MEDICAL CHRONOLOGY

Sample Work Product — Prepared by Apollo Legal Nurse Consulting, LLC

Re: Jane/John Doe (fictional composite patient): Community-Acquired Pneumonia with Progression to Severe Sepsis/Septic Shock

Case Type: Medical Malpractice

Prepared For: [Attorney / Firm Name]

Records Reviewed: Emergency Department records, Hospital Admission and Nursing records, Laboratory and Radiology reports, ICU records, Discharge Summary (Bates JD-000100–JD-000268)

Note: *This chronology uses a fictional patient and fact pattern created solely to demonstrate format, level of clinical detail, and Bates-referencing style. No real patient information is used or implied.*

CHRONOLOGY OF EVENTS

Entries are listed in order of occurrence. Author identifies who documented each entry (in a case chronology, by name and credentials). Page numbers refer to Bates numbers. Comments marked "Review" highlight items that may warrant closer attention. Comments reflect legal nurse consultant observations for attorney review and are not expert opinions on the standard of care or causation.

Date	Author	Description	Page No.	Comments
03/14/26 14:12	Triage RN	**ED Triage Note** 62-year-old male presents to ED with fever (101.8°F), chills, and generalized weakness x2 days. Reports productive cough. Triage acuity: Level 3.	JD-000112	Presenting complaints are consistent with a possible respiratory infection.
03/14/26 14:40	ED Physician	**ED Physician Note** Initial vitals: T 101.8°F, HR 108, RR 22, BP 108/64, SpO2 94% RA. Physician documents "possible pneumonia" and orders CXR, CBC, BMP, blood cultures x2, and lactate.	JD-000114	Meets 3 SIRS criteria on arrival (T > 100.4°F, HR > 90, RR > 20). Sepsis workup (blood cultures, lactate) ordered.
03/14/26 15:55	Laboratory	**Laboratory Report** Lactate 3.4 mmol/L (H). WBC 16.4 (H) with 88% neutrophils. No repeat lactate ordered.	JD-000131	**Review:** Lactate > 2 mmol/L with suspected infection meets common sepsis screening thresholds. The CMS SEP-1 measure calls for a repeat lactate within 6 hours when the initial result is elevated; none was ordered.
03/14/26 16:20	Radiologist	**Radiology Report** CXR shows right lower lobe infiltrate consistent with pneumonia.	JD-000138	Supports pneumonia as the likely source of infection.
03/14/26 17:05	Primary RN (ED)	**Nursing Flowsheet** Repeat vitals: HR 118, RR 26, BP 96/58, T 102.1°F. No physician notification documented at this entry.	JD-000145	**Review:** Worsening heart rate and breathing rate with a downward blood pressure trend. No documented physician notification; compare against the facility's escalation policy.

Date	Author	Description	Page No.	Comments
03/14/26 18:30	ED Physician	**ED Physician Note** Diagnosis: community-acquired pneumonia. IV ceftriaxone ordered and administered. Admission to medical floor ordered. Sepsis protocol initiation not documented.	JD-000150	**Review:** Antibiotics documented ~4 hrs 18 min after ED arrival and ~2 hrs 35 min after the elevated lactate resulted; confirm administration time on the MAR. Floor-level admission despite elevated lactate and worsening vitals.
03/14/26 20:10	Hospitalist	**Admission H&P** Hospitalist H&P documents “pneumonia, monitor for sepsis.” Plan does not address repeat lactate or blood pressure trend.	JD-000162	**Review:** Elevated lactate (3.4) remains unrepeated more than 4 hours after it resulted.
03/15/26 01:15	Floor RN	**Nursing Flowsheet** BP 88/52, HR 126, RR 28, T 102.6°F, SpO2 91% on 2L NC. Rapid response criteria met per facility policy; RRT not called at this entry.	JD-000178	**Review:** First documented low blood pressure (SBP < 90). Rapid response criteria met, but the team was not called until 02:40 (~1 hr 25 min later).
03/15/26 02:40	Floor RN / RRT	**Nursing Flowsheet / RRT Note** Rapid Response Team activated for continued deterioration. BP 82/48. Physician at bedside; ICU transfer initiated.	JD-000181	Rapid response called ~10 hrs 45 min after the elevated lactate resulted.
03/15/26 03:05	ICU Intensivist	**ICU Admission Note** Admitted to ICU with severe sepsis/septic shock secondary to pneumonia. Repeat lactate 5.8 mmol/L (H). Norepinephrine started; 30 mL/kg fluid bolus ordered.	JD-000190	**Review:** First repeat lactate, ~11 hrs after the initial result, and rising (3.4 → 5.8). Confirm fluid bolus start and finish times on the MAR / I&O records.
03/15/26 06:00	ICU RN	**ICU Nursing Flowsheet** Remains on vasopressor support. MAP 62. Family updated at bedside on status and plan of care.	JD-000205	**Review:** MAP below the commonly targeted goal of ≥ 65 mmHg; review vasopressor titration documentation.
03/17/26 09:00	ICU Attending Physician	**Physician Progress Note** Vasopressors weaned and discontinued. Patient improving; septic shock downgraded to sepsis, resolving.	JD-000241	Vasopressor support required for approximately 54 hours.
03/20/26 11:30	Attending Physician	**Discharge Summary** Discharged home in stable condition after 6-day hospitalization. Final diagnosis: severe sepsis secondary to community-acquired pneumonia, resolved.	JD-000268	No complications documented at discharge. Post-discharge records would be needed to evaluate any lasting effects.

SUMMARY OF KEY FINDINGS

Key findings from this timeline:

- **Early warning signs (03/14, 15:55–17:05).** Lactate of 3.4 mmol/L, elevated WBC, and worsening heart rate, breathing rate, and blood pressure documented within about 3 hours of ED arrival.
- **No repeat lactate for about 11 hours.** The first repeat lactate was drawn at ICU admission (03/15, 03:05) and had risen to 5.8 mmol/L.
- **Escalation gaps.** No documented physician notification at 17:05; sepsis protocol initiation not documented; admitted to a medical floor.
- **Delayed rapid response.** Rapid response criteria were met at 01:15, but the team was not called until 02:40.
- **Outcome.** Septic shock requiring about 54 hours of vasopressor support; discharged home stable on 03/20.

The interval between early sepsis-consistent findings and the recognition and treatment of septic shock may warrant review by a qualified expert against the facility’s sepsis protocol and the applicable standard of care.

This is a sample excerpt only. A full chronology delivered for an actual case includes complete Bates-referenced entries for every relevant record, organized and formatted to the receiving attorney's preference (chronological, source-grouped, or issue-focused).