

How to Create Chronologies, Graphs, Timelines, Calendars, and other Visual Aids to Enhance Your LNC & Expert Witness Reports

Topics:

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- 10. Real Case Examples of (starts on p. 20):**
 - **Different Formats for Chronologies**
 - **Tables for medication administration, etc.**
 - **Graphs of vital signs, O2 saturation, PTT, etc.**
 - **Calendars and timelines of medical events for PI and med mal cases**
 - **and much more!**

A LNC needs to be able to provide the attorney with medical literature, definitions of medical terminology, and anatomy drawings/graphics to facilitate the attorney’s understanding (and later the jury’s) of the medical issues in a case. LNCs can play a pivotal role in assessing many elements of a case by providing focused chronologies. For example, preparing a chronology with medical record excerpts pertaining to damages which identifies those injuries caused by the defendant(s)’ negligent acts. Sometimes this is called a “pain and suffering” chronology.

In addition, if you are acting as a nurse expert witness it is essential that you use timelines and graphs to enhance your reports and the persuasiveness of your testimony. Visual representations of complex medical data can make your arguments more compelling and memorable, increasing your credibility as an expert witness or consultant.

Lastly, a LNC who is able to include graphs, timelines and calendars will stand out in the competitive field of legal nursing. This will also increase the expert or consultant's role throughout the litigation, making them a valuable part of the trial team.

1. Why Attorneys Use Visual Aids or “Demonstrative Evidence” in Litigation.

Numerous studies have indicated that jurors respond well to visual aids, and that graphic evidence drastically increases their rate of information retention from 10% to 87%. Because the average juror is more likely to remember what they see rather than what they hear, it is helpful to incorporate visual depictions of evidence whenever possible. For that reason, demonstrative evidence is also used in settlement discussions, mediations, and other proceedings.

Further, demonstrative evidence greatly enhances an expert's ability to communicate complex concepts and increases the expert's credibility and persuasiveness by helping the jury better understand the case issues.

2. The Different Types of Graphics Used.

Many different types of media are used to develop demonstrative evidence. Medical records and other documents can be enlarged to use as things are explained by experts and others.

Photographs of the injured party or the scene of the accident are also commonly used. Sometimes these are put together on “presentation boards” or in PowerPoint slides.

- **3D models** to view from an item from multiple angles i.e. a heart model
- **Computer Generated Animations** that simulate the key issues being explained
- **Graphics** for example: tables, graphs, timelines, calendars, and more
- **Interactive exhibits** that magnify particular case points and themes
- **Videos** such as a Day in the Life recordings.

Developing the skills to create chronologies, timelines and graphs for key medical information empowers legal nurse consultants (LNCs) and nurse expert witnesses to communicate complex medical concepts with clarity and persuasiveness. By using visual aids to organize, highlight, and explain key medical facts, you will greatly enhance your effectiveness as an expert witness and will increase your ability to participate in strategy discussions with the attorneys trying the case. You can give suggestions to the firm regarding the content and media to be used and may be asked to work with the firm's graphics designer or medical illustrator.

3. Why Graphics are Essential for Attorneys, LNCs, and Nurse Experts.

Graphs, tables, timelines, calendars and other visual aids are essential because they:

- ✓ **Provide Clarity and Organization of Medical Information:** Complex medical cases often involve numerous events, treatments, and outcomes over time. By creating timelines and graphs, you can organize this information in a clear and concise manner, making it easier for legal professionals, judges, and jurors to understand the sequence of events and how they relate to each other.
- ✓ **Visual Aids Help Juries Understand Complex Medical Events:** Visual aids such as timelines and graphs have a powerful impact on comprehension and retention. They provide a visual representation of the medical information, allowing others to grasp key details quickly and intuitively. This visual clarity can be especially beneficial in cases where technical medical terms and concepts may be challenging for non-medical professionals to grasp.
- ✓ **Focus on Key Medical Events as They Relate to the Legal Issues:** Timelines and graphs allow you to highlight crucial events, such as the onset of symptoms, diagnostic tests, treatment interventions, and patient outcomes. By clearly delineating these milestones, you can draw attention to key points in the medical narrative that are relevant to the legal issues at hand.

- ✓ **Help Prove Causation:** Establishing causation is a critical element in all injury cases. Timelines and graphs enable you to demonstrate the chronological sequence of events and illustrate the causal relationship between medical actions and outcomes. This can be instrumental in proving or refuting allegations of medical negligence, malpractice, or causation of injuries.
- ✓ **Enhance Your Persuasiveness and Credibility:** Presenting well-constructed timelines and graphs can significantly enhance the persuasiveness of your testimony or reports. Visual representations of complex medical data can make your arguments more compelling and memorable, increasing your credibility as an expert witness or consultant.
- ✓ **Demonstrate Your Expertise:** Demonstrating proficiency in creating timelines and graphs reflects your professionalism and competence as a legal nurse consultant or nurse expert witness. It showcases your ability to distill complex medical information into accessible formats and effectively communicate key insights to legal audiences.
- ✓ **Increase Your Collaboration with Attorneys:** Collaborating with attorneys to create timelines and graphs fosters a more effective partnership between legal and medical experts. By contributing your expertise in medical data visualization, you can play a pivotal role in shaping the legal strategy for trial and presenting a compelling case to achieve favorable outcomes for clients. This increases your value to attorneys.

In conclusion, mastering the art of creating timelines and graphs regarding medical information empowers legal nurse consultants and nurse expert witnesses to communicate complex medical concepts with clarity, persuasiveness, and expertise. By leveraging visual aids to organize, highlight, and explain key medical facts, you can enhance your effectiveness as an expert and as a valuable asset to the law firm.

4. **What is “Demonstrative Evidence”?**

Demonstrative evidence generally refers to evidence that offers a physical illustration of a fact presented, rather than a verbal description. While real evidence is substantively used to prove a

fact at issue in the case, demonstrative evidence is used to clarify, explain, and offer a visual explanation of the presentation.

Demonstrative evidence can come in many forms—photographs, video animations, graphs, diagrams, charts, slideshows, drawings, computer graphics, and simulations—the list goes on and on. The advent of three-dimensional computer-generated technologies, such as virtual reality and augmented reality programs (the latter of which overlays virtual, 3-D images over the real-life environment) has taken demonstrative evidence to a whole new level.

➤ **Benefits of Demonstrative Evidence**

By definition, the purpose of expert testimony is to help the trier of fact understand the evidence or determine a fact in issue. (See Federal Rules of Evidence Rule 702). As such, demonstrative evidence should work as an extension of the expert by offering a visual representation of the expert's testimony. Ideally, the evidence should help the jury understand relevant facts that would otherwise be difficult to comprehend without the aid. Demonstrative evidence may also be used to emphasize important aspects of the testimony. The ways in which a demonstrative exhibit may be helpful at trial are as varied as the types of evidence themselves.

In cases involving personal injuries sustained as a result of an accident, demonstrative evidence in the form of a reconstruction can be particularly helpful. While an accident reconstruction specialist testifying to the cause of a vehicle collision may base their testimony on a number of scientific methods (such as energy analysis and time distance analysis), such technical principles may be difficult to follow when described in verbal testimony. A visual reconstruction, which can be as simple as a scaled drawing of the scene or as complex as a virtual reality reconstruction of the size and speed of the vehicles, can help bring the testimony to life.

Similarly, most medical experts will benefit from using demonstrative evidence because their testimony is complex in nature and difficult for a jury to conceptualize. When discussing a party's injuries, for example, the expert can use photographs or graphic models to pinpoint the affected areas. Life-size replicas of the anatomy are also sometimes used to explain the causes of injury. Technology in this field is rapidly advancing and should be utilized whenever feasible.

The virtual examination of a body offers a number of benefits during expert testimony. It is a realistic, detailed demonstrative aid that avoids the logistical issues of life-size anatomical models that would need to be passed to each juror to obtain a full view.

