

COMMONWEALTH OF MASSACHUSETTS

Middlesex, SS.

Board of Registration in Medicine

Adjudicatory Case No. 2024-062

In the Matter of

LOUISE P. LU, M.D.

CONSENT ORDER

Pursuant to G.L. c. 30A, § 10, Louise P. Lu, M.D. (Respondent) and the Board of Registration in Medicine (Board) (hereinafter referred to jointly as the “Parties”) agree that the Board may issue this Consent Order to resolve the above-captioned adjudicatory proceeding. The Parties further agree that 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 that the Board may make the conclusions of law and impose the sanction set forth below in resolution of investigative Docket No. 20-118.

Findings of Fact

1. The Respondent graduated from the Tufts University School of Medicine in 1986. She is Board-certified in anesthesiology. The Respondent has been licensed to practice medicine in Massachusetts under certificate number 59746 since 1988. The Respondent is affiliated with UMass Memorial Medical Center (UMass).

2. In G.L. c. 4, § 7(26)(c) 2018, Patient A, a G.L. c. 4, § 7(26)(c) female who was approximately G.L. c. 4, § 7(26)(c), presented to the UMass Emergency Department complaining of G.L. c. 4, § 7(26)(c)

3. Patient A's G.L. c. 4, § 7(26)(c); G.L. c. 4, § 7(26)(c)

G.L. c. 4, § 7(26)(c)

4. Patient A was admitted to the G.L. c. 4, § 7(26)(c) Unit for a G.L. c. 4, § 7(26)(c)

G.L. c. 4, § 7(26)(c)

) shortly after midnight.

5. At approximately 3:38am, the Respondent interviewed Patient A, indicating in the

G.L. c. 4, § 7(26)(c)

pre-procedure evaluation that Patient A had been G.L. c. 4, § 7(26)(c) since approximately 4:00pm the previous day.

6. At 4:26am, the Respondent G.L. c. 4, § 7(26)(c) Patient A with G.L. c. 4, § 7(26)(c) using a

G.L. c. 4, § 7(26)(c)).

7. The o G.L. c. 4, § 7(26)(c) completed the G.L. c. 4, § 7(26)(c), but at 4:58am Patient A

G.L. c. 4, § 7(26)(c)

through the

G.L. c. 4, § 7(26)(c)

8. At 4:59am, the Respondent removed the G.L. c. 4, § 7(26)(c), performed suction of the airway,

and intubated Patient A with an Endotracheal Tube #7 (ETT). The Respondent listened for and

heard breath sounds bilaterally. There was a G.L. c. 4, § 7(26)(c).

The G.L. c. 4, § 7(26)(c)

9. The Respondent secured the ETT with paper tape, not silk tape, because there was no silk tape available.

10. At 5:02am, the Respondent noted that, after intubation, Patient A's heart rate slowly began to decline and atropine was administered without response. The Respondent called for the Rapid Response Team. The heart rate continued to decline to the G.L. c. 4, § 7(26)(c) and the G.L. c. 4, § 7(26)(c) disappeared from the monitor display. Then the EKG flatlined. The Respondent called for a Code Blue. CPR was initiated at approximately 5:06 a.m.

11. During the resuscitation, the Respondent noticed that the paper tape used to secure the ETT had come loose due to the moisture on Patient A's face and possibly due to pressure and movement during CPR.
12. The Respondent resecured the ETT with additional tape; she did not relisten for breath sounds.
13. At 5:25am, the Respondent noticed Patient A's abdomen bloat.
14. The Respondent extubated Patient A and reintubated with a ETT #6.5. The Respondent confirmed breath sounds bilaterally.
15. The Respondent suctioned pink, frothy sputum from the ETT.
16. Patient A expired at 6:04am.
17. The Respondent failed to meet the standard of care with regard to Patient A by:
 - a. failing to document the distance the ETT had been inserted as measured at the teeth, lips, or otherwise; and
 - b. failing to confirm the ETT remained in the trachea when Patient A's condition deteriorated between 4:59am, the time of initial intubation, and 5:25am, the time of reintubation.

Conclusion of Law

- A. The Respondent has violated G.L. c. 112, §5, ninth par. (c) and 243 C.M.R. 1.03(5)(a)3 in that she engaged in conduct which calls into question her competence to practice medicine.
- B. The Respondent has engaged in conduct that undermines the public confidence in the integrity of the medical profession. See Levy v. Board of Registration in Medicine, 378 Mass. 519 (1979); Raymond v. Board of Registration in Medicine, 387 Mass. 708 (1982).

Sanction and Order

Pursuant to G.L. c. 112, § 5A and 243 C.M.R. 1.05(7), the Respondent's license to practice medicine is hereby REPRIMANDED. This sanction is imposed for each violation of law listed in the Conclusion section and not a combination of any or all of them.

Execution of this Consent Order

Complaint Counsel, Counsel for the Respondent, and the Respondent agree that the approval of this Consent Order is left to the discretion of the Board. The signature of Complaint Counsel, Counsel for the Respondent, and the Respondent 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.

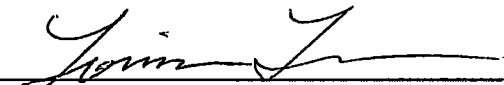
As to any matter in this Consent Order left to the discretion of the Board, neither the Respondent, nor anyone acting on her behalf, has received any promises or representations regarding the same.

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

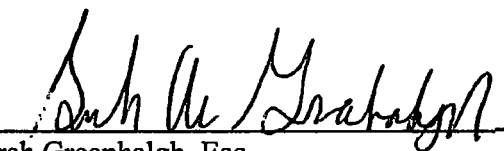
The Respondent shall provide a complete copy of this Consent Order with all exhibits and attachments within ten (10) days by certified mail, return receipt requested, or by hand delivery to the following designated entities: any in- or out-of-state hospital, nursing home, clinic, other licensed facility, 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 in the year following the date of imposition of this reprimand. The Respondent is further directed to certify to the Board within ten (10) days that the Respondent has complied with this directive.

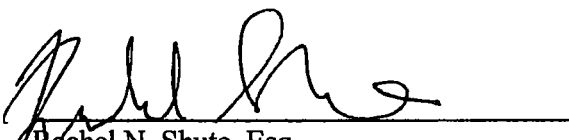
The Board expressly reserves the authority to independently notify, at any time, any of the entities designated above, or any other affected entity, of any action it has taken.


Louise P. Lu, M.D.
Licensee

10/23/24
Date



Sarah Greenhalgh, Esq.
Counsel for Licensee

10/29/24
Date


Rachel N. Shute, Esq.
Complaint Counsel

10/30/2024
Date

So ORDERED by the Board of Registration in Medicine this 21st day of November , 2024 .


Booker T. Bush, M.D.
Board Chair