

Missing Records and Clarification Log

Fictional wrist injury case | May 4 through May 14

Illustrative sample only. All events and sources are fictional. This log accompanies the Focused Emergency Care Review and tracks questions raised by its abbreviated source excerpts. No actual records have been requested.

Item and source	Gap or clarification	Request and purpose
01 Imaging S4, p. 15 Open	The May 14 orthopedic note references repeat imaging and maintained alignment. A separate radiology report is not included.	Request the May 14 report and confirm the study date, facility, and whether a separate report exists. This permits comparison with the orthopedic note. Obtain images if specialist review is within scope.
02 Assessment S1, pp. 3-7 Open	Distal findings are recorded at arrival and after splinting. Detailed nursing assessments and interval flowsheets are not included.	Request the May 4 nursing assessments, flowsheets, and splint procedure documentation. Clarify examination components and timing, including any documented changes before or after immobilization.
03 Pain S1 and S3 Open	Pain is reported in the ED and at May 7 follow-up. Medication administration and post-intervention reassessment entries are not included.	Request May 4 medication orders, the medication administration record, and pain reassessment entries. Establish what was ordered, administered, and reassessed before evaluating the response to treatment.
04 Discharge S1, pp. 5-7 Open	The ED entry records follow-up instructions and return precautions. The instruction document and any patient understanding entry are not included.	Request the discharge instructions and any teaching or acknowledgment entries. Clarify what was provided and what understanding was documented. A signature alone would not establish comprehension.

Source key and status

S1: May 4 ED excerpts, fictional pp. 3-7. S3: May 7 orthopedic excerpt, fictional pp. 12-14. S4: May 14 orthopedic excerpt, fictional p. 15. Excerpts appear on page 3 of the companion review. Page labels are illustrative, not actual record pagination.

Open means unresolved within this sample. In a live assignment, track the request date, recipient, response, records received, and reviewer disposition. Close an item only when the response resolves it or the remaining limitation is documented.

Interpretation limit: An absent excerpt does not establish that care was not provided or that a record does not exist. This log makes no finding about standard of care or causation.