

WISCONSIN DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES



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STATE OF WISCONSIN
BEFORE THE MEDICAL EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY :
PROCEEDINGS AGAINST :
: FINAL DECISION AND ORDER
SEAN M. CASHIN, M.D., :
RESPONDENT. :

ORDER 0002205

Division of Legal Services and Compliance Case No. 11 MED 301

The parties to this action for the purpose of Wis. Stat. § 227.53 are:

Sean M. Cashin, M.D.
Aspirus Doctors Clinic
2031 Peach Street
Wisconsin Rapids, WI 54494

Wisconsin Medical Examining Board
P.O. Box 8935
Madison, WI 53708-8935

Division of Legal Services and Compliance
Department of Safety and Professional Services
P.O. Box 8935
Madison, WI 53708-8935

The parties in this matter agree to the terms and conditions of the attached Stipulation as the final disposition of this matter, subject to the approval of the Medical Examining Board (Board). The Board has reviewed this Stipulation and considers it acceptable.

Accordingly, the Board in this matter adopts the attached Stipulation and makes the following Findings of Fact, Conclusions of Law and Order.

FINDINGS OF FACT

1. Respondent Sean M. Cashin, M.D. (dob February 19, 1975) is licensed in the State of Wisconsin to practice medicine and surgery, having license number 20-49396, first issued on June 19, 2006 with registration current through October 31, 2013. Dr. Cashin's most recent address on file with the Wisconsin Department of Safety and Professional Services (Department) is Aspirus Doctors Clinic, 2031 Peach Street, Wisconsin Rapids, Wisconsin 54494.

2. On October 7, 2010, Respondent met with Patient A for surgical consultation and possible cholecystectomy. Respondent discussed the risks of the surgery and Patient A was uncertain if she would have the procedure done and wanted to discuss it with her husband.

Patient A only spoke Hmong and all communications with Respondent was translated by Patient A's daughter. Shortly after her visit with Respondent Patient A decided she wanted to have the procedure done.

3. On October 21, 2010, Patient A presented to Respondent at Riverview Hospital to undergo a laparoscopic cholecystectomy for acute acalculous cholecystitis. The procedure proceeded without any problems. Afterwards Patient A was taken to recovery. Nurse's notes show the following:

- 0827 Patient to recovery per cart. Resting. Appears comfortable. CRNA present. Vitals stable.
- 0835 See Khang here interpreter. Patient having pain. Unable to rate with numbers but stated pain is "really bad".
- 0840 0.3mg Dilauded given IV. Denies nausea.
- 0850 Pt states she is still having "really bad pain" better though. 0.3mg Dilauded given IV. Denies nausea.
- 0900 Pt states that her pain is tolerable. Still there but she is able to rest. Denies nausea.

Patient A was discharged at approximately 1500 and instructed to take dressing off in 24 hours, no soaking in tub for 10 days, and no heavy lifting. She was given a prescription for Vicodin 5/325 mg 1-2 every 4 hours as need for pain.

4. On October 22, 2010, Patient A presented to Riverview Hospital's Emergency Department with severe pain and difficulty breathing. Admission records indicate Patient A's reason for the visit included the following:

“ . . . [Patient A] stated she has been having abdominal pain and pain in her shoulders. The patient was not controlled with the Vicodin, however, I am not sure that she was taking it. Therefore, she came to the Emergency Department.

Upon arriving to the Emergency Department, the patient stated that she had pain on a scale of 10, 10/10. She did go over to x-ray and actually had one episode of emesis as well. . .”

Respondent's plan was to start IV fluids, oral and IV narcotics if needed, regimen of Tylenol and ibuprofen, and recheck labs in the morning. Respondent wrote in the record, "I am not terribly concerned about this, however, I think that this is mostly likely represents a postoperative reaction. However, I will follow this up to make sure there is nothing else going on." Respondent ordered the following medications: D 5/1/2 NS with 20 KCl @125cc, morphine 1-2MG IV q 1 hr PRN severe pain, oxycodone 5-10mg PO q 4hrs PRN pain, Zofran 4mg IV q 6hrs PRN nausea, and alternate every 3 hours Tylenol 650mg PO q 6hrs and ibuprofen 600mg PO q 6hrs.

5. On October 23, 2010, Patient A presented to an associate physician for discharge from the hospital. However, Patient A expressed that she did not feel comfortable leaving and

continued to stress the amount of pain she felt. She insisted that her abdominal pain had not subsided and that she still had difficulty breathing. Nurse's notes indicate "Patient is fearful to discharge home due to new surgery". The associate physician granted her another day in the hospital.

