

# SAMPLE CHRONOLOGY REPORT

## CHRONOLOGY OF MEDICAL EVENTS FOR L.M.

Attorney Work Product

Date/Time	Source	Facts	Notes
6/1/00	Dental Records, Dr F., DDS treatment notes and consent form	Mr. M. signed a patient consent for use and disclosure of protected health information. Dental work done by Dr F, DDS included an extraction of tooth #13 [upper left maxillary second premolar]and required a #15 blade to reflect the gums, remove the bone around the root tip and elevate the tooth out with root tip pick. Mr. M. was given written and oral post-op instructions.	A copy of the post-op instructions is not with the records. I would advise obtaining a copy of the instructions he was given. There is no documentation that antibiotics were given pre or post extraction. For extractions that may be or turn out to be more complicated, such as removing the bone, antibiotics should be given to prevent post-op infection.
6/17/00 15:45	Emergency Room Records at Texas General Hospital  Nursing Record	Physician history: To ER "complaining of lower back pain since last Monday [6/12] after picking up flower pots. Patient has seen a chiropractor. No pain radiating down legs. No history of back pain or back injury." -D.S., MD  Vitals: BP(blood pressure) 142/79, Temp 99.3, HR (heart rate) 102, Respirations 20. Rated pain 10/10 on pain scale.	Standard Emergency Room practices for back pain should include a detailed history and examination to clarify the nature of the condition and the need for additional tests. The history was not thorough and he did not "dig deep enough" to reveal the recent tooth extraction. Temp mildly elevated and is not a symptom seen with lumbar strain. Heart rate slightly elevated (normal 60-100 bpm) and can be due to infection and/or pain. A 10 on a pain scale of 1-10 is the most intense pain. I question the respirations of 20 since both the temp and heart rate are up. The respiratory rate also increases with infection. Tenderness over the back, which he acknowledged, can be indicative of infection. Warmth is also usually present over the area. Although it was documented in his notes, there was failure by the physician to work-up the elevated temperature and heart rate which would include lab work to rule out a systemic infection.
6/17/00 16:05	Emergency Physician Record	Lumbar spine x-ray done. Given Toradol [NSAID – nonsteroidal anti-inflammatory drug] 60 mg IM for pain.  Physician physical assessment notes: myalgia [muscle pain], reflexes are good, positive straight leg raise at 10°. Back: tender on left __ [not legible], he documents the VS including the fever of 99.3 and HR of 102.  Diagnosis: Acute lumbar strain	Lumbar X-ray showed degenerative changes to L5. This is a natural process and is not significant.
6/17/00 16:50	Emergency Department Nursing Record	Discharge instructions: "rest, ice initially then heat, medications: Robaxin [musculoskeletal relaxant], Diclofenac [nonsteroidal anti-inflammatory drug], Vicodin [pain medication], discussed dx[diagnosis], Tx [treatment], F/U [follow-up], warnings and all results with patient, return to ER ASAP if status changes or worsens in any way, follow up with Dr [PCP] in 2-3 days."	There was not documentation as to what his pain level was on discharge. Standard practice would be to treat the pain [which they did] then assess and document the pain level since treatment. There was failure by the nurses to recheck the temperature and heart rate to verify if it has returned to normal.

