

COMMONWEALTH OF MASSACHUSETTS

Middlesex, ss.

Board of Registration in Medicine

Adjudicatory Case No. 2024-062

)
In the Matter of)
)

LOUISE P. LU, M.D.)
_____)

STATEMENT OF ALLEGATIONS

The Board of Registration in Medicine (Board) has determined that good cause exists to believe the following acts occurred and constitute violations for which a licensee may be sanctioned by the Board. The Board therefore alleges that Louise P. Lu, M.D. (Respondent) has practiced medicine in violation of law, regulations, or good and accepted medical practice as set forth herein. The investigative docket number associated with this order to show cause is Docket No. 20-118.

Biographical Information

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).

Factual Allegations

2. In [REDACTED] t 2018, Patient A, a [REDACTED] female who was approximately [REDACTED], presented to the UMass Emergency Department complaining of [REDACTED]. [REDACTED]

3. Patient A's 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)

G.L. c. 4, § 7(26)(c)).

7. The 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)

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).

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 SpO2 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.

Legal Basis for Proposed Relief

A. Pursuant to G.L. c. 112, §5, eighth par. (c) and 243 CMR 1.03(5)(a)3, the Board may discipline a physician upon proof satisfactory to a majority of the Board, that he engaged in conduct that places into question the Respondent's competence to practice medicine.

B. Pursuant to Levy v. Board of Registration in Medicine, 378 Mass. 519 (1979); Raymond v. Board of Registration in Medicine, 387 Mass. 708 (1982), and Sugarman v. Board of Registration in Medicine, 422 Mass. 338 (1996) the Board may discipline a physician upon proof

satisfactory to a majority of the Board that said physician has engaged in conduct that undermines the public confidence in the integrity of the medical profession.

Nature of Relief Sought

The Board is authorized and empowered to order appropriate disciplinary action, which may include revocation or suspension of the Respondent's license to practice medicine. The Board may also order, in addition to or instead of revocation or suspension, one or more of the following: admonishment, censure, reprimand, fine, the performance of uncompensated public service, a course of education or training, or other restrictions upon the Respondent's practice of medicine.

Order

Wherefore, it is hereby **ORDERED** that the Respondent show cause why the Board should not discipline the Respondent for the conduct described herein.

By the Board of Registration in Medicine,

A handwritten signature in black ink, appearing to read 'Booker T. Bush', written over a horizontal line.

Booker T. Bush, M.D.
Board Chair

Date: November 21, 2024