That being said, not all demonstrative evidence is failsafe. Sometimes, in an effort to create the most informative aid, the actual information gets lost in the shuffle (i.e., graphs packed with small text that cannot be clearly read). Also, in the case of computer-generated graphics or other hyper-realistic imaging, some jurors may experience cognitive overload if the exhibit is too flashy or “busy.” As a logistical matter, some aids simply won’t work in certain courtrooms. For example, an elaborate computer simulation will be stopped in its tracks if the courtroom is not equipped with the correct wiring to connect the computer to the projection screen.

➤ **Admissibility of Demonstrative Exhibits**

Like any other exhibit offered at trial, demonstrative evidence is subject to the applicable evidentiary rules of the jurisdiction. A proper foundation needs to be established in order to successfully admit the exhibit into evidence at trial. Laying the foundation of a demonstrative exhibit through an expert witness consists of questions that establish its authenticity such as: *Does this exhibit help explain your testimony to the jury?*

Demonstrative aids are also subject to the applicable relevancy rules. Under Rule 401 of the Federal Rules of Evidence (and certain state laws that have adopted such a rule), evidence is deemed relevant if it has any tendency to make a fact more or less probable than it would be without such evidence and the fact is of consequence in determining the action. Under Rule 403, a judge may exclude otherwise relevant evidence if its probative value is substantially outweighed by the danger of “unfair prejudice, confusing the issues, misleading the jury, undue delay, wasting time, or needlessly cumulative evidence.”

Rule 1006 permits the use of “a summary, chart, or calculation to prove the content of voluminous writings, recordings, or photographs that cannot be conveniently examined in court.” In other words, demonstrative exhibits can be used to summarize otherwise voluminous evidence

(i.e., a chart highlighting key relevant portions of writing), but the mode and order in which it is presented is ultimately at the discretion of the judge.

Overall, when effectively utilized, demonstrative evidence and visual aids can enhance an expert’s testimony in ways that oral testimony cannot. The impact of visual aids is significant.

5. How to Create a Table or an Excel Spreadsheet for a Medical Chronology Using Microsoft Word

A good medical chronology provides a detailed timeline of the pertinent medical events in the case. But a really good chronology is tailored to the facts of the case that are relevant to the legal issues in the lawsuit. What facts should you highlight? It depends on the purpose of the chronology; is it to:

- ❖ **Create a chronological description of medical symptoms, treatment, surgical procedures or other events?**

Patient Name

DOB: DD/MM/YYYY

| DATE | FACILITY/ PROVIDER | MEDICAL EVENTS | PDF REF |
|------------|----------------------------|---|------------|
| 09/04/YYYY | Hospital/ Provider Name | <p>CT of facial bones without contrast @ 10:31:00 hours:</p> <p>Indication: MVA trauma.</p> <p>Findings: The globes and orbits look unremarkable. The mastoid air cells are clear. The nasal passages are clear. The bones look normal. There is miniscule ethmoid and maxillary mucosal thickening.</p> <p>Impression: No acute face process.</p> | 43-45 |
| 09/04/YYYY | Hospital/ Provider Name | <p>CT of cervical spine without contrast @ 10:31:00 hours:</p> <p>Indication: MVA trauma.</p> <p>Findings: The spine was evaluated in three orthogonal views. The prevertebral and paraspinal soft tissues look unremarkable. The facet joints articulate typically. The spinal canal is patent. The vertebral heights are maintained. There is mild disc narrowing in some discs. There is no acute fracture or traumatic dislocation by this modality.</p> <p>Impression:</p> | 46-48 |

- ❖ Focus on the exact timing of events (i.e. timing of C-section)?

| Date | Time | Page N |
|----------|-------|--------|
| 7/9/2014 | 11:16 | 95 |
| 7/9/2014 | 12:06 | 3 |
| 7/9/2014 | 12:06 | 3 |
| 7/9/2014 | 12:06 | 3 |

- ❖ Correlate several factors such as lab values, vital signs, medication administration?

| Date | Time | Test Result | Normal value | Significance |
|------|------|-------------|--------------|--------------|
| | | | | |

- ❖ Compare the description of events by different HCPs (i.e. if inconsistent)
- ❖ Show deviations from the standards of care (quote and cite authoritative source)?

| Date | Time | Action | Standard of Care |
|------|------|--------|------------------|
| | | | |

| | | Adverse Medical Conditions | Malpractice Claims Targeted |
|-------------------------------|-----------------------------|---|--|
| Areas of Clinical Risk | Labor & Delivery | Brachial Plexus Palsy | Failure to Resolve a Shoulder Dystocia |
| | | Erbs Palsy | |
| | | Klumpke's Palsy | |
| | | Cerebral Palsy | Failure to Monitor the Baby's Oxygen Intake and FHR or Inappropriate Use of Oxytocin |
| | | Hypoxic Ischemic Encephalopathy | |
| | | Uterine Rupture | Inappropriate Use of Forceps or Vacuum |
| | | Head Trauma & Brain Injury | |
| | | Facial Nerve Injury | C-Section Errors |
| | | Maternal Infection from Incision | |
| | | Fetal Injury During Emergency C-Section | |

❖ **Contrast deposition testimony with the events recorded in the medical record**
(i.e. if there are inconsistencies)?

| Daphne Crown | | | | | |
|--------------|------|-------------|-----------------------|--|--|
| Date | Time | Page Number | Charted By | Comments | Deposition |
| | | | | | had to be right after I woke up when I was getting up. So it had to be around that time. Pg. 153. |
| 11/9/18 | 1822 | 564 | Juliette Shepherd, RN | Pain present: yes actual or suspected pain. CPOT - Facial: grimacing. Body movements: restlessness. Muscle tension: tense, rigid. Vocalization: crying out, sobbing. CPOT total score 7. | |
| 11/9/18 | 1914 | 564 | Violet Poodleman, RN | iPAT pain score 10= worst pain | |
| 11/9/18 | 1915 | 733 | Violet Poodleman, RN | Inappropriately interacts with health care team. | |
| 11/9/18 | 1915 | 729 | Violet Poodleman, RN | Anxious, crying, distracted, restless, other: yelling out in pain | Nurse Poodleman: Q. Okay. And, in fact, I think you have a footnote there that says anxious, crying, distracted, restless, then other, also yelling out in pain? A. Correct. Q. Was that concerning to you or was she being over dramatic? A. It wasn't concerning to me. It's concerning in a way that I want to help her find comfort and control her pain, but it didn't raise any other red flags for me. Pg 89. |
| 11/9/18 | 1915 | 724 | Violet Poodleman, RN | Gait Weak | |
| 11/9/18 | 1915 | 718 | Violet Poodleman, RN | Bilateral lower extremities sensation at baseline. Active movement with decreased strength. | |

The easiest way to create a report for your attorney client is using the “Tables” function in Microsoft® Word. Tables take all of the guess work out of formatting and are easy to use. To create a table in Word you simply click on the following 3 items from the ribbon: **Insert** > then **Table** > then **Insert Table**.

Step by Step Instructions. Below are detailed step-by-step instructions on how to create a table using Microsoft Word:

Step 1: Open Microsoft Word

Open Microsoft Word on your computer. If you don't have it installed, you can use alternative word processing software like Google Docs.

Step 2: Insert Table or Excel Spreadsheet

- Click on the "Insert" tab on the top menu bar.
- Click on the "Table" or "Excel Spreadsheet" option.
- You can choose the number of rows and columns you need. A medical chronology table might have columns for such things as Date, Medical Events (including symptoms, diagnosis, treatment, etc.), page or bates numbers, and LNC Comments. You can adjust the number and size of rows and columns based on your specific needs.

Step 3: Enter Data

- Once you've inserted the table, start entering the data into each cell. Here's a breakdown of the typical columns and what you might include in each:
 - **Date:** The date of each medical event or encounter.
 - **Event Description:** A brief description of what happened during each event, such as a doctor's visit, medical procedure, or symptom onset.
 - **Symptoms:** Any symptoms experienced by the patient leading up to or during each event.
 - **Diagnosis:** The medical diagnosis given by the healthcare provider, if applicable.
 - **Treatment:** Any treatments, medications, or interventions provided or prescribed.
 - **LNC Comments:** Additional relevant information or details about each event.

