MEDICAL CHRONOLOGY

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

Re: Estate of Jane Doe (fictional composite patient): Post-operative Opioid-Induced Respiratory Depression Following Total Knee Replacement

Case Type: Wrongful Death

Prepared For: [Attorney / Firm Name]

Records Reviewed: Pre-anesthesia, Operative, and PACU records, Physician Orders, Nursing Flowsheets, Medication Administration Record, PCA pump history, Code Blue record, ICU and Neurology records, Medical Examiner report (Bates JS-000001–JS-000245)

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
04/28/26 09:30	Anesthesiologist	**Pre-anesthesia Evaluation** 58-year-old female. BMI 41. Obstructive sleep apnea (OSA) on home CPAP; STOP-BANG score 6. No home opioid use. ASA class 3. Patient instructed to bring CPAP on day of surgery.	JS-000012	**Review:** High risk for opioid-induced breathing problems identified before surgery (OSA, obesity, opioid-naïve).
05/12/26 07:30	Orthopedic Surgeon	**Operative Report** Right total knee replacement under spinal anesthesia. Uncomplicated. Estimated blood loss 150 mL.	JS-000034	No surgical complications documented.
05/12/26 11:15	PACU RN	**PACU Discharge Note** BP 132/78, HR 82, RR 16, SpO2 95% on 2L. Alert (RASS 0). Transferred to orthopedic floor.	JS-000047	Stable at transfer to the floor.
05/12/26 11:40	Orthopedic PA	**Post-operative Orders** Hydromorphone PCA: 0.2 mg demand dose every 10 min, plus continuous (basal) 0.2 mg/hr; 4-hour limit 3 mg. Oxygen 2L. Vital signs every 4 hours with spot pulse oximetry. No continuous pulse oximetry or capnography ordered. CPAP not addressed.	JS-000052	**Review:** Continuous basal opioid ordered for an opioid-naïve patient with OSA, without continuous breathing monitoring. Compare with hospital policy and published opioid safety guidance (e.g., The Joint Commission Sentinel Event Alert #49).
05/12/26 20:00	Floor RN	**Nursing Flowsheet** RR 14, SpO2 94% on 2L, POSS sedation score 2 ("slightly drowsy, easily aroused"). Pain 4/10. Home CPAP not at bedside; family to bring it the next day.	JS-000088	**Review:** CPAP unavailable for the first night after surgery.
05/12/26 21:45	Floor RN	**Nursing Note** Patient reports pain 8/10. RN observes a family member pressing the PCA button while the patient sleeps; family educated that only the patient may press the button.	JS-000091	**Review:** "PCA by proxy" is a known risk factor for oversedation. No documentation that the provider was notified or PCA settings were reassessed.

Date	Author	Description	Page No.	Comments
05/13/26 00:00	Floor RN	**Nursing Flowsheet** RR 10, SpO2 89% on 2L; oxygen increased to 4L with SpO2 92%. POSS sedation score 3 ("frequently drowsy, drifts off mid-conversation"). PCA continued. No provider notification documented.	JS-000097	**Review:** POSS 3 commonly calls for reducing opioids and notifying the provider. Extra oxygen can raise SpO2 readings while hiding slowed breathing.
05/13/26 04:00	Floor RN	**Nursing Flowsheet** Scheduled 04:00 vital signs and sedation score not documented. No entries between 00:00 and 05:40.	JS-000099	**Review:** About 5 hrs 40 min without a documented assessment after the patient was last noted to be oversedated.
05/13/26 05:40	Floor RN	**Nursing Note** Patient found unresponsive, not breathing, and without a pulse. Code Blue called.	JS-000101	Unwitnessed arrest; time of arrest unknown.
05/13/26 05:42	Code Team	**Code Blue Record** CPR started; rhythm pulseless electrical activity (PEA). Naloxone 0.4 mg IV x2, epinephrine x5. Intubated at 05:49. Return of circulation at 06:08.	JS-000104	About 26 minutes of CPR after discovery; actual down time before discovery unknown.
05/13/26 06:30	ICU Intensivist	**ICU Admission Note** Post-cardiac arrest. Arterial blood gas: pH 7.08, PaCO2 92 mmHg. Targeted temperature management started.	JS-000118	**Review:** Severely elevated CO2 is consistent with breathing failure before the arrest; cause of arrest to be addressed by a qualified expert.
05/14/26 10:00	Pharmacy / Biomedical	**PCA Pump History Report** Between 20:00 on 05/12 and 05:40 on 05/13: 41 demand attempts, 24 doses delivered. Total hydromorphone, including basal infusion, 7.2 mg.	JS-000132	**Review:** Obtain the complete pump event log to match each dose against the nursing assessments documented.
05/15/26 14:00	Neurologist	**Neurology Consultation** Off sedation: absent pupil and corneal reflexes, no motor response. EEG shows severe diffuse suppression. Impression: severe anoxic brain injury, poor prognosis.	JS-000168	Neurological outcome documented.
05/17/26 15:30	ICU Attending Physician	**Family Meeting Note** Prognosis reviewed with family. Decision made to transition to comfort care.	JS-000201	Family decision-making and timeline documented.
05/18/26 03:20	ICU RN	**Death Note** Patient pronounced dead at 03:20.	JS-000214	Date and time of death.
05/20/26 12:00	Medical Examiner	**Medical Examiner Report** Cause of death: anoxic brain injury due to cardiopulmonary arrest due to hydromorphone toxicity. Contributing: obstructive sleep apnea, obesity. Manner: accident.	JS-000231	**Review:** Examiner links the arrest to opioid toxicity. Obtain the full autopsy and toxicology reports.

SUMMARY OF KEY FINDINGS

Key findings from this timeline:

- **High-risk patient identified before surgery.** OSA on CPAP, BMI 41, STOP-BANG 6, and no prior opioid use were documented on 04/28.
- **Monitoring and ordering concerns.** A continuous (basal) PCA infusion was ordered without continuous breathing monitoring, and CPAP was not available the first night.
- **Warning signs not escalated.** At 00:00: RR 10, SpO2 89%, sedation score 3; the PCA continued with no documented provider notification.
- **Gap in assessments.** No documented assessments for about 5 hrs 40 min before the patient was found unresponsive at 05:40.
- **Outcome.** Severe anoxic brain injury; death on 05/18/2026. The medical examiner attributed death to hydromorphone toxicity.

The ordering, monitoring, and escalation decisions documented here may warrant review by qualified nursing, anesthesia, and orthopedic experts against hospital policy 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).