Date/Time	Source	Facts	Notes																																	
6/25/00 12:50	Lab Reports	<p><i>Testing done and results:</i>  <b>Date:</b> 6/25/06 <b>Time Drawn:</b> 12:50</p> <p><b>CBC Results</b></p> <table border="1" data-bbox="462 321 1024 506"> <thead> <tr> <th><u>NORMAL RANGE</u></th> <th><u>VALUE</u></th> <th><u>MEANING</u></th> </tr> </thead> <tbody> <tr> <td>WBC 4-11</td> <td>23.9 H</td> <td>Infection</td> </tr> <tr> <td>RBC 4.0-5.8</td> <td>3.75 L</td> <td>Anemia</td> </tr> <tr> <td>Hgb 13-17</td> <td>10.9 L</td> <td>Anemia</td> </tr> <tr> <td>Hct 38-51</td> <td>30.8 L</td> <td>Anemia</td> </tr> <tr> <td>Platelets 140-416</td> <td>195</td> <td>Normal</td> </tr> </tbody> </table> <p><b>Arterial Blood Gas (ABG)</b></p> <table border="1" data-bbox="462 615 1024 800"> <tbody> <tr> <td>pH 7.35-7.45</td> <td>7.51 H</td> <td>alkalosis</td> </tr> <tr> <td>pCO2 35-45</td> <td>24.4 L</td> <td>overventilation – respiratory alkalosis</td> </tr> <tr> <td>pO2 80-105</td> <td>90</td> <td>Normal</td> </tr> <tr> <td>HCO3 22.8-28.8</td> <td>18.8 L</td> <td>metabolic alkalosis</td> </tr> <tr> <td>Base Excess -3.3 – 1.2</td> <td>-2.3</td> <td>Normal</td> </tr> </tbody> </table>	<u>NORMAL RANGE</u>	<u>VALUE</u>	<u>MEANING</u>	WBC 4-11	23.9 H	Infection	RBC 4.0-5.8	3.75 L	Anemia	Hgb 13-17	10.9 L	Anemia	Hct 38-51	30.8 L	Anemia	Platelets 140-416	195	Normal	pH 7.35-7.45	7.51 H	alkalosis	pCO2 35-45	24.4 L	overventilation – respiratory alkalosis	pO2 80-105	90	Normal	HCO3 22.8-28.8	18.8 L	metabolic alkalosis	Base Excess -3.3 – 1.2	-2.3	Normal	<p>The abnormal hematologic, coagulation and chemistry lab values are largely due to infection induced inflammatory syndrome. The endothelial [lining of blood vessels] damage from sepsis can lead to thrombosis [clot formation], tissue ischemia and organ hypoperfusion [decreased blood flow] which can cause multisystem organ failure.</p> <p>ABG's evaluate respiratory, metabolic and electrolyte homeostasis. Mr. M's abnormal results reflects a partially compensated respiratory alkalosis which occurs early and is seen in subacute conditions indicating recent onset or somewhat rapid change in contrast to acute which is very sudden onset and rapid change. His acute stage started with his sudden onset of back pain and fever. There was failure to provide adequate treatment for the acute phase when he went to the ER at TGH.</p>
<u>NORMAL RANGE</u>	<u>VALUE</u>	<u>MEANING</u>																																		
WBC 4-11	23.9 H	Infection																																		
RBC 4.0-5.8	3.75 L	Anemia																																		
Hgb 13-17	10.9 L	Anemia																																		
Hct 38-51	30.8 L	Anemia																																		
Platelets 140-416	195	Normal																																		
pH 7.35-7.45	7.51 H	alkalosis																																		
pCO2 35-45	24.4 L	overventilation – respiratory alkalosis																																		
pO2 80-105	90	Normal																																		
HCO3 22.8-28.8	18.8 L	metabolic alkalosis																																		
Base Excess -3.3 – 1.2	-2.3	Normal																																		
6/25/06	History & Physical Dr S.M. Attending MD	<p>The history reinforces again the back pain for two weeks and that he saw a chiropractor and massage therapist twice. Seen at TGH twice. Fever for about a week. Shortness of breath started the day before. Complains of joint pain and has erythema [redness of the skin] to right forearm. Hallucinations started that a.m. Unable to ambulate due to leg pain; crawls on hands and feet. Has not eaten for 3 days – has only had fluids. Previous medical history includes hypertension, an umbilical hernia repair 5 months prior and he had a <i>tooth extraction one month before</i>.</p> <p><b>Social History:</b> Married. Has never smoked. Does not drink alcohol.</p> <p><b>HEENT:</b> Sclerae nonicteric. [no yellowing from bile] No conjunctival hemorrhage. The dental extraction site does not appear infected.</p> <p><b>Chest:</b> No paroxysmal nocturnal dyspnea [difficulty breathing at night] or orthopnea [difficulty breathing when standing]. Lungs clear.</p> <p><b>Heart:</b> Regular tachycardia. No murmurs, rubs or gallops.</p> <p><b>GI:</b> No nausea or vomiting. No diarrhea. Has a poor appetite. No bowel movements for the last 4 days.</p> <p><b>GU:</b> No dysuria [difficulty urinating] or hematuria [blood in urine].</p> <p>Extremities: Tenderness of every major muscle.</p> <p><b>Diagnostic data:</b> CXR shows multiple small nodules and on CT appear cavitated.</p> <p><b>Impression:</b> hematogenous infection</p>	<p>Septic shock has 3 stages:</p> <p><b>Stage 1</b> (warm shock, pink shock)  Normal circulation volume is present along with symptoms: restless, confused, fever with chills, skin flushed, blood pressure may be normal or slightly elevated, increased heart rate, increased respiratory rate, decreased pCO2 (respiratory alkalosis)</p> <p><b>Stage 2</b> (normodynamic stage: cool shock)  Symptoms: cool skin, edema, increased heart rate and respirations, normal BP, pulmonary congestion, progressive hypoxemia [low blood oxygen]</p> <p><b>Stage 3</b> (Hypodynamic: cold shock)  Symptoms: cold, clammy skin, increased heart rate, thread pulse, severe hypotension [low BP], profound hypoxemia, combined metabolic &amp; respiratory acidosis, oliguria or anuria [little or no urine], progressive respiratory insufficiency.</p> <p>Sepsis can quickly cause organ damage and death. Statistics suggest as high as a 7% mortality increase per hour if antibiotics are delayed in severe sepsis.</p> <p>The most effective way to reduce mortality in septic shock is by prompt recognition and treatment of the associated infection PRIOR to the onset of shock. Even when there is not death poor outcomes often follow failure to institute early aggressive treatment. There was failure to do this during Mr. M's visits to TGH on 6/17 and 6/22 .</p>																																	