

INPATIENT SCORE AND SEPSIS CLOCK

SYN-77310, February 10 to 11, 2026

Prepared for counsel. Subject to review and verification by retaining counsel and the retained expert.

SYNTHETIC SAMPLE. The patient, hospital, staff and every record are invented. The scoring rules and the CMS and CDC definitions are real and are cited with their versions. Every cite below is a live link to a bundled page at the back of this file.

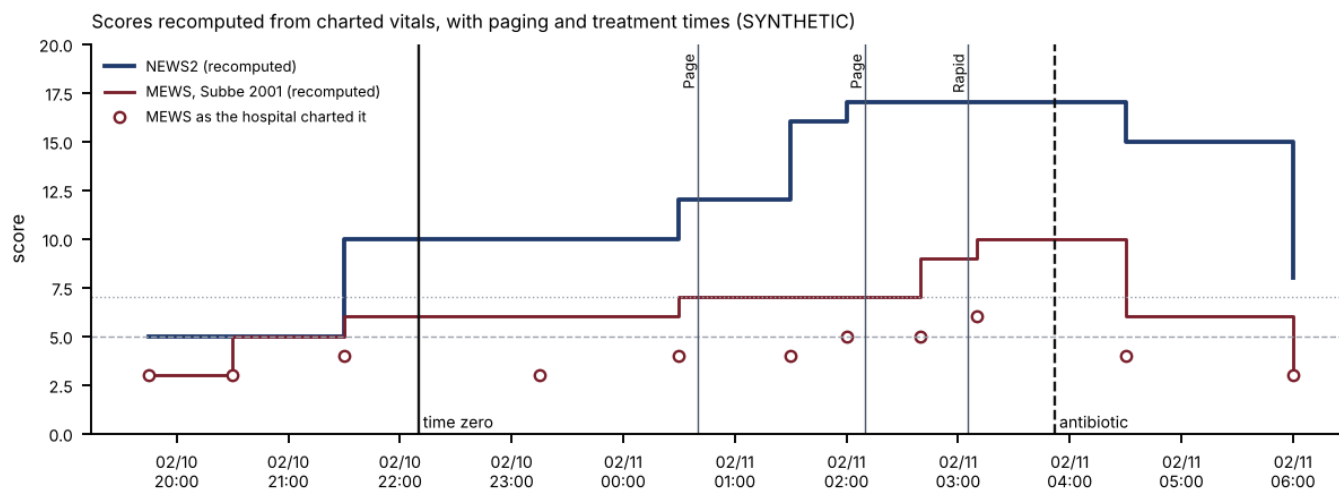
What this does

Published early warning scores are recomputed from the vital signs as charted, row by row, using each score's own printed bands. The CMS SEP-1 "time zero" is located from the chart under the 2026 specifications manual, and each bundle element is timed from it. Nothing here says what the scores required anyone to do, or whether any delay mattered. That is for the expert.

What the chart shows, by the published rules

- 1. SEP-1 time zero is 02/10 22:10.** All three criteria fall within six hours: infection documented at 21:05 ([ED-101, p.5](#)), two SEP-1 SIRS criteria at 19:45 ([VS-3101, p.7](#)), and lactate 2.6 resulted at 22:10 ([LB-502, p.9](#)). Under the manual, time zero is when the last of the three was met.
- 2. The 3-hour window closed at 02/11 01:10.** The first antibiotic was given at 02/11 03:52, 342 minutes after time zero ([MR-303, p.10](#)). Blood cultures were ordered at 21:20 ([OR-202, p.6](#)) and collected at 02/11 03:30 ([LB-511, p.9](#)), 320 minutes after time zero and before the antibiotic. The antibiotic order is timed 23:00 ([OR-203, p.6](#)).
- 3. The repeat lactate window closed at 02/11 04:10.** The repeat was collected at 02/11 05:00, 410 minutes after time zero ([LB-505, p.9](#)).
- 4. Scores crossed published thresholds before the first provider response.** NEWS2 aggregate 5 or more (urgent response threshold): first at 02/10 19:45 ([VS-3101, p.7](#)). NEWS2 score of 3 in a single parameter: first at 02/11 00:30 ([VS-3105, p.7](#)). NEWS2 aggregate 7 or more (emergency response threshold): first at 02/10 21:30 ([VS-3103, p.7](#)). MEWS 5 or more (Subbe "critical score"): first at 02/10 20:30 ([VS-3102, p.7](#)). qSOFA 2 or more: first at 02/11 00:30 ([VS-3105, p.7](#)). SIRS 2 or more (Bone 1992): first at 02/10 19:45 ([VS-3101, p.7](#)). Provider contact log: page at 00:40 with no callback documented, page at 02:10 with callback at 02:48, rapid response at 03:05 ([notification log, p.12](#)).
- 5. The MEWS the hospital charted differs from Subbe 2001 in 9 of 11 rows.** For example at 02/10 20:30 the chart shows 3 and the published bands give 5 ([VS-3102, p.7](#)). Hospitals often use their own MEWS bands. Which bands the hospital used is a question for discovery.
- 6. Hypotension and fluids.** SBP under 90 was charted at 02:00 (86), 02:40 (84), 03:10 (82). The 30 mL/kg target at 80 kg is 2,400 mL. Crystalloid started 02:55; 2,500 mL documented by 04:30 ([MAR, p.10](#)).
- 7. The CDC Adult Sepsis Event criteria are met.** Blood culture 02/11; 5 qualifying antimicrobial days starting 02/11; new vasopressor 02/11; creatinine 2.1 against a lowest value of 0.9 ([labs, p.9](#)).

