

**State of New Hampshire
Board of Medicine
Concord, New Hampshire 03301**

In the Matter of:
William P. Carter, III, MD
License No.: 13946
(Misconduct Allegations)

SETTLEMENT AGREEMENT

In order to avoid the delay and expense of further proceedings and to promote the best interests of the public and the practice of medicine, the New Hampshire Board of Medicine (“Board”) and William P. Carter., III, MD (“Dr. Carter” or “Respondent”), a physician licensed by the Board, do hereby stipulate and agree to resolve certain allegations of professional misconduct now pending before the Board according to the following terms and conditions:

1. Pursuant to RSA 329:17, I; RSA 329:18; RSA 329:18-a; and Medical Administrative Rule (“Med”) 206 and 210, the Board has jurisdiction to investigate and adjudicate allegations of professional misconduct committed by physicians. Pursuant to RSA 329:18-a, III, the Board may, at any time, dispose of such allegations by settlement and without commencing a disciplinary hearing.
2. The Board first granted Respondent a license to practice medicine in the State of New Hampshire on May 7, 2008. Respondent holds license number 13946. Respondent practices emergency medicine at Portsmouth Regional Hospital.
3. On February 23, 2015, the Board received notice, pursuant to RSA 329:17, II, that an action for medical injury had been filed in Rockingham County Superior Court against Respondent and Portsmouth Regional Hospital.

4. In response to receiving this notice, the Board conducted an investigation and obtained information from various sources pertaining to the allegations that Respondent failed to diagnose a severe infection in a patient referred to herein as GM.
5. Respondent neither admits nor denies the alleged conduct, but stipulates that if a disciplinary hearing were to take place, Hearing Counsel would present evidence from which the Board could conclude that Respondent engaged in professional misconduct, in violation of RSA 329:17, VI (c) and/or (d), as follows:
 - A. On March 13, 2013, after being seen at a primary care office, GM presented at the Portsmouth Regional Hospital emergency department with a 101.7 degree temperature, blood pressure of 129/72, respiratory rate of 18, and a pulse of 94 beats per minute. GM complained of a fever lasting eight days, chills, intermittent sweats, weakness, fatigue, a small amount of diarrhea, a mild cough, and noted that he “hurts all over.” GM was noted to appear uncomfortable with mild tenderness of his right upper quadrant and multiple vesicular lesions extending from his right hip to his right buttocks. At the time he presented at the emergency department, GM had a two (2) year history of untreated hyperglycemia.
 - B. Respondent treated GM in the emergency department and diagnosed him with mild hyperglycemia, herpes zoster (shingles), and general tinea cruris. The only lab test run in the emergency department was for GM’s blood sugar, which was recorded at 391. Respondent wrote in GM’s clinical report, “[e]tiology of symptoms secondary to Zoster.” Respondent further noted that

the elevated blood sugar was a chronic condition “slightly exacerbated by the infection.”

- C. Respondent failed to perform a RUQ ultrasound and blood tests on GM to rule out hepatic/biliary tract disease and did not fully evaluate and treat hyperglycemia in the setting of an active infection. Respondent also failed to recognize that the symptoms GM initially presented with were inconsistent with uncomplicated herpes zoster treatable with oral acyclovir, and that they instead were indications of a possible serious, life threatening, illness. As a result, Respondent did not perform the usual, customary and necessary workup, including a chemistry panel, CBC test and blood cultures.
- D. Respondent discharged GM with instructions to rest and drink fluids. Respondent also prescribed GM Vicodin 5/500mg and oral Acyclovir 800mg. Prior to discharge, GM’s repeat vital signs were 102.8 degree temperature, blood pressure of 103/60, respiratory rate of 16 and a pulse of 87 beats per minute.
- E. Respondent failed to address the drop in GM’s blood pressure and recognize that such a low blood pressure, along with a high temperature and a heart rate over 90 qualified GM for SIRS (and possible sepsis), which Respondent could have confirmed if he had checked for an elevated or abnormally low WBC count and/or bandemia.
- F. Despite GM’s diabetes and worsened vitals, Respondent failed to admit GM to the hospital and instead allowed him to be discharged with a potentially life

threatening infection and sepsis that Respondent failed to recognize the signs of.

- G. GM returned to the Portsmouth Regional Hospital two days later on March 15, 2013, via ambulance, with fever, chills, weakness, shortness of breath, confusion, vomiting, abdominal distension, abdominal pain, dark urine, dizziness, throbbing headache, and hypotension. GM appeared toxic, pale, icteric, dehydrated and his blood pressure was 89/68. An abdominal CT scan revealed liver abscesses and further tests revealed a white blood cell count of 35.7 and a blood sugar of 455. GM was admitted to the Intensive Care Unit for decompensation with severe sepsis, acute respiratory failure, acute kidney injury, severe metabolic acidosis, and refractory shock. GM's condition required intubation, coma, Levofed, and treatment with pressors, which resulted in severe pressor induced ischemia/gangrene of both forefeet, requiring bilateral trans-metatarsal amputations. GM also required dialysis and prolonged antibiotic therapy. During treatment, GM developed a central line infection.
6. The Board finds that Respondent committed the acts as described above and concludes that, by engaging in such conduct, Respondent committed professional misconduct in violation of RSA 329:17, VI (c) and/or (d).
7. Respondent acknowledges that the above finding constitutes grounds for the Board to impose disciplinary sanctions against his license to practice as a physician in the State of New Hampshire.

