



The Medical-Legal Insight Brief

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SEPSIS & INFECTION CASES:

Clinical considerations when reviewing the medical record

INSIGHT #1

Look Before the Diagnosis

The clinical story may begin well before the word sepsis appears in the record. Changes in heart rate, respiratory status, blood pressure, temperature, mental status, pain, or overall condition may provide important clinical context when viewed chronologically.

Review question: What was changing before the diagnosis was documented?

INSIGHT #2

Follow the Pattern, Not Just the Number

No single vital sign, laboratory value, screening result, or biomarker establishes or excludes sepsis by itself. When reviewing the record, consider not only what was abnormal, but whether it was new or changing, what other findings were present, whether the patient was reassessed, what happened after the finding was identified, and how the patient responded to treatment.

Chart clue: When lactate is elevated, serial measurements may provide useful information about the patient's clinical trajectory and response during resuscitation, but the trend still has to be interpreted alongside the overall clinical picture.

INSIGHT #3

Antibiotic Timing Requires Context

The 2026 Surviving Sepsis Campaign distinguishes among septic shock, probable or definite sepsis without shock, possible sepsis without shock, and situations in which infection appears unlikely. That makes the question more nuanced than simply: "Were antibiotics given within one hour?"

Chart clue: The record should also help establish the patient's clinical condition, whether shock was present, how likely infection appeared, what information was available to the clinical team, and when concern for sepsis developed.

INSIGHT #4

Reconstruct the Escalation

Escalation of care may be documented across multiple parts of the record. Increasing assessment frequency, additional resuscitative measures, changing oxygen needs, persistent hypotension, new orders, provider reassessment, vasopressor initiation, or higher-level monitoring can help reconstruct how the patient's clinical needs evolved. Instead of asking only: "When was the patient transferred?" Consider: "When did the patient's needs begin to change, and how did the plan of care evolve with them?"

Remember: Current guidelines emphasize ongoing reassessment during resuscitation rather than relying on a single parameter or intervention.

DATE OF CARE MATTERS

Clinical guidelines evolve. The 2026 Surviving Sepsis Campaign updates the 2021 adult guidelines and includes 129 statements, including 46 addressing questions not previously covered.

Current recommendations help define today's clinical landscape. When reviewing historical care, however, the medical record should be considered in the context of the clinical information, evidence, guidelines, and resources available at the time the care was provided.

The diagnosis tells you what the patient had. The timeline helps you understand how the clinical story unfolded.

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