Adverse event chart review, illustration

Adverse Event Chart Review

Demo, R. (fictional) · Riverbend General (fictional) · Med-surg unit, 09/18/2026

Event	Rapid response for unresponsiveness on post-op day 1, PCA hydromorphone, naloxone given
Patient	Demo, R., 67, laparoscopic colectomy 09/18/2026, history of obstructive sleep apnea
Records	Orders, MAR, PCA pump log, vital signs flowsheet, nursing notes, rapid response record, progress notes, pharmacy verification log. 412 pages.
Clock	All times are EHR time. Both PCA programming events follow their orders (18:05 to 18:20, 22:10 to 22:14).
What this is	A hand-built illustration of the output format, written by Medrecords AI staff on a fictional record set. It was not generated from a real file.
Prepared	11/03/2026, for review by the risk manager, the quality team and counsel

AI does the reading. You review, you revise, you sign.

Medrecords AI demo case. Every name, provider, date and page in this document is fictional.

Overview

This review puts every entry from the 13 hours around the event on 1 timeline. It reports what each record says and when. It does not say whether monitoring met policy, whether the dose was right, or what caused the event. Those calls belong to the risk team, the RCA group and counsel.

Timeline

Time	Source	Entry	Flag	Cite
09/18 18:05	Orders	PCA hydromorphone 0.2 mg demand dose, 10 min lockout, no basal. Continuous pulse oximetry ordered.		Orders p. 31
09/18 18:20	PCA pump log	Pump programmed to match the order.	Sources agree	Pump log p. 77
09/18 20:00	Vitals flowsheet	RR 16, SpO2 95% on 2 L, sedation score 1.		Flowsheet p. 54
09/18 22:10	Orders	Basal rate 0.2 mg/h added by phone order.		Orders p. 33
09/18 22:14	PCA pump log	Basal 0.2 mg/h started.		Pump log p. 78
09/18 22:40	Pharmacy log	Basal rate change verified.		Pharmacy p. 12
09/18 23:30	Vitals flowsheet	RR 12, SpO2 92%, sedation score 2. Last charted vitals before the event.		Flowsheet p. 55
09/18 23:30 to 09/19 02:40	Vitals flowsheet	No vital signs or sedation scores charted after 23:30.	Gap in charting	Flowsheet p. 55 to 56

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Time	Source	Entry	Flag	Cite
09/19 00:00 to 02:40	PCA pump log	14 demand attempts, 9 doses delivered.		Pump log p. 79
09/19 01:15	Nursing note	"Resting comfortably, easily arousable."	Contradiction	Notes p. 102
09/19 02:40	Rapid response record	Found unresponsive. RR 6, SpO2 78%.		RRT p. 140
09/19 02:44	MAR	Naloxone 0.4 mg IV given.		MAR p. 88
09/19 02:46	Rapid response record	PCA stopped. Patient responds to voice.		RRT p. 140
09/19 03:10	Progress note	Event summary. Plan: transfer to step-down.		Progress p. 22
09/19 06:52	Nursing note	Late entry for 01:15: "Patient drowsy, responds to name."	Late entry	Notes p. 104

Where the records disagree

Question	Record A	Record B	Cite
Was the patient arousable around 01:15?	Nursing note 01:15: "easily arousable"	Late entry saved 06:52: "drowsy, responds to name"	Notes p. 102, p. 104
Was continuous pulse oximetry running?	Order 18:05: continuous SpO2	No SpO2 values charted from 23:30 to 02:40	Orders p. 31; Flowsheet p. 55

2 rows. Each one is a question for the people involved and the record owners. The review reports the conflict and its pages; it does not decide which record is right.

Records to request before the RCA meets

Record	Why	Cite
Monitor alarm and central station history, 23:30 to 02:45	The order calls for continuous SpO2; no values are in the flowsheet for that period.	Orders p. 31
Full PCA pump event log export	The printed log shows attempts and doses but not the alarm history.	Pump log p. 79
EHR audit trail for the 01:15 note and the 06:52 late entry	Listed as a record to request, so the team can see when each entry was created and edited.	Notes p. 102, p. 104
Staffing and assignment sheet for the night shift	Not in the produced records.	

What this review does not contain

- No finding on whether the basal rate order, the monitoring or the response met policy or the standard of care.
- No cause of the event and no RCA conclusion.
- No judgment on which of 2 conflicting records is accurate.

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Hand-built illustration of the Medrecords AI output format on a fictional record set. Medrecords AI organizes, cites and flags what is in the uploaded files; it does not decide what caused an event. You review, you revise, you sign.