8. Respondent consents to the Board imposing the following discipline, pursuant to RSA 329:17, VII:
 - A. Respondent is REPRIMANDED.
 - B. Respondent is required to meaningfully participate in a total of sixteen (16) hours of continuing medical education in the following areas: four (4) hours of continuing medical education in the area of diabetic patient management, four (4) hours of continuing education in the area of sepsis recognition, four (4) hours of continuing education in the area of emergency room standards of care, and four (4) hours of continuing education in the area of infectious disease recognition. All of these hours shall be in addition to the hours required by the Board for renewal of licensure and shall be completed within one (1) year from the effective date of this *Settlement Agreement*. Within fifteen (15) days of completing these hours, Respondent shall notify the Board and provide written proof of completion.
 - C. Respondent is assessed an ADMINISTRATIVE FINE in the amount of one thousand dollars (\$1,000). Respondent shall pay this fine in full within thirty (30) days of the effective date of this *Settlement Agreement*, as defined further below, by delivering a money order or bank check, made payable to "Treasurer, State of New Hampshire," to the Board's office at 121 South Fruit Street, Concord, New Hampshire 03301.
 - D. Within ten (10) days of the effective date of this agreement, as defined further below, Respondent shall furnish a copy of the *Settlement Agreement* to any

current employer for whom Respondent performs services as a physician or work which requires a medical degree and/or medical license or directly or indirectly involves patient care, and to any agency or authority which licenses, certifies or credentials physicians, with which Respondent is presently affiliated.

- E. For a continuing period of one (1) year from the effective date of this agreement, Respondent shall furnish a copy of this *Settlement Agreement* to any employer to which Respondent may apply for work as a physician or for work in any capacity which requires a medical degree and/or medical license or directly or indirectly involves patient care, and to any agency or authority that licenses, certifies or credentials physicians, to which Respondent may apply for any such professional privileges or recognition.
9. Respondent's breach of any terms or conditions of this *Settlement Agreement* shall constitute unprofessional conduct pursuant to RSA 329:17, VI (d), and a separate and sufficient basis for further disciplinary action by the Board.
10. Except as provided herein, this *Settlement Agreement* shall bar the commencement of further disciplinary proceedings or action by the Board based upon the facts alleged above. However, the Board may consider the fact that discipline was imposed by this Order as evidence in the event that similar misconduct is proven against Respondent in the future. Additionally, the Board may consider the fact that discipline was imposed by this Order as a factor in determining appropriate discipline should any further misconduct be proven against Respondent in the future.

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11. This *Settlement Agreement* shall become a permanent part of Respondent's file, which is maintained by the Board as a public document.
12. Respondent voluntarily enters into and signs this *Settlement Agreement* and states that no promises or representations have been made to him other than those terms and conditions expressly stated herein.
13. Respondent understands that his action in entering into this *Settlement Agreement* is a final act and not subject to reconsideration or judicial review or appeal.
14. Respondent has had the opportunity to seek and obtain the advice of an attorney of his choosing in connection with his decision to enter into this agreement.
15. Respondent understands that the Board must review and accept the terms of this *Settlement Agreement*. If the Board rejects any portion, the entire *Settlement Agreement* shall be null and void. Respondent specifically waives any claims that any disclosures made to, or by, the Board during its review of this *Settlement Agreement* have prejudiced his right to a fair and impartial hearing in the future if this *Settlement Agreement* is not accepted by the Board.
16. Respondent is not under the influence of any drugs or alcohol at the time he signs this *Settlement Agreement*.
17. Respondent certifies that he has read this document titled *Settlement Agreement*. Respondent understands that he has the right to a formal adjudicatory hearing concerning this matter and that at said hearing he would possess the rights to confront and cross-examine witnesses, to call witnesses, to present evidence, to testify on his own behalf, to contest the allegations, to present oral argument, and to appeal to the

courts. Further, Respondent fully understands the nature, qualities and dimensions of these rights. Respondent understands that by signing this *Settlement Agreement*, he waives these rights as they pertain to the misconduct described herein.

18. This *Settlement Agreement* shall take effect as an Order of the Board on the date it is signed by an authorized representative of the Board.

FOR RESPONDENT

Date: Sept. 8th 2016

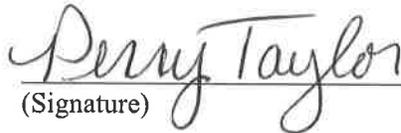


William P. Carter., III, MD
Respondent

FOR THE BOARD/*

This proceeding is hereby terminated in accordance with the binding terms and conditions set forth above.

Date: 10/7/2016



(Signature)

PENNY TAYLOR

(Print or Type Name)

Authorized Representative of the
New Hampshire Board of Medicine

Robert Andelman, MD,
/* Louis Rosenthal, MD & Mark Sullivan, PA Board members, recused.