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State of Wisconsin
Before the Veterinary Examining Board

In the Matter of the Disciplinary Proceedings Against

Roxanne E. Cliff, DVM

Final Decision and Order

Respondent

LS0009261VET

The parties to this proceeding for purposes of s. 227.53, Stats., are:

Roxanne E. Cliff, DVM

636 Main Street

Montello WI 53949

Veterinary Examining Board

Department of Regulation and Licensing

P.O. Box 8935

Madison WI 53708

Division of Enforcement

Department of Regulation and Licensing

P.O. Box 8935

Madison WI 53708

The parties having agreed to the attached stipulation, the Veterinary Examining Board makes the following:

Findings of Fact

1. Roxanne E. Cliff, DVM, was born on July 2, 1969, and is licensed to practice veterinary medicine in the state of Wisconsin, pursuant to license number 4406, granted on September 8, 1995.
2. From May 26, 1998, through June 6, 1998, Dr. Cliff treated Fred, a 3 month old Dalmation puppy owned by Carl and Kelly Georgeson. Fred presented with a temperature of 103.3 , for which Dr. Cliff administered 0.1 cc Banamine. Fred remained at the clinic overnight, and in the morning, Dr. Cliff noted that his hydration was good, but nonetheless administered 20 cc of subcutaneous fluids. Fred was sent home on the evening of May 27.
3. At 4 p.m. on May 28, Fred returned, dehydrated, and Dr. Cliff administered an unrecorded amount of subcutaneous fluids, Baytril, and pepto bismol.
4. On May 29, Dr. Cliff noted that Fred was dehydrated, and over the course of the day, she administered 120 cc of fluids subcutaneously, and 3 cc of pepto bismol after a 10:00 p.m. episode of a small amount of bloody diarrhea.
5. Over the course of May 30, Dr. Cliff recorded the administration of 90 cc of subcutaneous fluids. Dr. Cliff's records indicate that she administered some additional subcutaneous fluids on May 30, but the records do not include the amount of the additional subcutaneous fluids. In addition, Dr. Cliff's records note that she placed IV catheters in Fred's right front, left front, and left hind legs. The records indicate that the catheter in the right front leg was "blown" and removed almost immediately after it was placed at noon; the catheter that was placed in the left front leg at noon was "blown" and removed at 4 p.m.; the catheter that was placed in the left hind leg at 4 p.m. was "blown" and removed at 10 p.m. Dr. Cliff noted that the left hind leg was swollen with "lots of

bruising" when she removed the catheter.

6. At 7 a.m. on May 31, 1998, Dr. Cliff recorded Fred's temperature as 105.8 . She administered 0.1 cc Banamine, 60 cc. of subcutaneous fluids, water massage, and other medication. Fred's temperature was reduced to 101 .

7. Over the next 14 hours, Dr. Cliff administered an additional 210 cc. of fluids, subcutaneously, and, at 3 p.m., an additional dose of 0.1 cc Banamine.

8. On June 1, 1998, Dr. Cliff administered 420 cc. of subcutaneous fluids to Fred, and an additional dose of 0.1 cc Banamine, with other medications.

9. On June 2, 1998, Dr. Cliff placed pressure/support wrapping on Fred's front legs and his left hind leg. Dr. Cliff noted "some skin slough" inside Fred's thigh, and also noted increased activity by Fred with normal skin hydration, but noted that his cage was dry overnight. She further noted an increased volume of urine output, but noted that the urine was very dark yellow.

10. On June 3, 1998, Dr. Cliff administered silvadine cream and "Kling" wrap over the areas of skin sloughing, and noted that Fred was chewing on his front and left hind legs. She administered an additional 0.1 cc Banamine, and noted that Fred was eating and drinking on his own, but did not record amounts of fluid or food intake.