Step 4: Format the Table

- Highlight the table by clicking and dragging over it.
- Use the formatting options in the toolbar to adjust the appearance of the table. You can change the font style, size, and color, as well as adjust the cell borders and alignment to make the table more visually appealing and easier to read.

Step 5: Save Your Document

- Once you've finished creating and formatting the table save your document so you can access it later or make edits as needed. You can also use it as a template for future tables!

Tips:

- Leave a space before and after each entry in a cell of the chronology
- Consider using different colors or shading for alternating rows to improve readability.
- Use bold or italic formatting for headers or important information to make them stand out.
- If your chronology is extensive consider breaking it up into sections (i.e. by facility etc. and use a different color band to each facility), or using multiple tables for different time periods or types of events.

By following these steps, you should be able to create a well-organized and formatted medical chronology table using Microsoft Word or a similar word processing program.

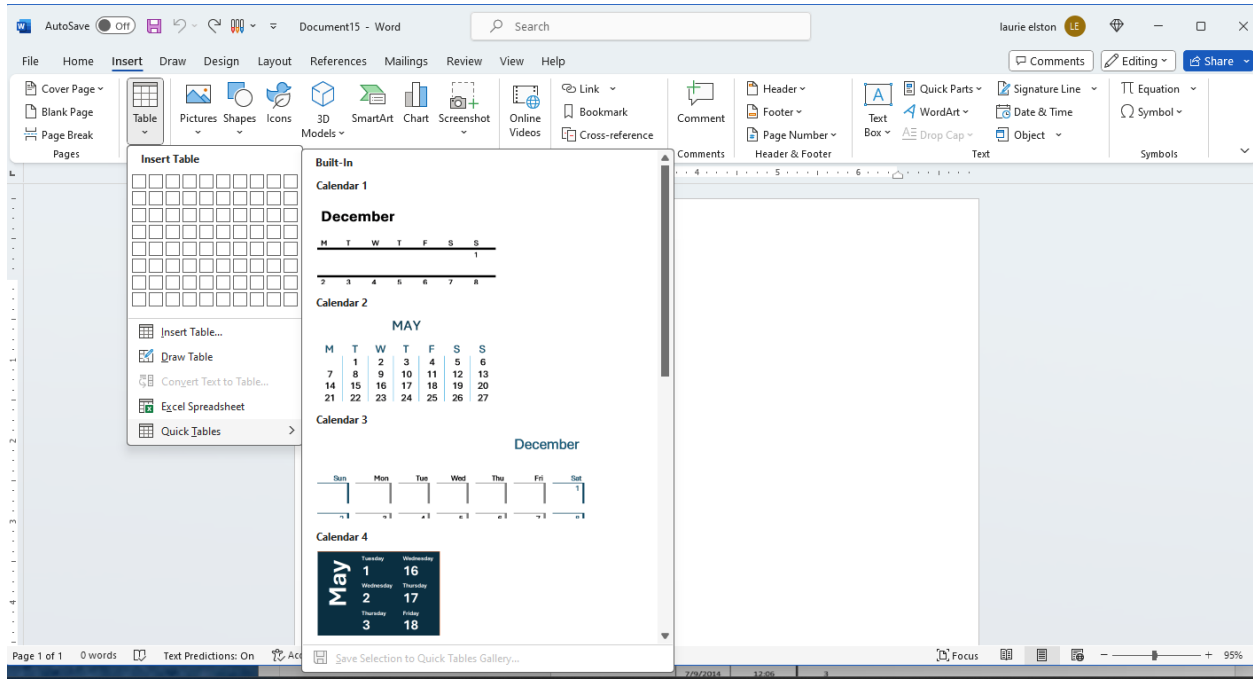
For more step by step instructions see, **8 Formatting Tips for Perfect Tables in Microsoft Word** - <https://www.makeuseof.com/tag/8-formatting-tips-perfect-tables-microsoft-word/>.

6. Content Pointers

- Use meaningful and descriptive titles and headings i.e., “Chronology of John Smith’s Hospitalization at Community Hospital, 02/11/21-02/17/21.”
- List events and other data in chronological order. Put data in similar order in each day’s entry.
- Present all similar data in columns. For example, all blood pressure readings, all temperature readings, all heart rate readings – so the reader can see trends. Title each column and row.
- The title and headings should be repeated on each page.
- Clearly separate facts from your comments. The “Medical Events” column should only contain facts from the medical records and other documents. Your comments about what should be put in the “Comments” column. Be careful not to mix the two up. Even when you’re summarizing or paraphrasing the medical records, you’re still describing the event – so put this in the Events column.

- Your opinions related to any deviations from the standards of care, inconsistent information or statements, missing records, relevant deposition testimony, etc. go in the “Comments” column.
- Column widths. If you have extensive comments, make that column wider. If your Event descriptions are longer, give that column more space. Make the Date/Time column as narrow as possible to save space.
- Use landscape layout if that will help you present the data more compactly or more effectively. Often landscape works best when you have numerous columns.
- Keep the grid lines light and thin to avoid distracting from your data. However, use a bold line and /or different color to separate information from different facilities.

7. How to Create a Calendar using Microsoft Word



You can create a calendar in Microsoft Word using “Tables” or by inserting a pre-designed calendar template. Here's how to do it using Tables:

1. **Open a New Document:** Launch Microsoft Word and open a new blank document.

2. **Insert a Table:** Go to the "Insert" tab in the menu bar and select "Table." Choose the number of rows and columns you need for your calendar. A typical calendar might have 7 columns (for the days of the week) and 5 to 6 rows (for the weeks in a month).
3. **Format the Table:** Adjust the size of the cells to fit the content. You can do this by clicking and dragging the borders of the cells. You may also want to adjust the width of the columns to make them equal.
4. **Add Dates:** Enter the dates for the month into the appropriate cells, starting with the first day of the month. Typically, the first row will contain the days of the week (e.g., Sunday, Monday, Tuesday, etc.), and subsequent rows will contain the dates.
5. **Customize:** You can customize your calendar further by adding colors, borders, and additional formatting to make it visually appealing.
6. **Add Events:** You can add events or appointments to specific dates by typing them directly into the corresponding cells.

Alternatively, you can search for calendar templates within Microsoft Word and choose one that fits your needs. To do this:

1. **Open a New Document:** Launch Microsoft Word and open a new blank document.
2. **Search for Templates:** In the search bar at the top of the screen, type "calendar" and press Enter.
3. **Select a Template:** Browse through the available calendar templates and choose one that suits your preferences.
4. **Customize:** After selecting a template, you can customize it further by adding your own text, changing colors, and adjusting the layout.
5. **Save:** Once you've finished customizing your calendar, save the document to your desired location.

8. Creating Line Graphs (Timelines) in Microsoft Excel

If an attorney asks you to prepare a timeline for a case, be sure to clarify what type of timeline they want. Some attorneys may use the words timeline and chronology interchangeably. A timeline is a type of report that identifies only key events related to the allegations over a defined period of time. The hardest thing in creating a timeline is narrowing the focus. Timelines are often used as trial exhibits.

Creating a graph or timeline of data such as vital signs can be done easily using software tools like Microsoft Excel, Google Sheets, or even specialized data visualization libraries in programming languages like Python (using libraries like Matplotlib or Seaborn).

Here's a general step-by-step guide for creating a timeline using Microsoft Excel:

1. **Gather your data:** Collect the data you want to graph. For example, if you want to display significant vital signs, this could include metrics like heart rate, blood pressure, temperature, respiratory rate, etc. Make sure you have each measurement paired with a corresponding time or date stamp.
2. **Open Excel.** You can use an existing project or create a new spreadsheet.
 - o Microsoft Excel is available on Windows and Mac. You can also use the online web version at <https://www.office.com/>. You can use Excel to make tables and more.
3. **Enter your data:** Input or type your data into Excel (i.e. vital signs). You can have one column for the timestamp and another for the corresponding vital signs measurement.
4. **Select the data: Click and drag to select (highlight) the cells containing your data.** Make sure you include both the timestamp and the vital sign measurement.
5. **Highlight your data.** Click and drag over the cells containing the data you want to use in your line graph. Be sure to select column headers if you have them.
 - o To select everything, click the top-left cell of the data. Press **CTRL + A** (Windows) or **Command + A** (Mac).

