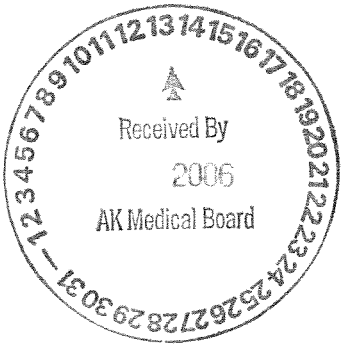
DEPARTMENT OF
COMMERCE
COMMUNITY AND
ECONOMIC DEVELOPMENT
Division of Corporations, Business and Professional Licensing

Frank H. Murkowski, Governor
William C. Noll, Commissioner
Rick Urion, Director



CERTIFIED # 7004 2510 0004 3492 8261
RETURN RECEIPT REQUESTED

March 13, 2006

Colleen M. Murphy, M.D.
4100 Lake Otis Parkway
Suite Number 330
Anchorage, Alaska 99508

Dear Dr. Murphy:

You are hereby notified that the enclosed Accusation has been filed with the Division of Corporations, Business and Professional Licensing. Should you request a hearing to decide the issues presented in this Accusation within 15 days after it is mailed or delivered to you, a hearing on the merits will be scheduled.

However, unless a written request for a hearing, signed by you or on your behalf, is delivered or mailed to the Department of Commerce, Community & Economic Development, Division of Corporations, Business and Professional Licensing Investigations, 550 W. 7th Avenue, Suite 1500, Anchorage, Alaska 99501, within 15 days after the enclosed Accusation was mailed or delivered to you, the Division of Corporations, Business and Professional Licensing may proceed without a hearing under AS 44.62.530. A request for a hearing may be directed to me by delivering or mailing the enclosed form entitled "Notice of Defense" or by delivering or mailing another Notice of Defense as provided in AS 44.62.390 to the address noted. Should you decide to fax the Notice of Defense, please do so at (907) 269-8195 and immediately follow with the hard copy by mail or delivery.

Sincerely,

Richard C. Younkins
Chief Investigator

Enclosures: Accusation
Notice of Defense
AS 44.62.390
Postage Paid Envelope

cc: Rick Urion, Director
Jennifer Strickler, Chief, Occupational Licensing w/original
Karen Hawkins, Assistant Attorney General
Leslie Gallant, Executive Administrator
Paul D. Stockler, Attorney
Susan Winton, Investigator
Jasmin Bautista, Investigator
File: 2800-05-026

RCY:mjm

BEFORE THE STATE OF ALASKA OFFICE OF ADMINISTIVE HEARINGS
ON REFERRAL BY THE ALASKA STATE MEDICAL BOARD

In the Matter of:	)	
	)	
Colleen M. Murphy, M.D.,	)	
	)	
Respondent.	)	OAH No. 05-0553-MED
	)	Board No. 2800-05-026, 2800.05.045, 2800.05.048, 2800.05.050, 2800.05.051, 2800.05.054.

SECOND AMENDED ACCUSATION

This Second Amended Accusation amends the Accusation filed on July 14, 2005, which initiated a proceeding pursuant to AS 08.01.075 and AS 08.64.326 to suspend, revoke, or impose other disciplinary sanctions against the physician license issued by the State of Alaska to Colleen M. Murphy, M.D. ("Murphy"), as well as the First Amended Accusation, filed July 22, 2005.

In support of this Second Amended Accusation, petitioner, Richard Urion, Director, State of Alaska, Department of Commerce, Community and Economic Development, Division of Corporations, Business and Professional Licensing ("Division") alleges in his official capacity as follows:

1. On October 27, 1993, Murphy was issued physician #3162. On July 7, 2005, the State Medical Board summarily suspended Murphy's license. That license was reinstated on October 21, 2005. The license will expire unless renewed on December 31, 2006.

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2. On April 6, 2005, Alaska Regional Hospital ("ARH") suspended Murphy's obstetrical privileges based upon an ARH Ad Hoc Committee finding that Murphy posed "an imminent danger to the health and/or safety of hospital patients."

Count I

3. Patient 37-44-87 was admitted at ARH on November 15, 2003. Patient 37-44-87 had two previous cesarean section deliveries. The first cesarean section was for failure to progress with labor and the second was a repeat cesarean section without complications.

