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VA Board of Medicine

BEFORE THE VIRGINIA BOARD OF MEDICINE

DHP – MAILROOM
FEB 22 2023

IN RE: **CHIZOBA UZOCHUKWU, D.O.**
License Number: 0102-202408
Case Number: 207016

CONSENT ORDER

JURISDICTION AND PROCEDURAL HISTORY

The Virginia Board of Medicine ("Board") and Chizoba Uzochukwu, D.O., as evidenced by their signatures hereto, in lieu of proceeding to an informal conference, enter into the following Consent Order affecting Dr. Uzochukwu's license to practice osteopathic medicine in the Commonwealth of Virginia.

FINDINGS OF FACT AND CONCLUSIONS OF LAW

1. Chizoba Uzochukwu, D.O., was issued License Number 0102-202408 to practice osteopathic medicine on May 6, 2009, which is scheduled to expire on November 30, 2024.

2. Dr. Uzochukwu violated Virginia Code § 54.1-2915(A)(3), (13), (16), and (18), and 18 VAC 85-20-26(C) of the Regulations Governing the Practice of Medicine ("Regulations") in the care and treatment of Patients A-D, in 2019 and 2020, as follows:

a. Dr. Uzochukwu began treating Patient A, age 17, on December 23, 2019. Although Patient A was pregnant with twins, Dr. Uzochukwu failed to identify that there was a second fetus during a transvaginal ultrasound performed on January 10, 2020 (approximately 6.2 weeks' gestation), a 20-week anatomy ultrasound performed on April 3, 2020, or at any other point during prenatal care.[1] On June 26, 2020 (32.3 weeks), Patient A was admitted to the hospital for threatened preterm labor, where she completed a course of betamethasone for fetal lung maturity. During this admission, Dr. Uzochukwu did

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[1] Fundal height measurements through the second and third trimesters correlated with gestational age for a singleton pregnancy, indicating that such examinations or documentation may not have been accurate. Of note, the patient's family later reported to another provider that they had felt her abdomen appeared much larger than expected.

not order a fetal growth assessment. Dr. Uzochukwu did order an in-patient maternal fetal medicine ("MFM," a.k.a. perinatology) consult, but she discharged the patient the next day, before the consult occurred. In her written response in this matter, Dr. Uzochukwu explained that she discharged Patient A from the hospital on June 27, 2020, after the patient "requested and insisted to be discharged home," but this information was not documented in the patient's office chart. After discharge, Dr. Uzochukwu waited until the patient's next prenatal appointment, on July 6, 2020,[2] to order an outpatient MFM consult. On July 14, 2020 (35.0 weeks), before a perinatology consult had been obtained, the patient was admitted to the hospital for induction due to preeclampsia. Upon Patient A's admission to Labor & Delivery, which occurred at approximately 0300, Dr. Uzochukwu failed to order estimated fetal weight. Two L&D nurses expressed concern regarding the size of the uterus and location of fetal heart sounds, and they each requested that ultrasounds be conducted while Pitocin was being administered, but Dr. Uzochukwu denied the requests. At 1330, the patient's membranes ruptured with clear fluid noted, and following arrest of labor, Dr. Uzochukwu performed a C-section at 1755; NICU staff were present, but the OR was not prepared for two babies. Twin A, a female weighing 1760 grams (3 lbs., 14 oz.), was delivered and transferred to the NICU; Twin B, a female weighing 1956 grams (4 lbs., 5 oz.), was stillborn. Twin B was suspected to have demised from complications related to twin-to-twin transfusion syndrome ("TTTS"); had the twin pregnancy been identified earlier and treatment been initiated, the risk of stillbirth from TTTS would have decreased significantly.

b. Dr. Uzochukwu began treating Patient B, age 31, on September 25, 2018, for complaints of pelvic/vaginal pain for three months. After performing a diagnostic laparoscopy in late 2018, followed by over one year of conservative treatment for a diagnosis of pelvic peritoneum endometriosis, on May 15, 2020, Dr. Uzochukwu performed a laparoscopic-assisted vaginal hysterectomy

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[2] Dr. Uzochukwu signed the referral form on this date, but it was not faxed by her office to the specialist until the next day.