These are computations under published rules, with cites. They are not findings that any standard was or was not met.



Hour by hour

Charted	Vitals as charted	NEWS2	MEWS (Subbe)	MEWS charted	q-SOFA	SIRS (Bone)	SIRS (SEP-1)	Cite
02/10 19:45	T 38.4 HR 104 RR 22 BP 118/72 SpO2 95 A GCS 15	5	3	3	1	3	3	VS-3101, p.7
02/10 20:30	T 38.6 HR 108 RR 22 BP 112/70 SpO2 94 A GCS 15	5	5	3	1	3	3	VS-3102, p.7
02/10 21:30	T 38.5 HR 112 RR 24 BP 106/64 SpO2 93 O2 A GCS 15	10	6	4	1	4	4	VS-3103, p.7
02/10 23:15	T 38.7 HR 116 RR 24 BP 102/60 SpO2 93 O2 A GCS 15	10	6	3	1	4	4	VS-3104, p.7
02/11 00:30	T 38.9 HR 118 RR 26 BP 98/58 SpO2 92 O2 A GCS 15	12 red	7	4	2	4	4	VS-3105, p.7
02/11 01:30	T 39.1 HR 122 RR 26 BP 94/54 SpO2 92 O2 C GCS 14	16 red	7	4	3	4	4	VS-3106, p.7
02/11 02:00	T 39.0 HR 124 RR 28 BP 86/50 SpO2 91 O2 C GCS 14	17 red	7	5	3	4	4	VS-3107, p.8
02/11 02:40	T 38.9 HR 128 RR 30 BP 84/48 SpO2 90 O2 V GCS 13	17 red	9	5	3	4	4	VS-3108, p.8
02/11 03:10	T 38.8 HR 130 RR 30 BP 82/46 SpO2 89 O2 V GCS 13	17 red	10	6	3	4	4	VS-3109, p.8
02/11 04:30	T 38.4 HR 118 RR 26 BP 96/56 SpO2 93 O2 V GCS 14	15 red	6	4	3	4	4	VS-3110, p.8
02/11 06:00	T 38.1 HR 108 RR 22 BP 104/60 SpO2 94 O2 A GCS 15	8	3	3	1	4	3	VS-3111, p.8

WBC for SIRS is the latest result reported at or before the row time. "red" means a score of 3 in a single NEWS2 parameter. Subbe's AVPU scale has no confusion category, so new confusion with eyes open (C) is scored as Alert (0) for MEWS and as 3 for NEWS2, which names it.

SEP-1 clock

Element	As charted	Minutes from time zero	Window under v5.18a	Cite
Initial lactate	Collected 02/10 21:30	-40	Window: 6 h before to 3 h after time zero	LB-502, p.9
Blood cultures	Collected 02/11 03:30	320	Window: 24 h before to 3 h after time zero; before antibiotic	LB-511, p.9
Broad spectrum antibiotic	Ceftriaxone given 02/11 03:52	342	Window: 24 h before to 3 h after time zero	MR-303, p.10
Repeat lactate (initial was over 2.0)	Collected 02/11 05:00	410	Window: after initial lactate to 6 h after time zero	LB-505, p.9