11. On June 4, 1998, Dr. Cliff continued with the silvadine cream, and noted that Fred was walking much better. She noted a normal stool, and that Fred was eating and drinking well, but did not record amounts of fluid or food intake. Dr. Cliff also noted that the left hind leg had some scabbing over the areas from which the skin had sloughed off. For the first time, Dr. Cliff recorded that there was a fluid pocket over the dorsal tarsus, and she noted that the fluid pocket was "less blue," indicating that the fluid pocket had been present, but not recorded, earlier. Finally, Dr. Cliff noted "feet still huge," indicating that Fred's feet had been swollen for some time, although that had not previously been recorded. Dr. Cliff administered another 0.1 cc of Banamine.

12. On June 5, 1998, Dr. Cliff administered silvadine again, and an additional 0.1 cc Banamine. She noted that Fred was using his left hind leg for support, and that the leg was "scabbed over well" and that Fred was not running a fever.

13. On June 6, 1998, Dr. Cliff noted that Fred could walk well if he went slow and his legs were not wrapped, and she noted that he was using his left hind leg. Fred went home from Dr. Cliff's clinic.

14. After leaving Dr. Cliff's clinic, his owners took Fred to Dr. Michael Cooper in Portage, Wisconsin. Dr. Cooper noted severe damage to both front legs, with sloughing of skin over the cephalic veins, and a large amount of necrotic tissue over the left hind leg, with continued sloughing of large amounts of skin. Dr. Cooper began antibiotic treatment and hydrotherapy of the injured legs.

15. On June 7, 1998, Dr. Cooper noted that Fred "looks good, very active and eating well." Dr. Cooper continued his treatment.

16. On June 8, 1998, Dr. Cooper noted that Fred tested negative for parvovirus, and that most of the skin on his left rear leg appeared to sloughing, and he suspected muscle damage.

17. On June 9, 1998, Dr. Cooper noted that Fred was very depressed, approximately 5% dehydrated, and exhibiting poor color. Dr. Cooper diagnosed septic shock, and was preparing to amputate Fred's left rear leg when Fred died. A postmortem examination revealed a large amount of pus in the thorax and a ruptured abscess of left caudal lung lobe. Dr. Cooper determined the cause of Fred's death to be the ruptured pulmonary abscess.

18. Banamine is a non-steroidal anti-inflammatory anti-pyretic. Dr. Cliff's administration of Banamine to Fred was inconsistent with the accepted dosing protocols for dogs of no more than one dose per day for a maximum of three days.

19. Dr. Cliff's records are inadequate to show Fred's condition, Dr. Cliff's treatment plan, the treatment actually provided, or the effects of the treatment provided by Dr. Cliff.

20. It is below the minimally acceptable standards of veterinary practice to treat persistent fever without performing blood tests to assist in the diagnosis of the cause of the fever, and it is below the minimally acceptable standards of veterinary practice to fail to take radiographs to attempt to rule out internal loci of infection in cases of unexplained fever.

Conclusions of Law

1. The Veterinary Examining Board has jurisdiction in this matter pursuant to s. 453.07(2), Stats.

2. By administering excessive doses of Banamine to the puppy Fred owned by Mr. and Mrs. Georgeson, and by failing to perform blood tests or radiographic studies in aid of a diagnosis of the puppy's condition, and by failing

to record significant physical changes in the puppy's condition, and by failing to refer the puppy when she knew or should have known that she was not competent to deal with the puppy's condition, Dr. Cliff engaged in conduct evidencing a lack of knowledge of or ability to apply veterinary principles or skills, contrary to s. VE 7.06(1), Wis. Admin. Code.

Order

Now, therefore, Roxanne E. Cliff, DVM, is reprimanded.

It is further ordered that Roxanne E. Cliff, DVM, shall, no later than January 31, 2001, complete the continuing veterinary education course described in Attachment A.

Dr. Cliff shall be responsible for all costs associated with completing the education required by this Order.

Dated this 26th day of July, 2000.

Wisconsin Veterinary Examining Board

Diane Scott

A Member of the Board