with bilateral sapling-oophorectomy. Per the operative report, the procedure was uncomplicated; however, during and following surgery, Dr. Uzochukwu failed to appropriately respond to signs and symptoms that a bladder injury had occurred. Specifically, on several occasions, including in the OR and the day after surgery, staff reported bloody urine in the Foley catheter. Additionally, on May 19, 2020 (five days after surgery), when the patient followed up with Dr. Uzochukwu for removal of her Foley catheter,[3] she reported symptoms consistent with post-operative ileus. Despite awareness of the above information, Dr. Uzochukwu failed to intraoperatively or post-operatively assess the patient for a bladder injury. On May 20, 2022 (six days after surgery), the patient was admitted to the hospital via the ED and diagnosed with extensive bladder injury, acute renal failure, sepsis, and ileus, requiring a complex bladder repair with bilateral uretal reimplantation.[4] When discussing her care of this patient, Dr. Uzochukwu subsequently stated that she has modified her practice to include performing intraoperative cystoscopy following laparoscopic hysterectomy procedures.

c. Dr. Uzochukwu first saw Patient C, age 26, on September 12, 2019, for conception counseling following reported infertility for over one year. The patient had tracheostomy and gastronomy tubes in place since shortly after her birth for diagnoses of congenital mandibulofacial dystosis and agnathia, but Dr. Uzochukwu did not recommend or refer her for an MFM consult for pre-conception counseling.[5] At the initial appointment, Dr. Uzochukwu advised timed intercourse and ordered a hysterosalpingography, which was normal; she later explained in her written statement in this matter that

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[3] In her written statement, Dr. Uzochukwu explained that Patient B left the hospital with a catheter because she had requested to be discharged the day following surgery, against medical advice. Dr. Uzochukwu did not document such request in the patient's chart.

[4] The May 20, 2020, urology operative note states that a "large bladder perforation" was visible by cystoscope, and that after the procedure was converted to an open exploration, the left ureter "appeared to be possibly ligated with Vicryl suture" close to the bladder.

[5] During an April 28, 2020, hospital admission (discussed further below), the patient reported to a perinatologist that she did not know if her mandibular hypoplasia/congenital agnathia "was a genetic abnormality or simply a malformation of development."

at this appointment, "discussion was held with patient and her husband to seek obstetrical care with [the] military medical facility [where she usually obtained health care] in the event they become pregnant," but such discussion was not documented in the patient's chart. The patient returned to see Dr. Uzochukwu about two months later, on November 18, 2019, for pregnancy confirmation, followed by an ultrasound on November 25, 2019 (approximately 8.6 weeks' gestation).[6] In her written statement, Dr. Uzochukwu said that at the ultrasound appointment, she had "discussed the nature of this pregnancy to be high risk, the demand for nutritional support and adjustments via [the patient's] tube feedings, need to follow up with GI specialist, need for nutritionists and need to access and establish care with military obstetrical/MFM providers," but she did not document such orders or discussions in the patient's chart, other than referencing an appointment with a GI provider that the patient previously had scheduled on her own. Without ensuring that the patient was seen by perinatology, Dr. Uzochukwu continued to provide regular prenatal care to Patient C, and her progress notes from an appointment on April 24, 2020 (30.3 weeks' gestation), indicate that the patient had changed her mind about delivering at the military hospital, and instead desired to have Dr. Uzochukwu deliver her baby at Hospital 2 (the smaller of the two hospitals where Dr. Uzochukwu had privileges). Dr. Uzochukwu did not document any disagreement with this change in plans, and she ordered an anesthesia consult, but not an MFM consult. Four days later, on April 28, 2020 (31.0 weeks), the patient returned, reporting difficulty breathing. Dr. Uzochukwu noted, "She feels as if she may not make it to 37 weeks given her use of tracheostomy, may be possibly compromising. She is seeking possible early delivery. She also feels growth of fetus is now affecting her peg [sic] tube." In response, Dr. Uzochukwu referred the patient to Hospital 1 (the larger of the two hospitals where she