6. **Click the Insert tab** at the top toolbar to insert a chart: Go to the "Insert" tab in Excel's toolbar. Click on "Chart". Choose the type of chart you want to create. For vital signs, a line chart or scatter plot is often suitable.
7. **Click the graph icon.** This looks like two intersecting line graphs. You can find this in the Charts section.
8. **Hover over a line graph style.** Hover the mouse cursor over a line graph template in the drop-down menu to see what it will look like with your data.
9. **Click a graph style to select it.** Once you decide on a line graph template, clicking it will create your graph in the middle of the Excel window

Customizing the Graph

- ❖ **Change your graph's style.** Once you create your graph, the **Chart Design** toolbar will open. You can select one of the styles in the toolbar to quickly select a new look for your line chart.
- ❖ If this toolbar doesn't open, click your line graph and then click the **Design** tab in the green ribbon.
- ❖ **Move your line graph.** Click and drag the white space near the top of the line graph to move it.
- ❖ You can also move specific sections of the line graph (e.g., the title) by clicking and dragging them around within the line graph's window.
- ❖ **Resize the graph.** Click and drag one of the circles on one of the edges or corners of the graph window in or out to shrink or enlarge your graph.
- ❖ **Change the graph's title.** Double-click the title of the graph, then select the "Chart Title" text and type in your graph's name. Clicking anywhere off of the graph's name box will save the text.
- ❖ **If you want to label your graph's axis,** click the graph.
 - Click + at the right side of the graph. A pop-up menu will open.
 - Check the box for **Axis Titles**.

- Double-click the **Axis Title** box and delete the default text.
- Enter a new title.

You can find a video on how to create Excel charts and graphs at:

<https://www.youtube.com/watch?v=eHtZrIb0oWY>

Formatting Tips

1. **Customize your chart:** Once the chart is inserted, you can customize it further. You can add titles, axis labels, gridlines, and legend to make the graph easier to understand. You can also change the colors and styles of the lines or points representing your data.
2. **Format the axis:** Make sure the axis are appropriately scaled to display your data clearly. You might need to adjust the minimum and maximum values, as well as the intervals on the axis.
8. **Add additional data:** If you have multiple sets of vital signs to compare, you can add them to the same chart by selecting the additional data and inserting it into the chart.
9. **Save and export:** Once you're satisfied with your graph, save your Excel file. You can also export the graph as an image file (e.g., PNG) if you need to share it outside of Excel.

Remember, this is just one way to create a graph of vital signs. Depending on your preferences and requirements, there are many other tools and methods you can use. If you're comfortable with programming, using libraries like Matplotlib in Python can offer more flexibility and customization options.

Pointers

For example, a timeline which was created to show how a fever was treated ineffectively, a timeline was created using Microsoft Word. It focuses on the 21-hour period over which the fever was treated. There was a great deal of documentation during this period but only the temperature, patient mentation/level of consciousness and interventions related to the fever are

included in the timeline attached. This timeline was custom-made using a 21-column table with text boxes and lines drawn to specific times on the table.

This case involved a physician who failed to timely diagnose and treat several conditions. The defense wanted to show that it was the plaintiff who failed to follow through on physician referrals and recommendations. This attached timeline shows the Plaintiff's failure to comply with appointments and referrals.

Now that you know how to create timelines, you can use them to help explain complex events in an easy-to-understand way and impress your attorney clients!

9. How to Create a Timeline in PowerPoint

To create a chronology or timeline in PowerPoint with a horizontal format with images or symbols next to key events, follow these steps:

1. Insert a Horizontal Timeline:

- Open PowerPoint and create a new slide.
- Go to the "Insert" tab in the PowerPoint ribbon.
- Click on "SmartArt" in the Illustrations group.
- Choose a timeline layout that suits your preference, such as "Basic Timeline" or "Circle Accent Timeline."

2. Add Timeline Events:

- Click on the shapes in the timeline to add text boxes for each event.
- Enter the dates, times, and descriptions of the events.

3. Insert Images or Symbols:

- Find images or symbols that represent each event in your timeline.
- Insert these images or symbols next to the corresponding text boxes.

- To insert an image, go to the "Insert" tab, click on "Pictures," and choose the image file from your computer.
- To insert symbols, you can either use PowerPoint's built-in symbols or insert icons from external sources like the Noun Project.

4. Customize Formatting:

- Adjust the formatting of the timeline, text boxes, and images to make them visually appealing.
- You can change the colors, fonts, and sizes to match your presentation's theme.

5. Add Visual Enhancements:

- Consider adding additional visual elements to enhance the timeline, such as shapes, lines, or background colors.
- Use these elements to create a visually appealing layout that highlights key events.

6. Review and Finalize:

- Review your timeline to ensure that the dates, times, descriptions, and images are accurate and effectively communicate the chronology of events.
- Make any necessary adjustments or revisions.

7. Present or Save:

- Once you're satisfied with your timeline, you can present it in your PowerPoint slideshow. You can also save the slides as an image or PDF file to share.

By following these steps, you can create an engaging and visually appealing chronology or timeline in PowerPoint with images or symbols next to key events.

How to Export a Graph Created in Excel

Exporting a graph created in Excel is a straightforward process:

1. **Select the Graph:** Click on the graph to select it. Ensure that the entire graph is highlighted.
2. **Access the Export Option:** Look for the "File" tab in the Excel menu bar and click on it. Then, choose "Save As" or "Export" from the dropdown menu.
3. **Choose File Format:** In the dialog box that appears, select the desired file format for export. Common options include PDF, PNG, JPEG, or even PowerPoint.
4. **Specify Location and Name:** Navigate to the folder where you want to save the exported graph. Give the file a relevant name.
5. **Save the File:** Click the "Save" or "Export" button to save the graph in the chosen format and location.

Following these steps will allow you to export your Excel graph for use in presentations, reports, or other documents.

Adobe Illustrator

Adobe Illustrator is a sophisticated program that enables the user to create images in layers. It facilitates the integration of icons or symbols to visually depict a timeline of events. By using its intuitive interface and robust tools, users can effortlessly assemble and arrange graphical elements to create compelling timelines that effectively communicate the progression of events.

While Illustrator offers a wealth of creative possibilities, mastering its full potential may require an initial investment of time and effort due to its advanced functionalities and rich feature set.

See www.adobe.com

Medical Chronology

Detailed Summary

| DATE | FACILITY/ PROVIDER | MEDICAL EVENTS | PDF REF |
|---|----------------------------|---|------------------|
| Summary of Prior Medical Records | | | |
| 04/17/YYYY | Hospital/ Provider Name | <p>Office visit: <i>"Illegible notes"</i></p> <p>Chief complaints: Eyes itchy, sneezing for two weeks.</p> <p><i>*Reviewer's Comments: The above visit is not related to subject injury hence not elaborated.</i></p> | 460, 463-465. |
| 07/14/YYYY | Hospital/ Provider Name | <p>Follow-up visit: <i>"Illegible notes"</i></p> <p>Chief complaints: Complaints of neck and shoulder pain. Pinched nerve from left side of neck and down arm-painful but history of old shoulder injury.</p> <p>History of present illness: Neck pain and stiffness for three weeks. ____</p> <p>Diagnosis: Degenerative disc disease and radiculopathy.</p> <p>Medications prescribed:</p> <ul style="list-style-type: none"> • Prednisone 10 mg, 5 tablets, oral, daily • Flexeril 10 mg, 1 tablet, oral, at bedtime <p>Disposition: Home.</p> | 448, 452-454. |

| DATE | PROVIDER OF CARE | TREATMENT SUMMARY | BATES REFERENCE |
|------------|---|--|-----------------|
| 01/25/2011 | ABCD Medical Center John XXXX, M.D. Ron XXXX, ARNP Mike XXXX, M.D. (Radiologist) | <p>Emergency Room visit after MVA (01/25/2011) Patient was a restrained driver, sandwiched between two vehicles from the vehicle on back of her failed to slow down for a light. She felt a kind of fullness and aching in her anterior neck the previous day and a little knee pain but disappeared. No loss of consciousness.</p> <p>She presented with complaint of neck stiffness primarily anteriorly but also some posteriorly.</p> <p>On examination, her blood pressure was elevated (146/93). She had an appointment with Dr. X (Local Physician). She had exquisite tenderness bilaterally in her sternocleidomastoid muscles and in the insertions on her chest. She had some tenderness at C4.</p> <p>Cervical spine x-ray showed straightening of the normal cervical curvature. Degenerative changes at C5-6 level and no acute bony injury. Narrowing of C5-C6 disk space with small marginal osteophytes and no significant bony neural foraminal encroachment.</p> <p>Assessment- Cervical Strain-Whiplash injury.</p> <p>Plan- Ice pack and a towel roll were given for comfort. She was asked not to work for three days. She was advised to engage in some light activity along with some rest. She was prescribed medications and discharged.</p> | Doe - 56-57,51 |