6. On October 24, 2012, the associate physician noted the following:

"VSS, afebrile, awake & alert, much better, still considerable pain, m flatus on GM, abd-soft, will discontinue morphine, decrease IV, Colace, MOM, avail pain meds, plan discharge in AM".

7. On October 24, 2012, Nursing notes indicate Patient A's pain assessment at 1113 showed abdominal ache at 5 of 10. Scheduled Tylenol and ibuprofen were given. At 1530 her pain assessment showed abdominal ache at 4 of 10. Scheduled Tylenol and ibuprofen were given, and at 1931 her pain assessment showed abdominal ache at 4 of 10. Scheduled Tylenol and ibuprofen were given. An icy hot patch appears to have been put on left shoulder.

8. On October 25, 2012, Nursing notes indicate Patient A's pain assessment at 0013 showed abdominal ache at 4 of 10. Scheduled Tylenol and ibuprofen were given. At 0500 her pain assessment showed abdominal ache at 4 of 10. Scheduled Tylenol and ibuprofen were given, at 0759 her pain assessment showed shoulder ache at 7 of 10 and abdominal ache at 3 of 10. Scheduled ibuprofen and oxycontin was given and heat was applied. At 1056 Patient A's pain assessment showed shoulder ache at 2 of 10 and abdominal ache at 3 of 10. Scheduled Tylenol was given.

9. On October 25, 2010, Respondent's Progress Notes indicated patient was "Doing well, pain controlled, AVS, Abd-soft, dressing drainage." Assessment/Plan was "POD #3, doing ok, d/c home." Nursing Notes at 1558 stated:

". . . Patient reports comfort level at time of discharge as < with PO analgesia . . . Instructed on the following new medications: Tylenol, docusate, norco 5/324, ibuprofen, magnesium hydroxide, omeprazole. Instructed to contact physician about concerns regarding pain management or treatment plan . . ."

Respondent's Discharge Summary indicated the reason for admission was postoperative pain. He also indicated that Patient A had been afebrile, tolerated a diet, was passing gas, and incisions were benign. Also, "The patient wishes to go home." According to Patient A's daughter, Patient A did not wish to be discharged and insisted that her abdominal pain was only getting worse. Respondent scheduled her for a follow-up appointment in 2 weeks.

10. On November 4, 2010, Patient A complained to Respondent's office of lower left abdominal pain, finding it hard to breathe, and feeling very weak. Patient A was again seen by the associate physician who performed a CT of the abdomen and pelvis area. The associate physician documented in his Impression the following:

Given the history of surgery two weeks ago, the presence of such a large amount of fluid within the peritoneal cavity raises the possibility of a bile leak as the etiology of these findings. Hepatobiliary imaging to rule out a bile leak may be

useful for further evaluation. There is no evidence of an abscess. There is no evidence of bowel perforation, and no other evidence for acute abdominal or pelvic process seen.

The associate physician further documented in the progress note that Patient A “is still having pain in her shoulders, left greater than right, and on her sides when she lies down. She is eating, but not a great amount, bowels are working”. His exam indicated “vital signs are stable and as noted by my nurse. She looks uncomfortable, abdomen is obese, and slightly tend in RUQ”. The associate Physician ordered labs and did a CT scan which showed fluid in the abdomen. He planned to order a HIDA scan looking for a bile leak.

11. On November 5, 2012, the associate physician documented in his Impression for the HIDA scan the following:

Findings are concerning for a partial bile leak, with abnormal uptake seen around the dome the liver, best seen on the right decubitus views in the posterior and anterior projections.

12. On November 6, 2012, Patient A was transferred to Asprius Doctors’ Hospital in Wausau for an ERCP which would be the next step in diagnosing Patient A’s bile leak. However, this proved to be unsuccessful as Patient A’s throat was too swollen to perform the procedure.

13. On November 7, 2012, Patient A underwent a second surgery to repair the bile leak. According to Patient A’s daughter, they were informed that there was a possibility of open surgery due to the ongoing bile peritoneal contamination over the last two weeks. The Preoperative Diagnosis indicated bile leak status post cholecystectomy. The postoperative diagnoses indicated the following:

1. *Bile leak status post cholecystectomy.*
2. *Incomplete cholecystectomy with remnant infundibulum and gallbladder neck and widely patent nonclipped cystic duct.*
3. *Bile peritonitis.*

14. Respondent’s conduct as herein described with regard to Patient A fell below the minimum standards of competence established in the profession in that Respondent failed to properly identify the cystic duct during surgery, thus leaving part of the gall bladder.

