below in resolution of Investigative Docket No. 19-352.

Findings of Fact

1. The Respondent graduated from the Loyola University of Chicago, Stritch School of Medicine in June 2001 and is certified by the American Board of Medical Specialties in Pediatrics. He has been licensed to practice medicine in Massachusetts under certificate number 223713 since April 2005 and has privileges at Lowell General Hospital. He also is licensed to practice medicine in Florida.

2. Patient A is a male born in February 2012 with a perinatal history and diagnosis of intrauterine growth retardation, hypoglycemia, hyperbilirubinemia, urinary tract infection, and probable central hypothyroidism.

3. On May 1, 2012, the Respondent saw Patient A who was then approximately two months old for a sick appointment. On that date, Patient A's parents reported he was experiencing congestion, fussiness, poor feeding and sleep disturbance.

4. Vital signs obtained for Patient A at the May 1, 2012, appointment were limited to a weight check and a rectal temperature check that was recorded as 91.7 degrees.

5. A confirmed body temperature of 91.7 degrees is dangerously low and an acute and potentially life-threatening emergency requiring immediate medical attention.

6. The Respondent did not obtain a respiratory rate, heart rate, or oxygen saturation level for Patient A on May 1, 2012.

7. Patient A's initial blood sugar level at the May 1, 2012, appointment was recorded as 70.

8. The Respondent called Patient A's treating pediatric endocrinologist during Patient A's appointment and discussed the case with him.

9. The pediatric endocrinologist suggested that the Respondent order specific labs to be drawn.

10. At the conclusion of the May 1, 2012, visit, the Respondent sent Patient A to Lowell General Hospital to have the labs identified by the pediatric endocrinologist drawn and instructed his mother to feed him regularly.

11. A repeat blood sugar level was obtained that same day and recorded at 21, which the Respondent incorrectly assumed was a lab error.

12. A blood sugar reading of 21 is abnormally low and may be an indication of hypoglycemia.

13. The Respondent discussed the results of the additional lab tests with Patient A's treating pediatric endocrinologist.

14. At 8 p.m. on May 1, 2012, about ten hours after the office visit, Patient A stopped breathing. Paramedics were called and noted upon their arrival that Patient A had no pulse.

15. Patient A was taken to Lowell General Hospital, where on presentation his temperature was unrecordable and his oxygen saturation level was 75 percent, which is extremely low.

16. A laboratory exam showed that Patient A had Respiratory Syncytial Virus (RSV), a lung infection found in young infants and children.

17. Patient A was transferred to the Floating Hospital for Children where further resuscitation measures were taken. While in the Pediatric Intensive Care Unit at the Floating Hospital for Children, Patient A experienced seizures and large infarcts attributed to shock and brain hypoxia/anoxia. Patient A subsequently experienced developmental delays and significant vision deficits.

18. The Respondent's treatment of Patient A on May 1, 2012 was negligent in the following respects:

- a. He failed to obtain a respiratory rate, heart rate and oxygen saturation level for Patient A despite reported symptoms of fussiness and congestion in a young infant which are consistent with RSV.
- b. He failed to recheck Patient A's rectal temperature to determine if the reading of 91.7 was accurate.
- c. He failed to determine the etiology of Patient A's extremely low body temperature and/or send Patient A for emergent care regarding same.
- d. He incorrectly assumed the glucose reading of 21 was a lab error and did not instruct Patient A's mom to seek emergent care.

e. He failed to perform and document a detailed physical examination of Patient A including chest retractions and nasal flaring.

19. As a result of the Respondent's negligence, Patient A was not sent for emergent care and subsequently suffered injuries including developmental delays and vision deficits.

Conclusion of Law

A. The Respondent's care and treatment of Patient A on May 1, 2012 constituted malpractice in violation of 243 CMR 1.03(5)(a)17.

Sanction and Order

The Respondent's license is hereby ADMONISHED. The Respondent is further ORDERED to complete five Continuing Medical Education (CME) credits focused on emergent care of infants and five CMEs in listening/ communication skills within 90 days of the ratification of this Consent Order.

Execution of this Consent Order

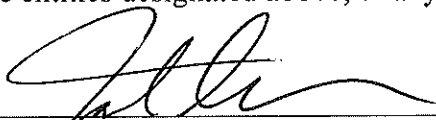
Complaint Counsel, the Respondent, and the Respondent's counsel agree that the approval of this Consent Order is left to the discretion of the Board. The signature of Complaint Counsel, the Respondent, and the Respondent's counsel are expressly conditioned on the Board accepting this Consent Order. If the Board rejects this Consent Order, in whole or in part, then the entire document shall be null and void; thereafter, neither of the parties nor anyone else may rely on these stipulations in this proceeding.

As to any matter in this Consent Order left to the discretion of the Board, neither the Respondent, nor anyone acting on his behalf, has received any promises or representations regarding the same.

The Respondent waives any right of appeal that he may have resulting from the Board's acceptance of this Consent Order.

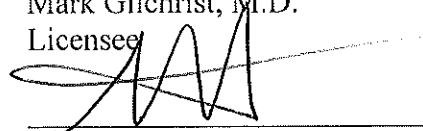
The Respondent shall provide a complete copy of this Consent Order with all exhibits and attachments within ten (10) days by certified mail, return receipt requested, or by hand delivery to the following designated entities: any in- or out-of-state hospital, nursing home, clinic, other licensed facility, or municipal, state, or federal facility at which the Respondent practices medicine; any in- or out-of-state health maintenance organization with whom the Respondent has privileges or any other kind of association; any state agency, in- or out-of-state, with which the Respondent has a provider contract; any in- or out-of-state medical employer, whether or not the Respondent practices medicine there; the state licensing boards of all states in which the Respondent has any kind of license to practice medicine; the Drug Enforcement Administration Boston Diversion Group; and the Massachusetts Department of Public Health Drug Control Program. The Respondent shall also provide this notification to any such designated entities with which the Respondent becomes associated with in the year following the imposition of this admonishment. The Respondent is further directed to certify to the Board within ten (10) days that he has complied with this directive.

The Board expressly reserves the authority to independently notify, at any time, any of the entities designated above, or any other affected entity, of any action it has taken.



Mark Gilchrist, M.D.
Licensee

30 Aug 2023
Date



Michael Racette, Esq.
Attorney for the Licensee

22 Sept 2023
Date



Lisa L. Fuccione, Esq.
Director of Enforcement

27 Sept 2023
Date

So ORDERED by the Board of Registration in Medicine this 27th day of September, 2023.



Julian N. Robinson, M.D.
Board Chair