Narrative Medical Report

- Nurse Marble failed to perform and document the patient’s status at the time of discharge from the PACU which includes motor and sensory function. According to the American Society of PeriAnesthesia Nurses (ASPAN) 2019-2020, Discharge Assessment and Management: Phase 1 notes the nurse collects and documents data to evaluate the patient’s status for discharge including but not limited to sensory and motor function.
 - Nurse Marble failed to request anesthesia for a bedside consult for pain control and failed to ask anesthesia to re-evaluate the patient prior to discharge from the PACU. Nurse Marble failed to advocate for the patient. She had excruciating pain evidenced by documented “Facial expression: grimacing, Body movements: restlessness. Muscle tension: tense rigid. Vocalization: crying out, sobbing” which required the knowledge of a higher level of assessment in order to determine the underlying cause of her pain.
1. Nurse Marble failed to possess sufficient knowledge, training and experience in understanding the pharmacokinetics and pharmacodynamics of opioids. It is below the standard of care to administer medications including Fentanyl 150mcg, Dilaudid 1mg and Versed 1.5mg over a 28-minute time frame. This is considered stacking of opioids and does not allow the medication to have full effect. The patient departed the PACU at 15:27 per documentation. It is documented at 15:29, that oxygen was added to the patient’s treatment and she had to be reminded to breathe. It is below the standard of care to transfer a patient to the floor that must be reminded to breathe and had received opioids within 30 minutes of transfer time.

| Medication | Onset | Peak | Duration | Half-Life |
|-------------|------------|------------|------------|------------|
| Dilaudid IV | 10-15 min. | 15-30 min. | 2-3 hrs. | 2.5-4 hrs. |
| Fentanyl IV | 1-2 min. | 3-5 min. | 30-60 min. | 3.5 hrs. |
| Versed IV | 1-5 min. | 5-7 min. | 20-30 min. | 1-5 hrs. |

Breaches in the Standard of care by Nurse Juliette Shepherd

Nurse Shepherd failed to possess sufficient knowledge, training and experience in understanding the pharmacokinetics and pharmacodynamics of medications. She administered Valium 5mg orally at 16:09. According to Mosby’s 2019 Nursing Drug Reference, 32nd edition, Valium black box warning notes to avoid coadministration with

Patient, X – Community Hospital

| DATE | TIME | EXHIBIT | EVENT | DOCUMENT | MD OR NURSE | NOTATIONS OF STABILITY |
|----------|-------|------------------------------------|--|---|--|--|
| | | | congestive heart failure since her chest X-ray showed bilateral pulmonary edema. | | | |
| 03/09/10 | 16:00 | Ex. 1, p. 18.5 | GFRNAA 53 Abnormal at less than 60 ml/min but is not validated for patients with extreme body size. Troponin #1 ,0.04 [normal] TSH [thyroid stimulating hormone] 2.01 [normal] | Blood Test Results | Clinical Labs at | Troponin #1, 0.04 [normal] shows no elevation suggesting heart muscle ischemia. |
| 03/09/10 | 16:05 | Ex. 1, pp. 3-3.5 and Ex. 1, p. 4.5 | Portable chest X-ray done at bedside. Review by ER M.D. [Dr. ER] to show pulmonary congestion, need to rule out CHF [congestive heart failure] | Emergency Department Nurse and Physician Record | ER Nurse [Illegible name] Aurilla ER, M.D. Hospitalist | Dr. ER saw bilateral pulmonary edema in Chest X-ray which contradicts the radiologist report which noted lungs were clear. |
| 03/09/10 | 16:10 | Ex. 1, pp. 3-3.5 | Denied chest pain and SOB [shortness of breath] at the current moment. Complained of chest pain at home in a.m. Oxygen saturation with O2 was 100%. Blood pressure [elevated] 173/98 | Emergency Department Nurses Notes | ER Nurse [Illegible name] | No chest pain or shortness of breath. Blood pressure is elevated. |
| 03/09/10 | 16:30 | Ex. 1, pp. 3- | Nitroglycerine 0.4 mg was given SL | Emergency | ER Nurse | Need to question why |

Injury Report:

| DESCRIPTION | DETAILS |
|--|---|
| Prior injury details | <p>12/27/YYYY-Low back pain- Lifting concrete bird bath</p> <p>07/12/YYYY: Slip and fall- Chest wall pain</p> <p>06/05/YYYY: Trip and fall- Left shoulder injury, Left humeral neck fracture</p> <p>02/14/YYYY- Motor vehicle accident- Neck pain- Cervical sprain, Mild C5-6 degenerative disk disease, Left cubital tunnel syndrome, Left elbow medial epicondylitis</p> |
| Date of injury | MM/DD/YYYY |
| Description of injury | <p>She was involved in a motor vehicle collision. She was at a complete stop with her head turned to the left checking for traffic when an automobile rear-ended her. She states that her head was turned so when she was hit it caused her neck to jerk. The airbags were not deployed. Immediately she states that she experienced neck pain. She also complains of a left aided headache, left ear pain but denies dizziness</p> |
| Injuries as a result of accident | <ul style="list-style-type: none"> • Closed injury of head • Injury of neck • Posttraumatic headache • Left apical radiation fibrosis and of left upper lung • Cervicalgia • Cervical radiculopathy • Displacement of cervical intervertebral disc without myelopathy; Other cervical disc displacement, unspecified cervical region |
| Treatments rendered | <ul style="list-style-type: none"> • Pain medications • Medrol Dosepak • Physical therapy: 04/05/YYYY-10/18/YYYY • Modification of pillow arrangement |
| Condition of the patient as per the last available record | <p>As of 05/13/YYYY, She stated that she had constant neck pain that radiated to both shoulders and right elbow, she was unable to have therapy due to increase pain, and she wanted to discuss Celebrex and another referral for therapy. Her pain level was rated 7-9/10 with a sharp and aching quality. She said it improves with rest, heat or ice and sitting makes her pain worse.</p> |

Patient History

Past Medical History: History of adverse reactions to anesthesia. History of chemotherapy to breast cancer and osteopenia. Pdf ref: 286. History of menopause, depression, stress at work. Pdf ref: 22

Surgical History: History of tyelectomy, elbow surgery. Pdf ref: 142. History of tonsillectomy/adenoids, Appendectomy. Pdf ref: 286