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[6] Of note, progress notes from office visits detail normal neck, respiratory, and gastrointestinal physical exams, despite the presence of the tracheostomy and G-tubes. Dr. Uzochukwu also failed to document in progress notes that the patient was non-verbal due to her congenital facial abnormality, and instead communicated via sign language with her husband or by texting on her phone (Dr. Uzochukwu first documented this information in a hospital OB H&P on April 28, 2020).

had privileges) for evaluations and consults with MFM, GI, a nutritionist, and anesthesia. During this admission (April 28-30, 2020), in addition to the breathing difficulties, Patient C reported pain and swelling at the site of her G-tube, and had the tube exchanged by an interventional radiologist. It was not until this admission that the patient obtained an MFM consult; the perinatologist noted that it would not be "safe" for Patient C, who was "medically complicated," to deliver at Hospital 1, and recommended that she obtain an outpatient maternal echocardiogram for her shortness of breath, and that she give birth at the military hospital. This provider also offered to assist in making an appointment for Patient C to transfer her care to a perinatologist at the military hospital. The patient reportedly saw a military perinatologist in early May 2020, but Dr. Uzochukwu did not obtain records from such visit(s), although she continued to provide prenatal care to Patient C until on or about June 2, 2020.

d. Dr. Uzochukwu began treating Patient D, age 24, for the pregnancy at issue on April 4, 2019 (estimated 6.1 weeks' gestation). At 29.3 weeks' gestation (August 27, 2019), Dr. Uzochukwu diagnosed gestational diabetes; at that appointment, she recommended "referral and co-management" with MFM, but she failed to ensure that the patient followed up with the specialist and/or failed to document any refusal by the patient to do so.[7] At the same office visit, Dr. Uzochukwu prescribed glyburide to the patient, although she had not provided instruction on diet or lifestyle changes to attempt to better control the patient's blood sugar prior to prescribing medication, as recommended by ACOG guidelines, nor had she requested that the patient record her blood sugar levels before and after meals for analysis prior to prescribing medication. Moreover, glyburide is not recommended by ACOG as a first-

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[7] In her written statement in this matter, Dr. Uzochukwu said that Patient D was "verbally reminded to follow up with MFM/Diabetic Clinic as ordered. Once I got the sense compliance was going to be an issue, I began the patient on oral hypoglycemics and insulin and continued to monitor her visits accordingly." In fact, Dr. Uzochukwu began prescribing diabetes medication on the same date that she diagnosed gestational diabetes (August 27, 2019), but she did not document patient compliance issues for more than three weeks, on October 3, 2019, and those related to blood sugar control, not the patient's failure to see a specialist as instructed. Dr. Uzochukwu also indicated in her written statement that she had recommended hospital admission for an antepartum assessment and perinatology consult during an office visit on October 3, 2019, but neither her recommendation nor any refusal by the patient was documented in the chart.

line therapy in pregnancy, and Dr. Uzochukwu did not document a rationale for initially selecting this medication over others preferred for such use (e.g., insulin[8] or metformin). At an ultrasound conducted on October 3, 2019 (34.5 weeks), estimated fetal weight was in the 95th percentile and Dr. Uzochukwu diagnosed polyhydramnios; however, despite the baby's large size, she did not recommend antenatal testing or recommend that the patient see perinatology. Additionally, Dr. Uzochukwu did not adjust the patient's diabetes medication regimen after 34 weeks, despite Patient D's continued hyperglycemia. On November 2, 2019 (39.0 weeks), Patient D vaginally delivered a 10-pound, 14-ounce female baby who experienced shoulder dystocia, and had Apgar scores of 3 at one minute and 6 at five minutes, resulting in transfer to the NICU.

3. Dr. Uzochukwu violated Virginia Code § 54.1-2915(A)(18) and 18 VAC 85-20-300(A) of the Regulations, as further defined by 18 VAC 85-20-280(A)(13) of the Regulations, in that within 30 days of any relevant change she failed to update her Virginia Practitioner Profile ("Profile") (located at www.vahealthprovider.com). Specifically, as of December 2, 2022, Dr. Uzochukwu had not updated her Profile to reflect the outcome of hospital disciplinary proceedings that had concluded in March 2021.

