

BEFORE THE KANSAS DENTAL BOARD



In The Matter Of)
) Case No. 20-13
JEREMY T. KNEWTSON, DDS)
LICENSE NO. 60280)

STIPULATION AND CONSENT ORDER

IT IS HEREBY STIPULATED AND AGREED by and between the Kansas Dental Board (the "Board") and Jeremy T. Knewton, D.D.S. ("Respondent") as follows:

1. The Board is represented herein by its attorney, Randall J. Forbes of Frieden & Forbes, LLP, 1414 SW Ashworth Pl., Suite 201, Topeka, Kansas 66604. The Respondent is represented herein by his attorney, Brian G. Boos, Wallace Saunders, 10111 W. 87th Street, Overland Park, Kansas 66212.

2. The Board is the Kansas agency vested with the authority, pursuant to K.S.A. 74-1404 and K.S.A. 74-1406, to carry out and enforce the provisions of the Kansas Dental Law, K.S.A. 65-1401 *et seq.*, including conducting hearings and proceedings to revoke, suspend or otherwise discipline a Kansas license to practice dentistry.

3. The Respondent is presently entitled to engage in the practice of dentistry in the State of Kansas by reason of the Board having issued his Kansas license number 60280. At all times relevant hereto, the Respondent has held a current license to engage in the practice of dentistry in the State of Kansas.

4. The Board's Investigation Member has received certain information, investigated and determined that there are reasonable grounds to believe that Respondent has committed one or more acts in violation of K.S.A. 65-1436(a) which would justify the revocation or imposition of other disciplinary action against his Kansas License under the provisions of K.S.A. 65-1436(b)

Matter of Jeremy T. Knewton, D.D.S., No. 20-13 (Kansas Dental Board)

STIPULATION AND CONSENT ORDER

and the assessment of an appropriate fine against Respondent under the provisions of K.S.A. 65-1436(d).

5. Although the Respondent denies the following statements, Respondent hereby waives any further proof in this or any other proceeding before or initiated by the Board, and upon motion duly made, seconded, and passed, the Board finds, that:

A. On January 21, 2020, a 72-year-old male patient presented at Licensee's office seeking dental treatment ("Patient"). Licensee obtained a history from the Patient which include arthritis, bruising, type II diabetes, hypertension, high cholesterol, irregular heartbeat, kidney problems, stroke in 2000 and lymphedema (large swollen ankles).

B. On the morning of March 10, 2020, the Patient returned to Licensee's office at which time Licensee gave the Patient prescriptions for .25 mg triazolam (a benzodiazepine) , two tablets, and Norco (5/325) (hydrocodone-acetaminophen - a combination of opioid and non-opioid pain relievers) 28 tablets.

C. The FDA maximum recommended dose for triazolam is .5 mg, but for geriatric and/or debilitated patients the recommended dosage range is .125 mg to .25 mg, with therapy to be begun at .125 mg for the geriatric and/or debilitated patients and the .25 dose to be used only for exceptional patients who do not respond to a trial of the lower dose.

D. Relevant dental/medical literature reveals that when benzodiazepines and opioids are combined, such as occurred in this case, the potential for the benzodiazepines to significantly worsen opioid-related respiratory depression exists and that the patient should be monitored closely for respiratory depression and sedation. The concomitant use of benzodiazepines and opioids is not recommended and if they are used together, a low initial dose of the benzodiazepine is recommended. It is recommended that the concomitant use of

benzodiazepines and opioids be avoided altogether for elderly, debilitated and medically compromised patients.

E. Licensee adopted a treatment plan to section an existing bridge and extract the Patient's remaining twenty-four (24) teeth for purposes of immediate dentures ("Procedures").

