DIAGNOSTIC DELAY SERIES · PART 2

The Clock Nobody Wrote Down

Stroke and the Last-Known-Well Timestamp

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In acute stroke, time is the treatment. The clot-dissolving drug has a window of roughly four and a half hours. Thrombectomy extends that for selected patients, but only with the right imaging and only with the clock established. Every treatment decision depends on one timestamp: last known well.

And that timestamp is frequently missing from the chart.

Here's what we look for in a stroke delay case, and what you should request at intake.

Establish last known well from outside the hospital. The triage note will often say "found with slurred speech" or "onset this morning." Neither pins the time. Pull the EMS run sheet, the 911 log, and a detailed family timeline. We build the clock from those, then hold the hospital record against it.

A negative CT does not rule out a stroke. The first scan is a non-contrast head CT, and its job is to rule out bleeding. Early ischemic strokes very often don't appear on it. "CT negative, stroke ruled out, discharged" is one of the most common sentences in the missed-stroke cases we review. The question is whether a vessel study or MRI was done or considered.

Check the stroke scale documentation. The standardized neuro exam should be scored at arrival and repeated. If the score appears in a later note but not the triage note, check the entry timestamps. Late entries are a record integrity issue before they are anything else.

Use the facility's own protocol. Stroke center certification is public. The hospital has a written protocol with time targets (door to CT, door to drug) and a stroke alert activation process. If the alert fired 90 minutes after arrival, their own document is the standard.

Watch for the two classic misattributions. Symptoms labeled as intoxication, migraine, anxiety, or low blood sugar without a neuro exam. And young patients, because stroke is still wrongly

treated as an older person's disease.

Return visits are a flag. A patient discharged from the ED and back within 72 hours with a confirmed stroke deserves a full review of the first visit, including triage vitals and nursing notes, not just the physician summary.

ON CAUSATION

Stroke cuts both ways. The time-to-treatment outcome data is strong. But the defense will argue exclusion criteria: bleeding risk, blood pressure, window already closed. We go through each one against the chart and tell you which ones hold.

Episode 82 of Lexcura Clinical Insights covers this in full.

This newsletter is for education only and isn't medical or legal advice.

ABOUT LEXCURA CLINICAL INTELLIGENCE

Lexcura Clinical Intelligence provides integrated clinical and regulatory analysis for attorneys handling healthcare litigation. If you have a case that turns on what the medical record really shows, we'd welcome the conversation.

Michelle Carroll

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