Rules used, and their versions

Rule	Source as published	Notes
NEWS2	Royal College of Physicians. National Early Warning Score (NEWS) 2. London: RCP, December 2017. Chart 1, p. 29. Link	Scale 1 used; the chart documents no Scale 2 decision. New confusion scores 3.
MEWS	Subbe CP, Kruger M, Rutherford P, Gemmel L. Validation of a modified Early Warning Score in medical admissions. QJM 2001;94(10):521-526. Table 1. Link	Bands exactly as printed in Table 1. The printed table leaves SBP 70 and HR 40 unassigned; none occur here.
qSOFA	Singer M, et al. The Third International Consensus Definitions for Sepsis and Septic Shock (Sepsis-3). JAMA 2016;315(8):801-810. Link	Sepsis-3 wording: altered mentation is any GCS under 15.
SIRS	Bone RC, et al. ACCP/SCCM Consensus Conference. Chest 1992;101(6):1644-1655. Table 1. Link	Bone 1992 cutoffs (temperature over 38 C). Not the SEP-1 cutoffs.
SEP-1	CMS. Specifications Manual for National Hospital Inpatient Quality Measures, Version 5.18a, discharges 01/01/2026 to 12/31/2026. Section 2.1, SEP-1. Link	Version 5.18a governs 2026 discharges. Pregnancy column not applicable here.
CDC ASE	CDC. Hospital Toolkit for Adult Sepsis Surveillance. May 2018. Adult Sepsis Event definition, p. 5. Link	Surveillance definition, not a clinical diagnosis.

What this is not

No view on whether a score required a response, whether care met any standard, or whether any delay caused harm. Scores are arithmetic on charted values. A value the chart did not record is not scored or imputed. SEP-1 is a CMS quality measure; whether its abstraction rules bear on the standard of care is for the expert and counsel. The CDC Adult Sepsis Event is a surveillance definition and is shown as such.

Index of bundled pages

Page	Source
p.4	SYN-MED000001 Triage
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p.7	SYN-MED000004 Vital signs 1
p.8	SYN-MED000005 Vital signs 2
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SAMPLE REGIONAL HOSPITAL (SYNTHETIC) | Inpatient Encounter Record

Patient: EXAMPLE, PATIENT C (SYNTHETIC) | MRN SYN-0007731 | Encounter SYN-77310 | Arrival 02/10/2026 1940

EMERGENCY DEPARTMENT TRIAGE

Entry ID: TR-001 | Arrival 02/10/2026 1940 | Triage nurse Nurse Q Example, RN (SYN) (SYN)

Arrival time 02/10/2026 1940 by private vehicle. Chief complaint: cough and fever. Weight 80 kg (measured). Triage acuity 3.

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ED PROVIDER NOTE

Entry ID: ED-101 | Author: Emergency Physician S Example, MD (SYN) | Date of service: 02/10 2105

Cough, fever and shortness of breath for 3 days. Possible pneumonia. Chest film pending. Admit to medicine.

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ORDERS

Orders for encounter SYN-77310

Ordered	Ordered by	Entry ID	Order as written
02/10 2115	Emergency Physician S Example, MD (SYN)	OR-201	Lactic acid, STAT.
02/10 2120	Emergency Physician S Example, MD (SYN)	OR-202	Blood cultures x2, STAT, before antibiotics.
02/10 2300	Hospitalist T Sample, MD (SYN)	OR-203	Ceftriaxone 2 g IV every 24 hours. Azithromycin 500 mg IV every 24 hours. Admit to medicine floor.
02/11 0250	Hospitalist T Sample, MD (SYN)	OR-204	Lactated Ringer's 30 mL/kg (2,400 mL) IV bolus. Weight 80 kg.
02/11 0455	Hospitalist T Sample, MD (SYN)	OR-205	Transfer to ICU. Norepinephrine infusion, titrate to MAP 65 or greater. Repeat lactic acid.

FLOWSHEET: VITAL SIGNS

As charted (SYNTHETIC values). The MEWS column is the score the hospital system displayed.

 Page 1 of 2.

Time	Temp C	HR	RR	BP	SpO2	O2	LOC	GC S	MEWS (charted)	Entry ID
02/10 1945	38.4	104	22	118/72	95	Room air	Alert	15	3	VS-3101
02/10 2030	38.6	108	22	112/70	94	Room air	Alert	15	3	VS-3102
02/10 2130	38.5	112	24	106/64	93	2 L NC	Alert	15	4	VS-3103
02/10 2315	38.7	116	24	102/60	93	2 L NC	Alert	15	3	VS-3104
02/11 0030	38.9	118	26	98/58	92	2 L NC	Alert	15	4	VS-3105
02/11 0130	39.1	122	26	94/54	92	2 L NC	Confused (new)	14	4	VS-3106

FLOWSHEET: VITAL SIGNS

As charted (SYNTHETIC values). The MEWS column is the score the hospital system displayed.