F. When the Patient returned to Licensee's office in the afternoon of March 10, 2020 for the Procedures, the Patient took both of the triazolam tablets, a total of .5 mg, and one of the Norco tablets, a fact Licensee was aware of. The Patient's vitals included a B/P of 158/89, a pulse of 103 b/m, but an abnormal oxygen saturation ("SPO2") of only 86% indicating that the Patient could be chronically hypoxic. According to the Licensees statement of events the SPO2 reading of 86% was considered normal for the Patient because he reported having poor circulation in his hands. The SPO2 reading of 86% could be indicative of congestive heart failure and that the patient was hypoxic. Additionally, according to the Licensee's statement of events, that the Patient asked, prior to the Procedures beginning, if he could have the dental chair back elevated some because he had to sleep in a recliner at home in order to breathe. Licensee began the Procedures.

G. The Licensee began the Procedures by extracting the teeth in the upper arch. Towards the end of that portion of the Procedures, it was noticed that the Patient's breathing was shallow and that the Patient had marks on his face indicating he used an oxygen mask to assist his breathing. The Licensee did not have an oxygen cannister available in his office and directed his wife to go purchase one. The Procedures were continued without automated monitoring of the Patient's vital signs.

H. As the Licensee began extracting the teeth in the lower arch, the Patient was breathing lightly, failed to respond to commands to breathe through his nose and commands to

take deep breaths. The Procedures continued without automated monitoring of the Patient's vital signs.

I. During the Procedures, the Patient went limp, was snoring, and was pale. His leg fell off the dental chair and Licensee's dental assistant had to pick it up and replace it on the chair. The Procedures continued without automated monitoring of the Patient's vital signs.

J. During the Procedures, neither Licensee nor his assistants utilized automated monitoring of the Patient's blood pressure, heart rate, pulse, or oxygen saturation. Considering the concomitant use of triazolam and Norco, and the Patient's elderly and debilitated condition as well as the Patient's baseline SP02 of 86%, performance of such monitoring would be the standard of care under K.S.A. 65-1436(a). At a point during the Procedures, signs of respiratory depression, including shallow breathing and failure to respond to commands were observed by Licensee but the Procedures continued without the automated monitoring of the Patient's vital signs.

K. After the Procedures were complete, Licensee or his assistant attempted to take a pulse. The Patient was unresponsive with shallow breathing. The pulse oximeter showed a pulse, but the blood pressure cuff gave an error message. Licensee's assistant began chest compressions and Licensee called 911. The Patient could not be revived and died. The autopsy report identified the cause of death was congestive heart failure due to hypertensive and atherosclerotic cardiovascular disease

L. Licensee sedating a geriatric and debilitated patient concomitantly with .5 mg of triazolam and Norco in spite of a complicated medical history signifying congestive heart failure evidenced with obvious ankle swelling and orthopnea and a baseline SPO2 of 86% would be a deviation from the applicable standard of care under K.S.A. 65-1436(a). Licensee's failure to

monitor the Patient's vitals during the Procedures and not reacting to signs of respiratory depression during the Procedures could constitute multiple instances of a failure to adhere to the applicable standard of care. Licensee's continuation of the Procedures in light of Patient's history and distress evidenced by light/shallow breathing, failure to respond to commands, snoring, limpness, inability to control his limbs, and pale color, as well as Licensee's continued failure to monitor the Patient's vital signs in light of his conditions could constitute multiple instances of a failure to adhere to the applicable standard of care for sedating and treating such patients.

M. Licensee has a dental license which entitles him to use sedative agents for anxiolysis only. Licensee does not have a Level I sedation permit for conscious sedation or any higher-level sedation permit. Conscious sedation is a minimally depressed level of consciousness that retains the Patient's ability to independently and continuously maintain an airway and respond appropriately to physical stimulation. During the procedures, the Patient fell into a state of at least deep conscious sedation. The Licensee failed during this condition to properly monitor the Patient's pulse, heart rate, blood pressure, and oxygen saturation. Through the use of sedative agents, the Patient reached a state of "conscious sedation" or beyond without Licensee having a Level I sedation permit, proper continuing education and without conducting the required monitoring for that level of sedation, which would be a failure to comply with the Act and the Board's regulations.

