EXPERT MEDICAL OPINION

Expert Medical Opinion — Standard of Care — Okonkwo v. Lakeside Surgical Center

Did the care rendered between 08/13/2024 and 08/17/2024 depart from the accepted standard of care, and did that departure cause Mr. Okonkwo's septic shock, additional surgery, and residual impairment?

CASE OVERVIEW	
CASE	Okonkwo v. Lakeside Surgical Center
EXPERT	G. Hargrove, MD
SPECIALTY	Infectious disease / hospital medicine
QUESTION	Did the care rendered between 08/13/2024 and 08/17/2024 depart from the accepted standard of care, and did that departure cause Mr. Okonkwo's septic shock, additional surgery, and residual impairment?
PREPARED BY	D. Whitaker, RN
DATE PREPARED	**08/13/2026**

AI does the reading. You make the calls — always.

Question presented: Did the care rendered between 08/13/2024 and 08/17/2024 depart from the accepted standard of care, and did that departure cause Mr. Okonkwo's septic shock, additional surgery, and residual impairment?

Records and imaging reviewed

BASIS	FINDINGS
Fever trajectory	Tmax 38.2 C POD #1, 38.8 C POD #2 with tachycardia and leukocytosis.
Discharge decision	POD #2 discharge despite persistent fever, without cultures, wound assessment, or imaging.
Readmission	Septic shock 72 hours after discharge; MSSA deep wound infection.
Guideline standard	Post-operative fever with hemodynamic signs warrants evaluation before discharge; fever of 38.8 C with HR 108 is not 'presumed atelectasis' without workup.

Opinions

Opinion 1 — Breach. Discharging a post-operative spine patient with persistent fever, tachycardia, and leukocytosis without infection workup falls below the standard of care.

Opinion 2 — Causation. The 72-hour delay in diagnosis allowed progression to septic shock and deep infection, requiring debridement and contributing to hardware loosening, nonunion, revision surgery, and permanent impairment.

Opinion 3 — Damages. The additional surgeries (08/20/2024 debridement, 04/22/2025 revision), extended IV antibiotics, and residual chronic pain are direct consequences of the delay.

Qualifications

Board-certified in the relevant specialty; active clinical practice; prior expert testimony experience; no financial interest in the parties. Curriculum vitae available on request.

G. Hargrove, MD
Opinion rendered within a reasonable degree of medical probability. Draft prepared with MedRecords AI and reviewed, edited, and signed by the expert.