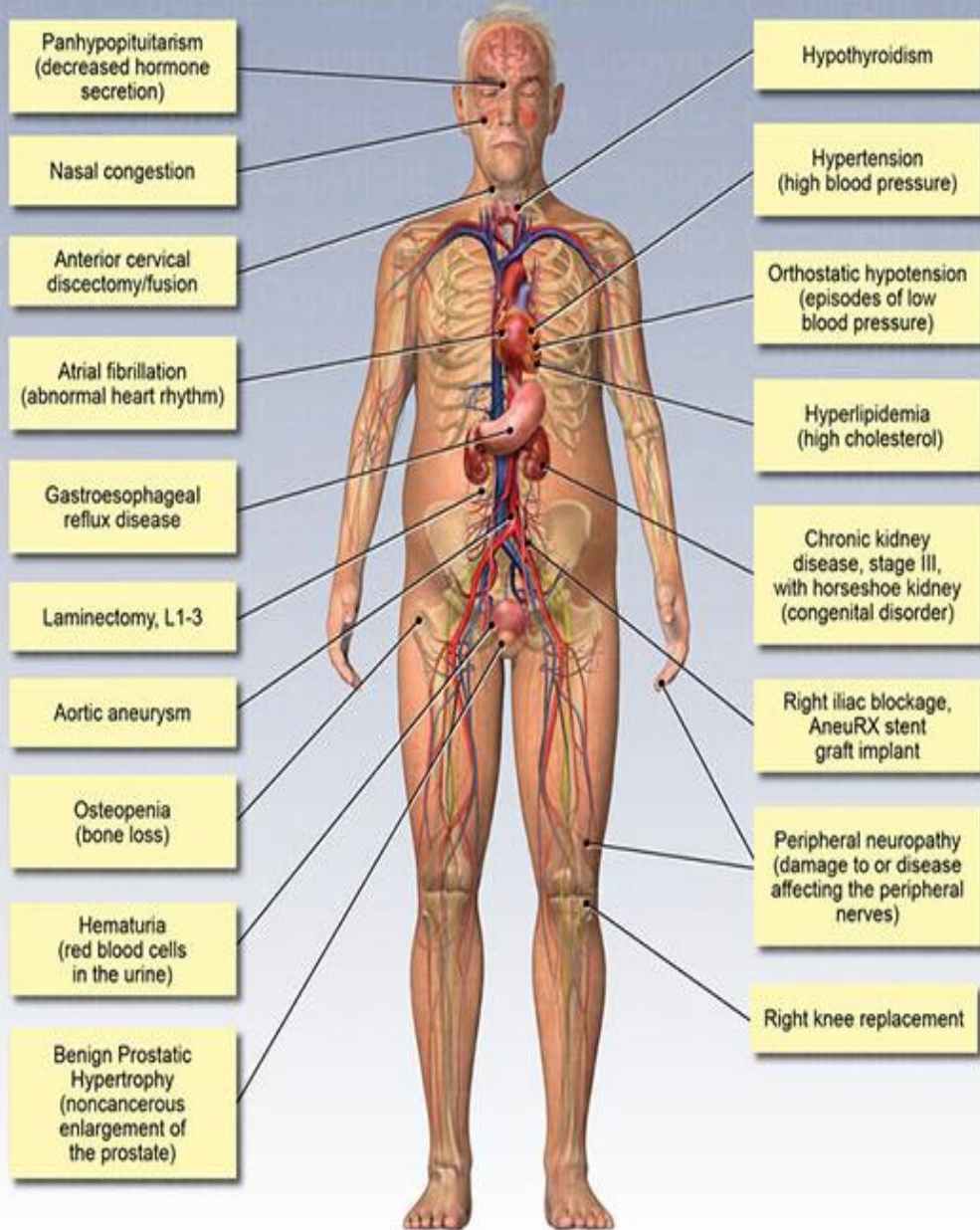
Patient Name

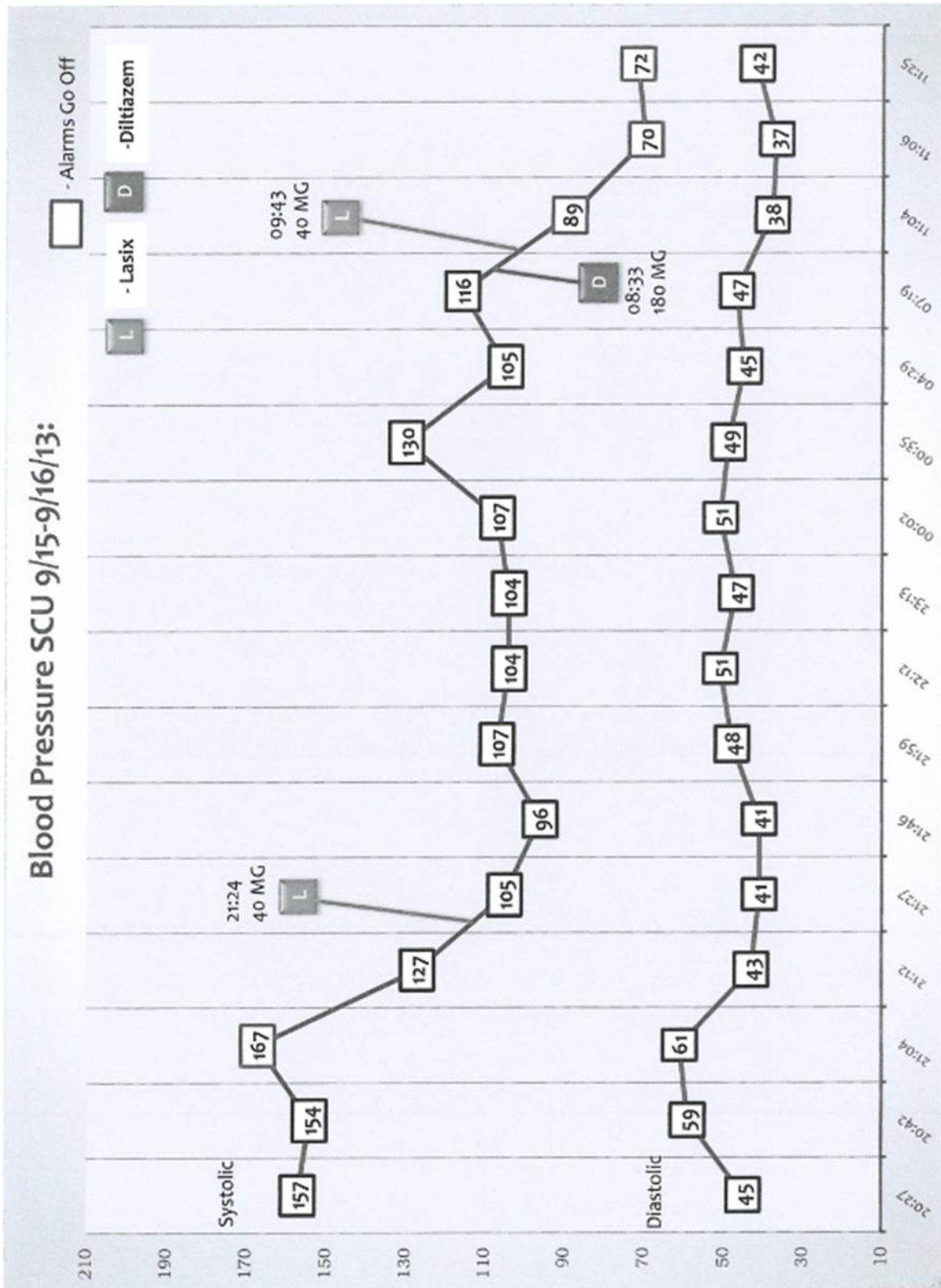
DOB: MM/DD/YYYY

Injury Report:

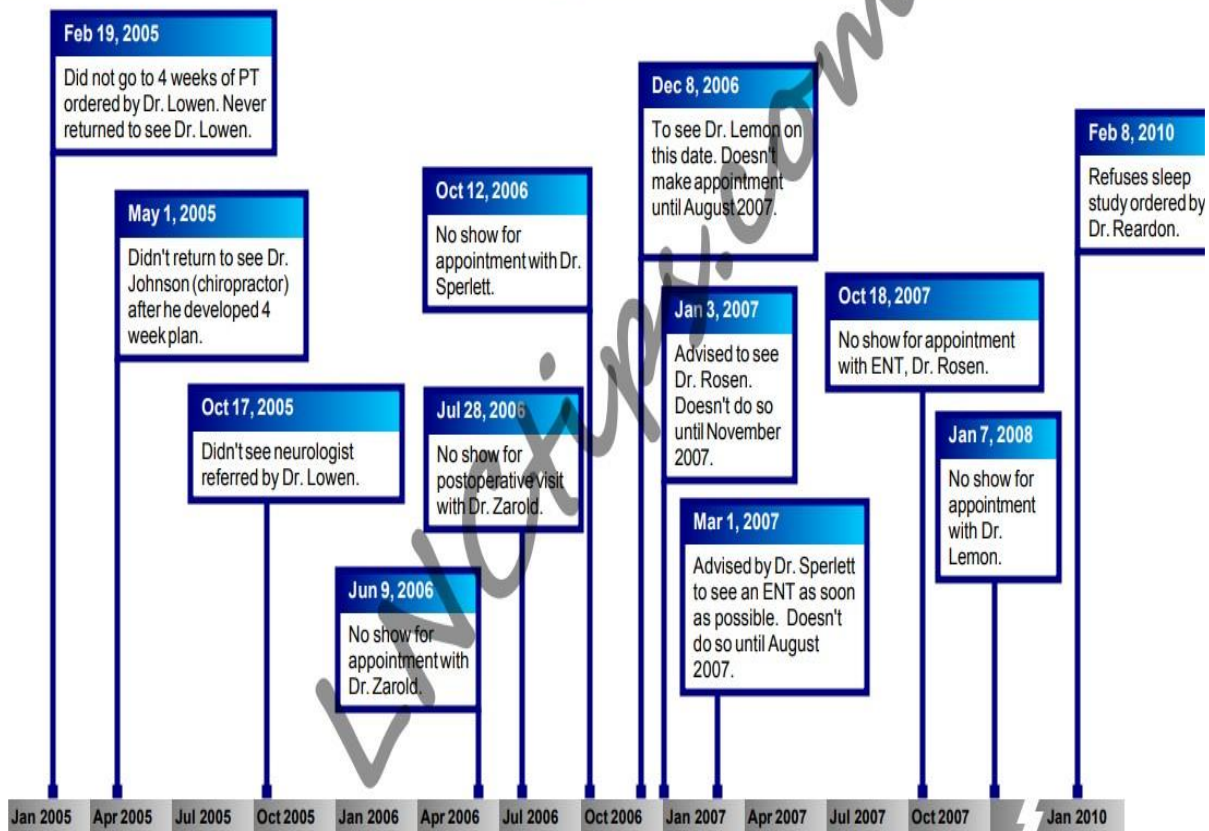
| DESCRIPTION | DETAILS |
|------------------------------|---|
| Prior injury details | <i>No prior injury records available.</i> |
| Date of injury | MM/DD/YYYY |
| Description of injury | 25-year-old female presents s/p MVC who was the driver and reports being parked and T-boned on driver side by a truck on residential street. She reports being a fully seatbelt-restrained (seatbelt and shoulder harness) driver. Her vehicle was struck on the left rear by another vehicle. She did not see the collision coming. |
| Injuries - Diagnoses | <ul style="list-style-type: none"> • Right Shoulder pain • Low back pain • Closed head injury • Concussion with loss of consciousness of 30 minutes or less, initial encounter. • Post-traumatic headache, unspecified, not intractable. • Nerve root and plexus compressions in diseases classified elsewhere. • Sprain of ligaments of cervical spine, initial encounter. • Sprain of ligaments of thoracic spine, initial encounter. • Sprain of ligaments of lumbar spine, initial encounter. • Unspecified sprain of left shoulder joint, initial encounter. • Contusion of left eyelid and periocular area, initial encounter. • Contracture of muscle, multiple sites. • Sciatica, unspecified site • Circadian rhythm sleep disorder, unspecified type • Chronic pain syndrome • Other cervical disc displacement, unspecified cervical region. • Other intervertebral disc displacement, lumbar region. • Superior glenoid labrum lesion of left shoulder, initial encounter • Impingement syndrome of left shoulder • Impingement syndrome of right shoulder • Left shoulder pain • Radiculopathy, cervical region • Radiculopathy, lumbar region • Cervical disc disorder w radiculopathy, unspecified cervical region • Intervertebral disc disorders w radiculopathy, lumbar region • Intervertebral disc disorders w radiculopathy, lumbosacral region • Brachial neuritis and/or radiculitis due to displacement Of Cervical intervertebral disc (disorder) |
| Treatments rendered | <ul style="list-style-type: none"> • Pain medications • Chiropractic treatment - 04/23/YYYY-06/06/YYYY, 01/02/YYYY-02/01/YYYY • L4-5 Interlaminar Epidural Steroid Injection; Epidurography; Fluoroscopy- 06/04/YYYY, 06/26/YYYY • C5-6 Interlaminar Epidural Steroid Injection; Epidurography; Fluoroscopy- 06/12/YYYY, 07/10/YYYY |

