



1



CASE INTELLIGENCE BRIEF DELAYED STROKE RECOGNITION

"Time lost is brain lost."



CASE SNAPSHOT

- Setting: Emergency Department
- Presentation: Neurological symptoms with evolving deficits
- Outcome: Large vessel stroke with permanent impairment



WHAT WAS MISSED

- Subtle neurological changes not prioritized
- Delayed imaging (CT/MRI)
- Stroke protocol not activated
- Time of symptom onset unclear or undocumented



WHERE THE CASE SHIFTED

The case shifted when early neurological changes were present—but not treated as time-sensitive.



CRITICAL RED FLAGS

- Delay in stroke alert activation
- Gaps in documenting last-known-well time
- Neurological changes not reassessed
- Delayed escalation to neurology



LEGAL IMPACT

- Stroke cases are time-critical and protocol-driven
- Deviation is clear when response timelines are missed
- Strong causation tied to delayed intervention



CASE INTELLIGENCE INSIGHT

In stroke cases, time is not just critical—it is measurable liability.

2



CASE INTELLIGENCE BRIEF MEDICATION ERROR WITH CLINICAL DETERIORATION

"The error is only the beginning."



CASE SNAPSHOT

- Setting: Inpatient Unit
- Presentation: Medication administration followed by decline
- Outcome: Adverse drug event requiring ICU care



WHAT WAS MISSED

- Incorrect dosage or medication administered
- Contraindications not identified
- Lack of monitoring after administration
- Delayed recognition of adverse response



WHERE THE CASE SHIFTED

The case shifted at the point of administration—before deterioration became visible.



CRITICAL RED FLAGS

- Medication reconciliation incomplete
- High-risk medication without monitoring
- Symptoms attributed to condition vs. medication
- Delay in stopping or reversing medication



LEGAL IMPACT

- Clear deviation when medication safety protocols are not followed
- Strong linkage between administration and outcome
- Preventability is central to the case



CASE INTELLIGENCE INSIGHT

Medication errors rarely stand alone—they are often followed by missed opportunities to intervene.

3



CASE INTELLIGENCE BRIEF FAILURE TO ESCALATE CARE IN THE ICU

"The data is there—action is what's missing."



CASE SNAPSHOT

- Setting: Intensive Care Unit
- Presentation: Gradual deterioration despite monitoring
- Outcome: Cardiac arrest or multi-organ failure



WHAT WAS MISSED

- Subtle but consistent decline in vital signs
- Ventilator changes not addressed
- Lab abnormalities not acted upon
- Delayed physician intervention



WHERE THE CASE SHIFTED

The case shifted when continuous monitoring identified deterioration—but escalation did not follow.



CRITICAL RED FLAGS

- Trend-based decline ignored
- Delayed response to alarms or labs
- Failure to adjust the treatment plan
- Communication breakdown within the care team



LEGAL IMPACT

- ICU cases rely heavily on continuous reassessment
- Documentation often shows missed opportunities
- Strong argument for preventability



CASE INTELLIGENCE INSIGHT

In the ICU, the issue is rarely lack of data—it is failure to act on it.