4. Dr. Uzochukwu underwent an evaluation with the Center for Personalized Education for Professionals ("CPEP") from December 2-3, 2021 to evaluate her practice of obstetrics and gynecology.[9] During the assessment, Dr. Uzochukwu performed well, demonstrating only scattered educational needs related to medical knowledge, clinical judgment, documentation, and communication. Her cognitive function screens were within normal limits.

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[8] Dr. Uzochukwu did not prescribe insulin to the patient until more than three weeks later, on September 19, 2019.
[9] Dr. Uzochukwu did not complete an obstetric and laparoscopic simulation as part of the CPEP evaluation.

5. Dr. Uzochukwu reported that since July 2021, she has practiced solely in an office-based setting, she does not have hospital privileges, and she has another provider admit patients to the hospital on her behalf.

CONSENT

Chizoba Uzochukwu, D.O., by affixing her signature to this Consent Order, agrees to the following:

1. I have been advised to seek advice of counsel prior to signing this document and am not represented by legal counsel;

2. I am fully aware that without my consent, no legal action can be taken against me or my license except pursuant to the Virginia Administrative Process Act, Virginia Code § 2.2-4000 *et seq.*;

3. I acknowledge that I have the following rights, among others: the right to an informal fact-finding conference before the Board; and the right to representation by counsel;

4. I waive my right to an informal conference;

5. I neither admit nor deny the Findings of Fact and Conclusions of Law contained herein but waive my right to contest such Findings of Fact and Conclusions of Law and any sanction imposed hereunder in any future judicial or administrative proceeding in which the Board is a party;

6. I consent to the entry of the following Order affecting my license to practice osteopathic medicine in the Commonwealth of Virginia.

ORDER

Based on the foregoing Findings of Fact and Conclusions of Law, the Virginia Board of Medicine hereby ORDERS as follows:

1. Chizoba Uzochukwu, D.O., is REPRIMANDED.

2. Within nine (9) months of entry of this Order, Dr. Uzochukwu shall provide written proof satisfactory to the Board of successful completion of fifteen (15) hours of Board-approved continuing education in the subject of medical recordkeeping. Such course(s) shall be approved in advance of registration by the Executive Director of the Board. Requests for approval must be received within 15 business days prior to the course date. All continuing education hours shall be completed through face-to-face, interactive sessions (i.e., no home study, journal, or Internet courses). Continuing education obtained through compliance with this term shall not be used toward licensure renewal.

3. Within nine (9) months of entry of this Order, Dr. Uzochukwu shall provide written proof satisfactory to the Board of successful completion of a course of Board-approved continuing education in the subject of professional communication with patients and colleagues. Such course shall be approved in advance of registration by the Executive Director of the Board. Requests for approval must be received within 15 business days prior to the course date. All continuing education hours shall be completed through face-to-face, interactive sessions (i.e., no home study, journal, or Internet courses). Continuing education obtained through compliance with this term shall not be used toward licensure renewal.

4. Upon receipt of evidence that Dr. Uzochukwu has complied with the foregoing terms of this Order, the Executive Director is authorized to close this matter, or refer it to a special conference committee for review.

5. Any violation of the foregoing terms and conditions of this Order or any statute or regulation governing the practice of medicine shall constitute grounds for further disciplinary action.

Pursuant to Virginia Code §§ 2.2-4023 and 54.1-2400.2, the signed original of this Order shall remain in the custody of the Department of Health Professions as a public record, and shall be made available for public inspection and copying upon request.

FOR THE BOARD

Jennifer Deschenes, J.D., M.S.
Deputy Executive Director
Virginia Board of Medicine

ENTERED: 2/27/2023

SEEN AND AGREED TO:

Chizoba Uzochukwu, D.O.

COMMONWEALTH OF VIRGINIA
COUNTY/CITY OF Fredericksburg, TO WIT:

Subscribed and sworn to before me, a notary public in and for the Commonwealth of Virginia at large, on this 18th day of February, 2023.

JOSE VIDAL TORRES
NOTARY PUBLIC
REG. #7691675
COMMONWEALTH OF VIRGINIA
MY COMMISSION EXPIRES MARCH 31, 2024

Notary Public

My commission expires: 03/31/2024

Registration No.: 7691675