Upon motion duly made, seconded, and passed, the Board finds that Respondent's conduct would constitute professional incompetence pursuant to K.S.A. 65-1436 (a)(3) as defined at K.S.A. 65-1436 (c)(2) and subjects his license to discipline pursuant to K.S.A. 65-1436(b) including the imposition of an appropriate fine pursuant to K.S.A. 65-1436(d).

6. The Respondent agrees and consents, and the Board finds and concludes, that the following disposition is just and appropriate under the circumstances:

A. ADMINISTRATIVE FINE. Respondent agrees, and the Board further orders the Respondent to pay an administrative fine in the amount of One Thousand Dollars (\$1,000.00), within twenty (20) days of the entry of this Consent Order.

B. CONTINUING EDUCATION. Respondent agrees and consents that within six (6) months of the effective date of this Consent Order he shall obtain a minimum of 18 hours of training in the control of anxiety and pain in dentistry. The course(s) must be pre-approved by a Board representative and not be any course the Respondent has previously taken. The education should include, if available, a hands-on course to be approved in advance by the Board. Each entity that administers the course must notify the Board that Respondent has successfully completed the course. All continuing education required by this Stipulation and Consent Order shall be separate and in addition to any continuing education required for the renewal of Respondent's dental license. Respondent shall obtain a current "basic cardiac life support for the healthcare provider" certificate from the American Heart Association or a current certificate deemed equivalent by the Board from a provider approved by the Board and shall at all times keep such certificate current.

C. LICENSE RESTRICTIONS. Respondent acknowledges and agrees that :

(i) Respondent shall not prescribe sedative drugs and shall not perform dental procedures on a sedated patient, other than through the administration of nitrous oxide, oxygen and/or local anesthetic until Respondent has a current Level I, or greater, Sedation Permit from the Board.

(ii) After obtaining a current Level I, or greater, Sedation Permit from the Board, Respondent shall not perform dental procedures on a sedated patient, other than through the administration of nitrous oxide, oxygen and/or local anesthesia, without the presence of a staff person who has either a current “basic cardiac life support provider” certification from the American Heart Association or a current certificate deemed equivalent by the Board from a provider approved by the Board.

D. OTHER REQUIREMENTS. Respondent acknowledges and agrees that as a condition of this Stipulation and Consent Order he must, and the Board further orders the Respondent to:

- (i) Comply fully with this Stipulation and Consent Order; and
- (ii) Comply fully with the Kansas Dental Act, the Board’s rules and regulations and all state and federal laws relating to Kansas dentists.

7. Respondent agrees that all information in the possession of the Board’s Investigation Member, its staff, its investigators and its attorney regarding the complaint which led to this disciplinary action, the investigation of the complaint and all information discovered during the pendency of the disciplinary action may be disclosed to and considered by the Board as part of the presentation and consideration of the proposal of settlement in the form of this Stipulation and Consent Order, with or without the presence of the Respondent or his attorney. In the event that this Stipulation and Consent Order is not accepted and approved by the Board, the Respondent further waives any objection to the Board members’ consideration of this Stipulation and Consent Order or the information mentioned in the preceding sentence and further agrees to

waive any claim of due process violation or the right to seek the disqualification of any Board member as a result of the Board member's consideration of said document and information.

8. The stipulations and orders contained herein shall not become binding until this Stipulation and Consent Order is approved and entered by the Board. The Respondent acknowledges that the approval of the Board's attorney shall not constitute the approval of the Board or bind the Board to approve this Stipulation and Consent Order.

9. The Respondent agrees that this Stipulation and Consent Order is in conformance with Kansas and federal law and the Board has jurisdiction to enter into it. The Respondent further agrees that the Kansas Dental Act, K.S.A. 65-1421 *et seq.*, is constitutional on its face and as applied in this case.

10. This stipulation constitutes the entire agreement of the parties and may only be modified by a subsequent writing signed by them. The agreement shall be interpreted in accordance with the laws of the State of Kansas.