4. Patient 37-44-87 was admitted to ARH at 5 p.m. in early labor and was assessed by the nursing staff then went out on pass at 9 p.m. until 10:12 p.m. At 3:45 a.m. on November 16, 2003 the patient complained of abdominal pain despite the placement of an epidural block at 1 a.m. Shortly after the fetal heart monitor tracing revealed a prolonged variable deceleration which was followed by reduced baseline variability, repetitive variable decelerations, as well as the findings of bloody urinary drainage from an indwelling catheter were documented in the nurse's notes. At 4:33 a.m. the nurse conducted a cervical examination and determined the cervix to be dilated to 7 cm., 90% effaced, and the vertex at 0 station. At the same time the labor and delivery nurse repositioned the patient, initiated oxygen therapy, and discontinued the pitocin drip as intervention measures for the concerning fetal heart rate decelerations. The nurse's note documented that at 4:41 a.m. Murphy was notified of the patient's complaint of right sided pain, bloody urine, and the nurse's concern

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regarding the changes in the fetal heart rate pattern. The nurse requested Murphy come to the labor room to evaluate the patient. Murphy declined to personally examine the patient and requested the nurse bring the monitor strip to her call room then ordered an amnio infusion without personally assessing patient 37-44-87.

5. By 5:10 a.m. the baseline fetal heart rate pattern demonstrated deeper, more prolonged and blunted variable decelerations with slow recovery, baseline overshoot and diminished base line variability. The fetal heart rate pattern continued to deteriorate over the next twenty minutes into a sustained bracdycardia. The patient was examined by Murphy at 5:36 a.m. Murphy indicated the cervix was completely dilated and the presenting vertex was in a right occiput anterior position at a 1+ station. At 5:41 a.m., the nurse's notes indicate Murphy attempted three pulls with a vacuum without delivery or significant descent of the presenting part. Simpson forceps were requested and at 5:47 a.m. Murphy delivered patient 37-44-87's neonate using a mid-high forceps assisted vaginal delivery. Following delivery, at 5:50 a.m., the nurse's notes indicate that Murphy did not believe that the uterus had ruptured, but that the bladder had ruptured. The operating room team and a urologic consultant were called.

6. Patient 37-44-87 was moved to the operating room at 6:10 a.m. Surgical exploration of the pelvis revealed a 10 cm laceration in the bladder and rupture of the lower uterine segment. The bladder was repaired by the urologist and Murphy carried out a supracervical hysterectomy. Following the abdominal operative procedure a right vaginal sulcus tear, a midline second degree vaginal laceration, and

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periurethral laceration were repaired. Patient 37-44-87 received six units of blood, Hespan (colloid volume expander), and four units of crystalloid and was discharged with a mild post operative anemia.

7. Patient 37-44-87's neonate had APGAR scores of 3, 7, and 8, the umbilical cord pH was 6.97, and was transferred to the Neonatal Intensive Care Unit. Neonatal admission examination noted a large bruise on the forehead as well as a forceps mark from the hairline to the right cheek and another behind the ear.

8. Murphy's failure to recognize signs of a uterine rupture, her decision to perform a vaginal operative delivery on a patient with two prior cesarean sections, her disregard of fetal heart rate changes, and her use of two vaginal operative procedures on the same patient constitutes professional incompetence, gross negligence or repeated negligent conduct is grounds for discipline pursuant to AS 08.64.326(a)(8)(A).

Count II

9. Patient 21-90-97 was admitted at ARH on February 1, 2004, at 1:10 a.m. The fetal heart rate tracings indicated occasional late and intermittent variable decelerations shortly after patient was admitted. Murphy was called by the labor and delivery nurse at 2:16 a.m. The patient was given 10 mg of Ambien (zolpidem) orally and 10 mg of morphine. Murphy examined patient 21-90-97 at 5:40 a.m. noting the cervix to be 3 cm dilated, -1 station. An amniotomy was carried out revealing moderate meconium stained fluid. Two severe variable decelerations followed the

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amniotomy. The patient was repositioned, oxygen was administered, intravenous fluids were administered and an amnioinfusion was initiated.

10. The fetal heart rate monitor demonstrated a deep prolonged deceleration at 9:15 a.m. and the nurse's notes indicate that patient 21-90-97 was started on pitocin (2 milliunits/minute) shortly at 9:35 a.m.

11. Following the initiation of pitocin, fetal heart rate tracings demonstrated increasing variable decelerations, most occurring with contractions, but occasionally independent of contractions. At 10:30 a.m. a deep variable deceleration with a slow return to baseline was noted by the nurses and oxygen was administered and the patient was given a bolus of intravenous fluids. Murphy examined the patient at 11:30 a.m. noting the cervix to be 7-8 cm dilated and the pitocin was increased to 4 milliunits/minute. A severe deceleration in the fetal heart rate occurred at this time and was followed by persistent moderate to severe decelerations, diminishing baseline variability, and slow return to baseline. By 11:50 a.m., deep variable decelerations were present with each contraction. Preparation for delivery was initiated at 12:10 p.m. Murphy's delivery note indicated that the remaining anterior cervical lip was manually reduced with the head at a +2 station. The nurse's note documented the vacuum was used initially for 15 seconds then briefly a second time for 5 seconds followed by spontaneous delivery of the head.

