

— DIAGNOSTIC DELAY SERIES · PART 3

Reading the Numbers Before the Diagnosis

Sepsis Delay Cases

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Sepsis is the clearest example in medicine of a diagnosis that is visible in the chart before anyone writes it. The vital signs tell the story hours ahead of the physician note, and the case usually turns on a single question: when should the clock have started?

Hospitals are measured on a three-hour bundle (lactate, blood cultures, antibiotics, fluids if indicated) from the moment sepsis is recognized. They call that moment “time zero.” If the hospital sets time zero at 2 p.m. and gives antibiotics at 4:30, they’re compliant on paper. If the heart rate had been over 110 since 8 a.m. and the respiratory rate had climbed all morning, time zero belongs hours earlier, and the window was gone before it opened.

WHAT WE DO ON A SEPSIS CASE, AND WHAT YOU CAN LOOK FOR

- ◆ **Start with the flowsheet, not the notes.** Pull every vital sign and plot them on one timeline alongside the organ-function labs: lactate, creatinine, bilirubin, platelets, white count. The pattern is usually unmistakable. Rising heart rate, drifting pressure, climbing respiratory rate, and notes that say “resting comfortably.”
- ◆ **Check vital sign frequency and source.** An unexplained gap in vitals is a question. Manually entered vitals can be charted late; the entry time and the recorded time will differ. Automated monitor data timestamps itself.
- ◆ **Ask for the sepsis alert log.** Most electronic records calculate a sepsis risk score from vitals and fire an alert to nursing. The alert and any dismissal are logged in the audit trail. An alert dismissed at 10:15 a.m. with antibiotics at 4:30 p.m. is very hard to explain.

- ◆ **Account for baseline.** Beta blockers blunt the heart rate response. Elderly patients often don't mount a fever. Some patients run low pressures normally. We establish what "normal" was for this patient before we claim deviation.
- ◆ **Identify every escalation point.** The failure in sepsis is almost always a failure to escalate: the nurse didn't call, the physician didn't come, or the response was "recheck in two hours." Each decision has a name and a timestamp.
- ◆ **For nursing home cases, get the facility chart.** The change in condition (eating less, more confused, a low-grade temp) is usually documented days before the transfer. The delay you're looking for often starts before the ambulance.

ON CAUSATION

Mortality rises measurably with each hour of antibiotic delay. We map organ function at the first abnormal sign, at the hospital's time zero, and at actual treatment, so the cost of the delay is something you can point to rather than argue.

Episode 83 of Lexcura Clinical Insights covers sepsis 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.

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