11. The Respondent acknowledges that he has the following rights:

A. To have formal notice of charges served upon him;

B. To file a response to the charges;

C. To have notice of and participate in a formal adjudicative hearing with the Board making specific findings of facts and conclusions of law based only upon evidence admitted at such hearing; and

D. To take advantage of all applicable provisions of the Kansas Administrative Procedure Act and the Kansas Judicial Review Act.

The Respondent freely waives these rights and acknowledges that said waiver is made voluntarily and in consideration of the Board's limiting the disciplinary action taken against him

to those provided for herein. The Respondent further waives the right to seek reconsideration or appeal or otherwise contest this Stipulation and Consent Order.

12. The Respondent acknowledges that he enters into this Stipulation and Consent Order freely and voluntarily after consultation with or an opportunity to consult with counsel of his choosing. The Respondent further acknowledges that he has read this Stipulation and Consent Order in its entirety, that he understands its legal consequences and that he agrees that none of its terms are unconscionable, arbitrary, or capricious.

13. Time is of the essence to this Stipulation and Consent Order. Respondent acknowledges and agrees that any violation of this Stipulation and Consent Order shall constitute a willful violation of a lawful Board order and grounds for further disciplinary action against him. The pendency of any disciplinary action arising out of an alleged violation of this Stipulation and Consent Order shall not affect the obligation of Respondent to comply with all terms and conditions of this Stipulation and Consent Order.

14. This Stipulation and Consent Order constitutes the entire and final agreement of the parties. In the event any provision of this Stipulation and Consent Order is deemed invalid or unenforceable by a court of competent jurisdiction, it shall be severed and the remaining provisions of this Stipulation and Consent Order shall be given full force and effect.

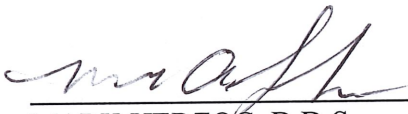
15. Upon execution by all parties and entry as an order by the Board, this Stipulation and Consent Order shall be a public record in the custody of the Board.

16. This Stipulation and Consent Order shall become effective on the day it is approved, accepted, and made an order of the Board by way of signature of the Board's President or the President's authorized representative.

17. The Respondent acknowledges that he has been advised by the Board that he would have the right within 15 days after service of this Stipulation and Consent Order to file a petition for reconsideration with the Board and the right within 30 days after service of the Stipulation and Consent Order to file a petition for judicial review in the District Court of Shawnee County, Kansas in accordance with the Kansas Judicial Review Act, K.S.A. 77-601 *et seq.*, and to serve such a petition for judicial review on the Kansas Dental Board by serving B. Lane Hemsley, its Executive Director, at 900 SW Jackson, Room 564-S, Topeka, KS 66612. The Respondent hereby waives those rights.

ENTERED AND EFFECTIVE this 23 day of April, 2021.

KANSAS DENTAL BOARD


By: 
MARK HERZOG, D.D.S.
President

AGREED AND APPROVED BY:



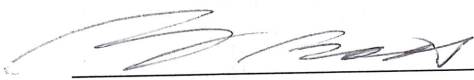
JEREMY T. KNEWTSON, D.D.S.

March 24, 2021
Date



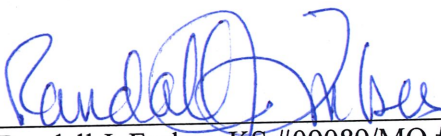
MARK HERZOG, D.D.S.
Investigation Member

4/29/21
Date



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MARCH 24, 2021
Date



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Disciplinary Counsel for the Kansas Dental Board

03/30/2021
Date

CERTIFICATE OF SERVICE

The undersigned hereby certifies that a copy of the foregoing **STIPULATION AND CONSENT ORDER** was served by depositing same in the United States mail, postage prepaid, this 26 day of April, 2021, addressed to:

Randall J. Forbes
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Representative of the Executive Director
KANSAS DENTAL BOARD