12. Patient 21-90-97's newborn had APGAR scores of 3-5-9 and the cord pH was 7.05 with a base excess of -10.1. Meconium was noted in the upper

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airway. The umbilical cord was around the newborn's neck three times and was meconium stained. The newborn was admitted to the Neonatal Intensive Care Unit.

13. Murphy's failure to recognize abnormalities of fetal heart rate tracings and her increase of pitocin administration with non-reassuring fetal heart rate findings constitutes professional incompetence, gross negligence or repeated negligent conduct and is grounds for discipline pursuant to AS 08.64.326(a)(8)(A).

Count III

14. Patient 38-34-33 was seen as a prenatal patient by Murphy initiating prenatal care on August 4, 2003. At 35 weeks gestation, a Group B Beta streptococcus screen was carried out which was positive. The results were noted the following prenatal visit in the patient's record. The patient was subsequently examined in the office at 38, 38.5, and 40 weeks gestation, respectively. The cervical examination at 38 weeks gestation revealed 1 cm dilatation, -1 station, and 50% effacement; examination on the latter two visits revealed similar cervical dilatation, 2 cm, 0 station, and 70-% effacement. Murphy's office records indicated that the membranes were stripped on these three office examinations.

15. Murphy saw patient 38-34-33 in her office at 3 p.m. on March 10, 2004. Murphy's notes indicate that patient 38-34-33 was Group B Beta strep positive, that her membranes had spontaneously ruptured at approximately 10:30 a.m. that same day, and that fluid had been leaking since the rupture. The patient was admitted to ARH at 4:15 p.m. confirming the history of spontaneous ruptured membranes since 10:30 a.m. The patient was started on ampicillin (positive Beta strep carrier protocol)

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at 5:30 p.m. Between 6:30 p.m. and 9:20 p.m., the fetal heart rate monitor recorded diminished baseline variability and absence of fetal heart rate accelerations followed by periodic late decelerations. At 10:30 p.m., the fetal heart rate developed a sustained tachycardia of 180 beats per minute (bpm) and by 12:30 a.m. on August 14, 2004, the fetal heart rate was 190-200 bpm. At 1 a.m., the fetal monitor demonstrated a contraction pattern of tachysystole or hyperstimulation (contractions closer than every two minutes or six or more contraction in ten minutes) which was followed by a prolonged deep variable deceleration and patient 38-34-33's temperature rose to 103.7 degrees Fahrenheit. Fetal scalp stimulation was carried out at 1:20 a.m., when the patient was 8 cm dilated, and failed to elicit a positive response. The nurse's note indicated that Murphy manually dilated the cervix. Prior to delivery the patient developed late decelerations followed by persistent variable decelerations. Pitocin, which had been initiated at approximately 11:00 p.m., and then stopped for a time, was re-started at 1:55 a.m. Patient 38-34-33 was noted to have moderate meconium stained amniotic fluid in the late second stage of labor and delivered spontaneously at 2:10 a.m. The neonate had a tight nuchal cord. The upper airway was suctioned by Murphy with additional airway care provided by the Neonatal Intensive Care nurses.

16. Patient's 38-34-33's neonate had APGAR Scores of 2-3 and cord pH of 7.05 and base excess of -12. The neonate was intubated and transferred to Providence Neonatal Intensive Care Unit. Placental examination revealed acute chorioamnionitis and acute funisitis (inflammation of the membranes and umbilical cord) as well as meconium staining of the umbilical cord.

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17. Murphy's failure to recognize abnormalities of fetal monitor tracings her initiation and continuation of pitocin in the face of a non-reassuring pattern, and her manual dilatation of the cervix was potentially life threatening to the baby and constitutes professional incompetence, gross negligence or repeated negligent conduct and is grounds for discipline pursuant to AS 08.64.326(a)(8)(A).

Count IV

18. Patient 38-82-16 was admitted at 39 ½ weeks gestation to ARH on June 25, 2004 with a history of a spontaneous ruptured membranes and irregular contractions. Her labor progressed slowly. Because of lack of favorability of the cervix and lack of significant contractions, it was recommended that Cervidil (dinoprostone), a uterine stimulant, be placed vaginally to enhance cervical ripening, which was carried out at 10:55 p.m. The patient's Cervidil dislodged from the vagina and fell out at approximately 1:30 a.m. June 26, 2004. Murphy saw the patient at approximately 2:30 a.m. and recommended replacement of the Cervidil. The patient declined, wishing, instead, to rest. At 0630 hours, the Cervidil was replaced. Murphy wrote an order for Pitocin augmentation at 0815 which was initialed prior to removal of the Cervidil. The manufacturer of Cervidil recommends that Cervidil be removed at least 30 minutes before initiation of pitocin. The patient's temperature was elevated at 4 p.m. and Unasyn (ampicillin/sublactam) therapy was initiated.