 Page 2 of 2.

Time	Temp C	HR	RR	BP	SpO2	O2	LOC	GC S	MEWS (charted)	Entry ID
02/11 0200	39.0	124	28	86/50	91	2 L NC	Confused (new)	14	5	VS-3107
02/11 0240	38.9	128	30	84/48	90	2 L NC	Responds to voice	13	5	VS-3108
02/11 0310	38.8	130	30	82/46	89	2 L NC	Responds to voice	13	6	VS-3109
02/11 0430	38.4	118	26	96/56	93	2 L NC	Responds to voice	14	4	VS-3110
02/11 0600	38.1	108	22	104/60	94	2 L NC	Alert	15	3	VS-3111

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LABORATORY RESULTS

Collected and resulted times as recorded (SYNTHETIC values).

Test	Result	Units	Collected	Resulted	Entry ID
WBC	15.8	x10^3/uL	02/10 2010	02/10 2055	LB-501
Lactate	2.6	mmol/L	02/10 2130	02/10 2210	LB-502
Creatinine	1.4	mg/dL	02/10 2010	02/10 2055	LB-503
Platelets	210	x10^3/uL	02/10 2010	02/10 2055	LB-504
Lactate	3.4	mmol/L	02/11 0500	02/11 0535	LB-505
Creatinine	2.1	mg/dL	02/11 0500	02/11 0540	LB-506
Platelets	160	x10^3/uL	02/11 0500	02/11 0540	LB-507
WBC	18.2	x10^3/uL	02/11 0500	02/11 0540	LB-508
Creatinine	1.3	mg/dL	02/12 0500	02/12 0540	LB-509
Creatinine	0.9	mg/dL	02/14 0500	02/14 0540	LB-510
Blood culture, 2 sets	Collected (ordered 02/10 2120)		02/11 0330		LB-511

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MEDICATION ADMINISTRATION RECORD

Administrations as documented.

Given	Medication	Dose / route / rate	Entry ID
02/11 0255	Lactated Ringer's	1,000 mL IV at 999 mL/hr	MR-301
02/11 0340	Lactated Ringer's	1,000 mL IV at 999 mL/hr	MR-302
02/11 0352	Ceftriaxone	2 g IV	MR-303
02/11 0420	Azithromycin	500 mg IV	MR-304
02/11 0430	Lactated Ringer's	500 mL IV at 999 mL/hr	MR-305
02/11 0510	Norepinephrine	Infusion started, 4 mcg/min IV	MR-306
02/12 0400	Ceftriaxone	2 g IV	MR-311
02/13 0400	Ceftriaxone	2 g IV	MR-312
02/14 0400	Ceftriaxone	2 g IV	MR-313
02/15 0400	Ceftriaxone	2 g IV	MR-314

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NOTES

Nursing and provider notes.

Entry ID: NN-601 | Author: Nurse Q Example, RN (SYN) | Date of service: 02/11 0040
Febrile 38.9, HR 118, on 2 L nasal cannula. Hospitalist paged.

Entry ID: NN-602 | Author: Nurse Q Example, RN (SYN) | Date of service: 02/11 0210
Patient newly confused. BP 86/50. Hospitalist paged again.

Entry ID: NN-603 | Author: Nurse R Sample, RN (SYN) | Date of service: 02/11 0305
Rapid response called for hypotension and confusion.

Entry ID: MD-701 | Author: Hospitalist T Sample, MD (SYN) | Date of service: 02/11 0315
Called by rapid response team. Hypotensive, febrile, confused. Sepsis, likely pneumonia. Fluids, cultures, antibiotics now. ICU consult.

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PROVIDER NOTIFICATION LOG

Entries as recorded (SYNTHETIC).

Time	Method	To	Result recorded	Entry ID
02/11 0040	Page	Hospitalist T Sample, MD (SYN)	No callback documented	NL-11
02/11 0210	Page	Hospitalist T Sample, MD (SYN)	Callback 02:48	NL-12
02/11 0305	Rapid response call	RRT	Team at bedside 03:10	NL-13