15. By failing to properly identify Patient A’s postoperative pain, including the failure to order a HIDA scan and /or ultrasound in a timely manner, Respondent created needless pain and suffering to Patient A and put Patient A at additional risk of peritonitis and even death.

16. Respondent’s conduct as set forth above tended to constitute a danger to the health, welfare and safety of Patient A.

17. Respondent neither admits nor denies the allegations but has knowingly and voluntarily elected to resolve this matter by stipulation. Respondent acknowledges that the facts set forth above are legally sufficient to justify the conclusions of law and the order below.

CONCLUSIONS OF LAW

1. The Wisconsin Medical Examining Board has jurisdiction to act in this matter pursuant to Wis. Stat. § 448.02(3), and is authorized to enter into the attached Stipulation pursuant to Wis. Stat. § 227.44(5).

2. By the conduct described in the Findings of Fact, Respondent Sean M. Cashin, M.D. violated Wis. Stat. § Med 10.02(2)(h).

3. As a result of the above conduct, Respondent Sean M. Cashin, M.D. is subject to discipline pursuant to Wis. Stat. § 448.02(3).

ORDER

1. The attached Stipulation is accepted.

2. Respondent Sean M. Cashin, M.D. is REPRIMANDED.

3. The medicine and surgery license issued to Respondent Sean M. Cashin, M.D. (license number 20-49396) is LIMITED as follows:

a. Within nine (9) months of the date of this Order, Respondent shall successfully complete 4 hours of education on the topic of laproscopic gallbladder surgery, including the taking and passing of any testing components.

b. Respondent shall be responsible for obtaining the course(s) required under this Order, for providing adequate course(s) descriptions to the Department Monitor, and for obtaining pre-approval of the course(s) from the Wisconsin Medical Examining Board, or its designee, prior to commencement of the course(s).

c. The Board or its designee may reject any course(s) and may accept a course(s) for less than the number of hours for which Respondent seeks approval.

d. Within thirty (30) days of completion of each educational component, Respondent shall file an affidavit with the Department Monitor stating under oath that he has attended, in its entirety, the course(s) approved for satisfaction of this requirement along with supporting documentation of attendance from the sponsoring organizations.

- e. Respondent is responsible for all costs associated with compliance with this educational requirement.
- f. None of the education completed pursuant to this requirement may be used to satisfy any other continuing education requirements that have been or may be instituted by the Board or Department.

4. Within 90 days from the date of this Order, Respondent Sean M. Cashin, M.D. shall pay the COSTS of this matter in the amount of \$1,000.00.

5. Proof of successful course completion and payment of forfeiture and costs (made payable to the Wisconsin Department of Safety and Professional Services) shall be sent by Respondent to the Department Monitor at the address below:

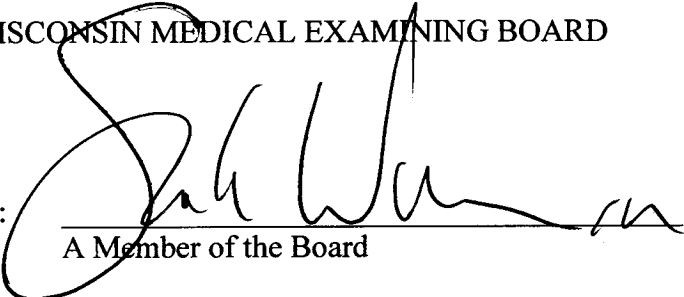
Department Monitor
Division of Legal Services and Compliance
Department of Safety and Professional Services
P.O. Box 8935, Madison, WI 53708-8935
Telephone (608) 267-3817; Fax (608) 266-2264
DSPSMonitoring@wisconsin.gov

6. Violation of any of the terms of this Order may be construed as conduct imperiling public health, safety and welfare and may result in a summary suspension of Respondent's license. The Board in its discretion may in the alternative impose additional conditions and limitations or other additional discipline for a violation of any of the terms of this Order. In the event Respondent fails to timely submit payment of costs as ordered or fails to submit proof of successful completion of the ordered education as set forth above, Respondent's license (no. 20-49396) may, in the discretion of the Board or its designee, be SUSPENDED, without further notice or hearing, until Respondent has complied with payment of the costs and completion of the education.

7. This Order is effective on the date of its signing.

WISCONSIN MEDICAL EXAMINING BOARD

by:


A Member of the Board

12/12/12
Date