19. Patient 38-82-16 pushed for approximately two hours and became very fatigued. Diminution in the patient's voluntary pushing effort was reflected on the fetal monitor record as well. The fetal head had been in a persistent occiput

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posterior position at a +2 station through out the late active phase of labor and through out the patient's pushing effort. Murphy attempted an operative vaginal delivery using the vacuum through five contractions with no descent. The patient was subsequently delivered by low transverse cervical cesarean section.

20. Murphy initiated Pitocin augmentation of labor, a uterine stimulant which overlapped with another uterine stimulant, Cervidil. The concomitant use of Cervidil with pitocin is contrary to the manufacturer's recommendations and constitutes professional incompetence, gross negligence, or repeated negligent conduct and is grounds for discipline pursuant to AS 08.64.326(a)(8)(A). Also, Murphy's attempted vaginal operative delivery of a profoundly fatigued patient with persistent high occiput posterior presentation by vacuum constitutes professional incompetence, gross negligence, or repeated negligent conduct and is grounds for discipline pursuant to AS 08.64.326(a)(8)(A).

Count V

21. Patient 32-42-42 was initially observed at ARH at 1740 hours on September 4, 2004. At 2150 hours, Murphy noted that the fetus had a non-reassuring fetal heart rate pattern with variable decelerations and a high baseline (tachycardia) in the 180-190s BPM. The fetus was described as being at +2 station with right occiput anterior position. Murphy utilized the Mityvac vacuum extractor. The application was initiated at 9:57 p.m. and continued through 10:09 p.m. Murphy noted that the pressure was 50 cm of mercury and the nurse's notes indicate that the pressure was constant throughout the entire time at the 50-60 mm range. Murphy noted, and the

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nurse's notes confirm, there were three involuntary releases (pop-offs), which increased the potential for fetal injury. Patient 32-42-42's neonate was delivered at 2210 hours.

22. The repetitive pop-offs during Murphy's vaginal operative delivery constitutes professional incompetence, gross negligence, or repeated negligent conduct and is grounds for discipline pursuant to AS 08.64.326(a)(8)(A).

Count VI

23. Patient 40-61-96 was admitted to ARH on March 4, 2005. A fetal heart rate monitor was placed at 3:42 p.m. with a 140 bpm fetal heart rate baseline with accelerations and good variability present. At 9:30 p.m. with contractions occurring every 2-2 1/2 minutes, Murphy ordered pitocin for augmentation of labor stating that pitocin was initiated because patient 40-61-96 had a persistent anterior lip. By 9:50 p.m., the contraction pattern revealed tachysystole or hypersitimulation (six or greater contractions/10 minute interval) which persisted through the patient's delivery. Simultaneously, the patient began to have repetitive variable decelerations down to 60 bpm initially and became more profound by 10:12 p.m. At the time of delivery, Murphy indicated that the vacuum was utilized through five pulls with a notation that there was one pop-off and three losses of pressure on one of her notes, whereas another operative delivery note on page 110113 revealed soft cup, 25 cm of Mercury (605 mm Hg or 60.5 cm Hg) with five pulls and three pop-offs.

24. The repetitive pop-offs during Murphy's vaginal operative delivery constitutes professional incompetence, gross negligence, or repeated negligent

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conduct and is grounds for discipline pursuant to AS 08.64.326(a)(8)(A). Murphy's the initiation of Pitocin when the fetal heart rate pattern showed non-reassuring signs also constitutes professional incompetence, gross negligence or repeated negligent conduct and is grounds for discipline pursuant to AS 08.64.326(a)(8)(A).

WHEREFORE, in accordance with AS 08.01.075, AS 08.64.326, and AS 08.64.331, the Division respectfully requests that the State Medical Board, based on the individual counts and the totality of the counts alleged herein, revoke, suspend or impose other sanctions within its lawful authority which the Board deems just and proper against physician license #3162 held by Murphy.

DATED this 10th day of March, 2006, at Anchorage, Alaska.

William C. Noll, Commissioner
Department of Commerce, Community and
Economic Development

By _____
Richard C. Younkins, Chief Investigator for
Richard Urion, Director
Division of Corporations, Business, and
Professional Licensing

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