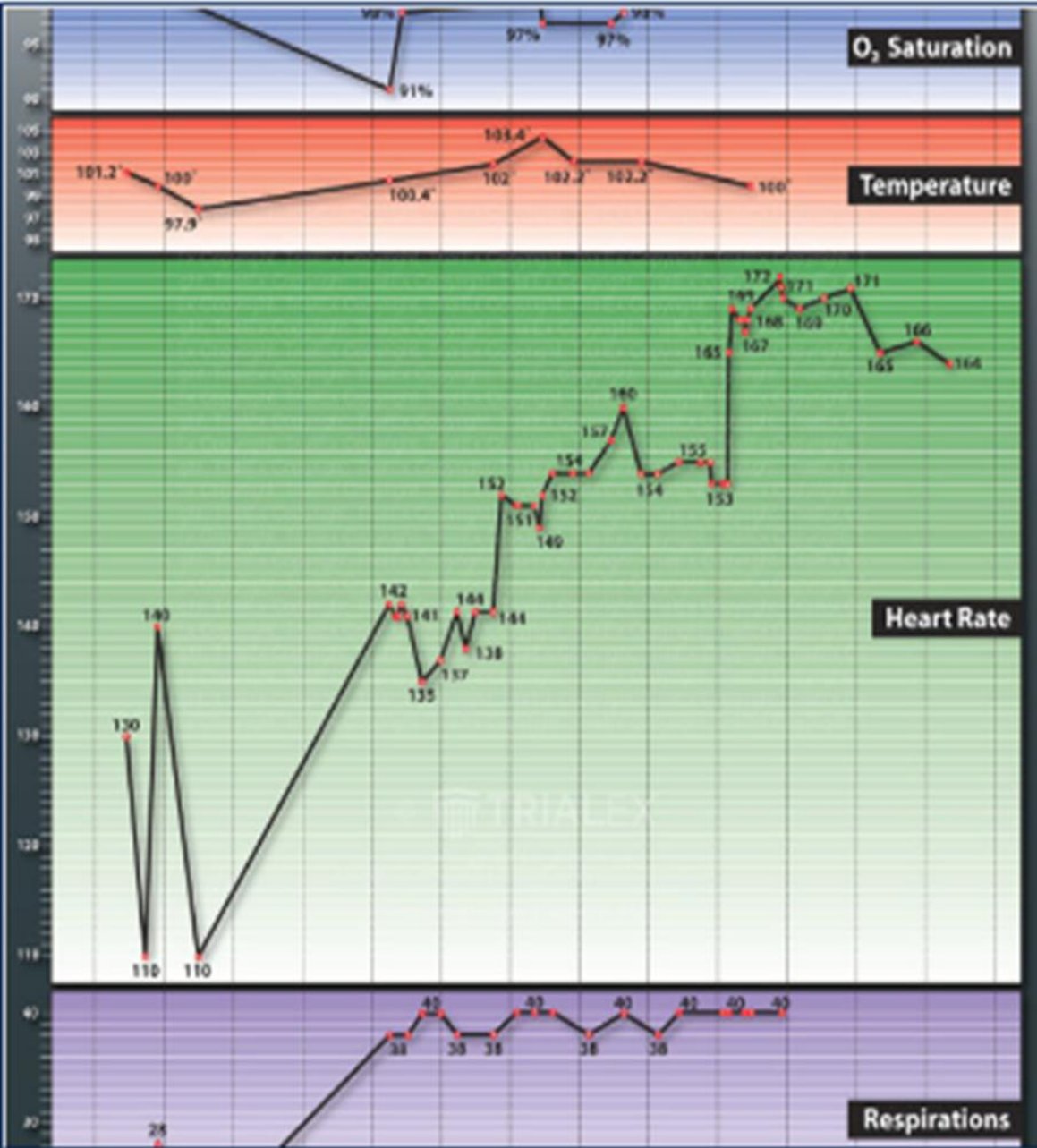
Co-morbidity Chart



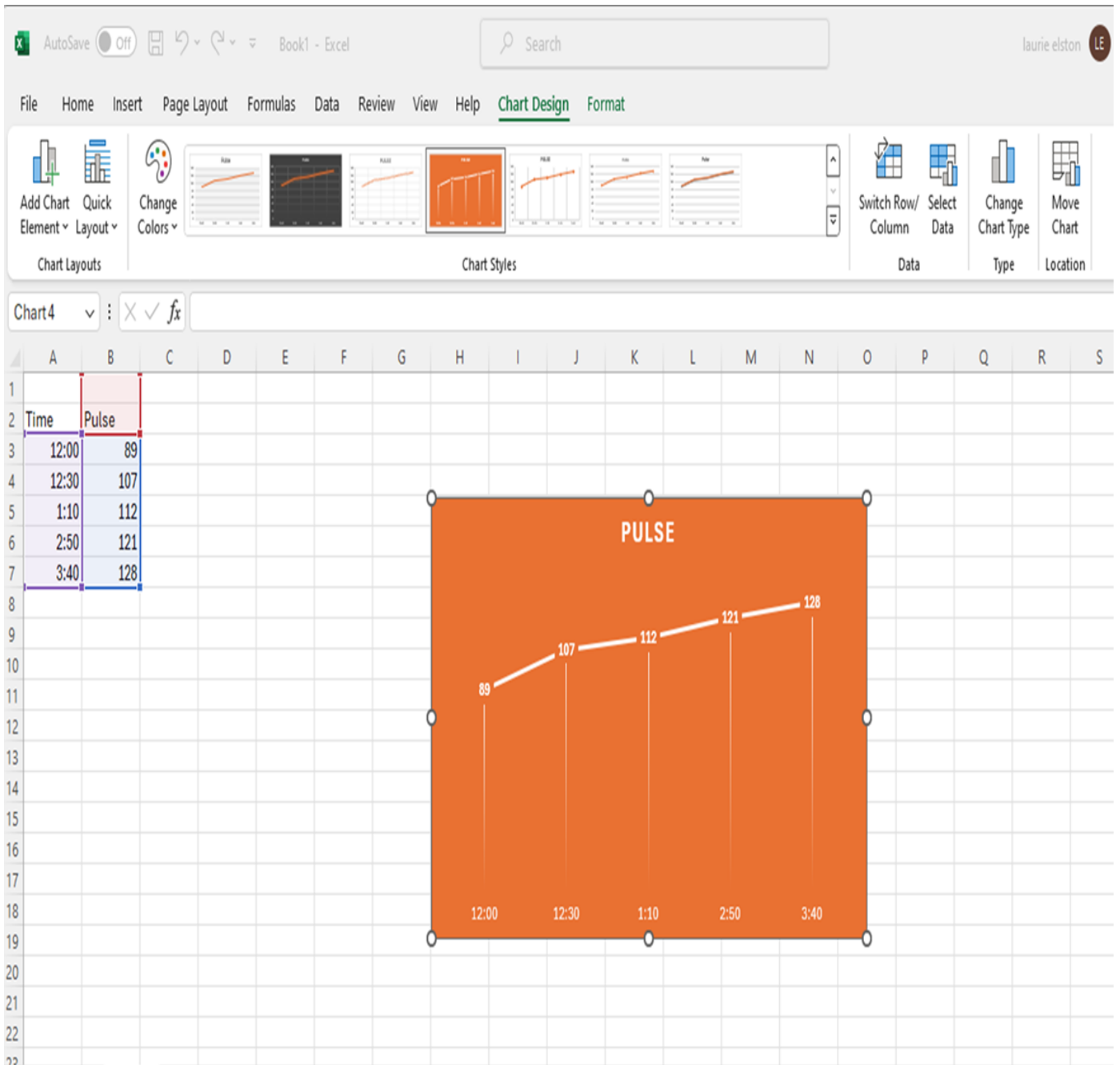


Plaintiff v. Defendant Non-Compliance Timeline



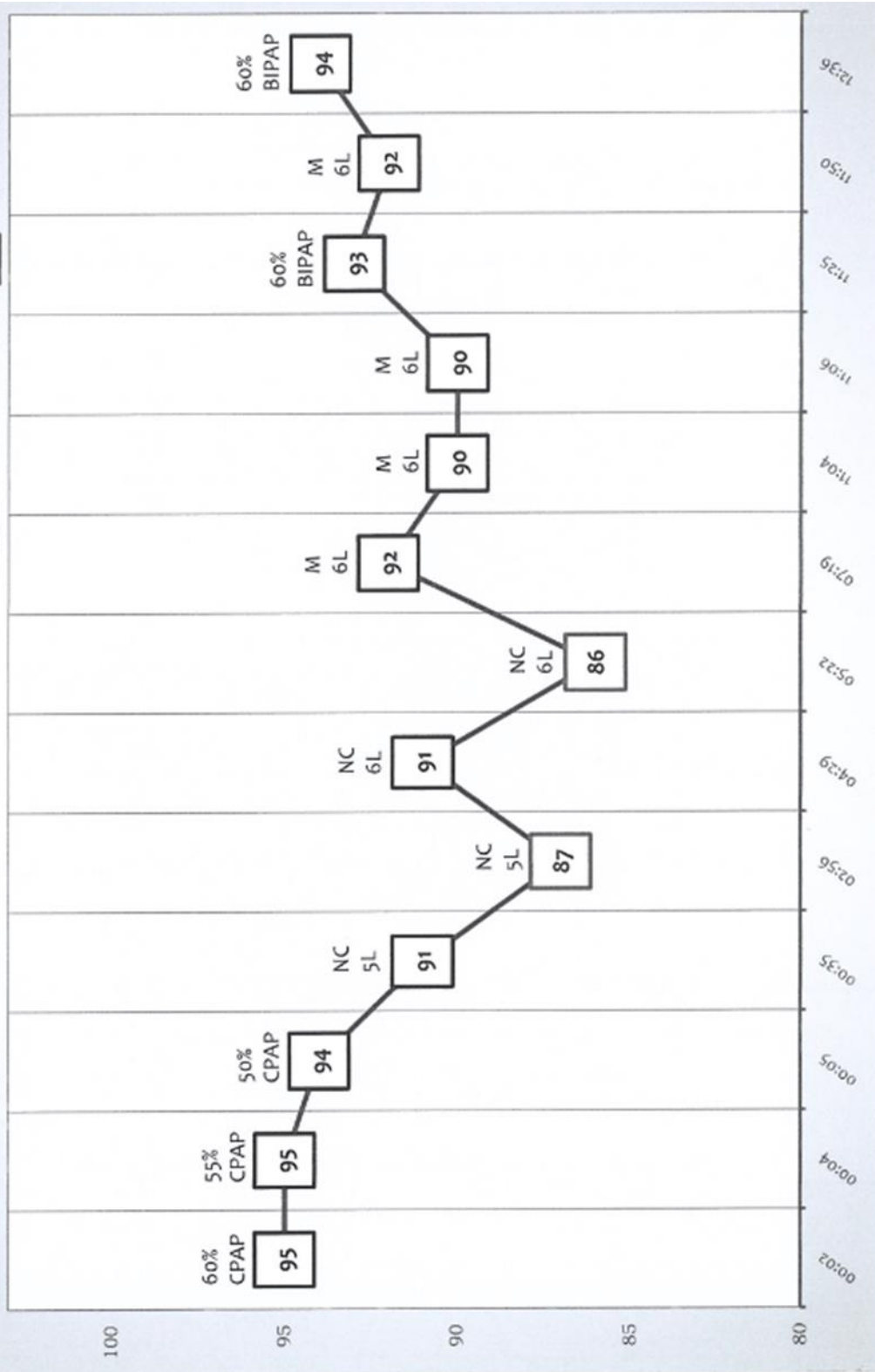


Vital Signs Graph

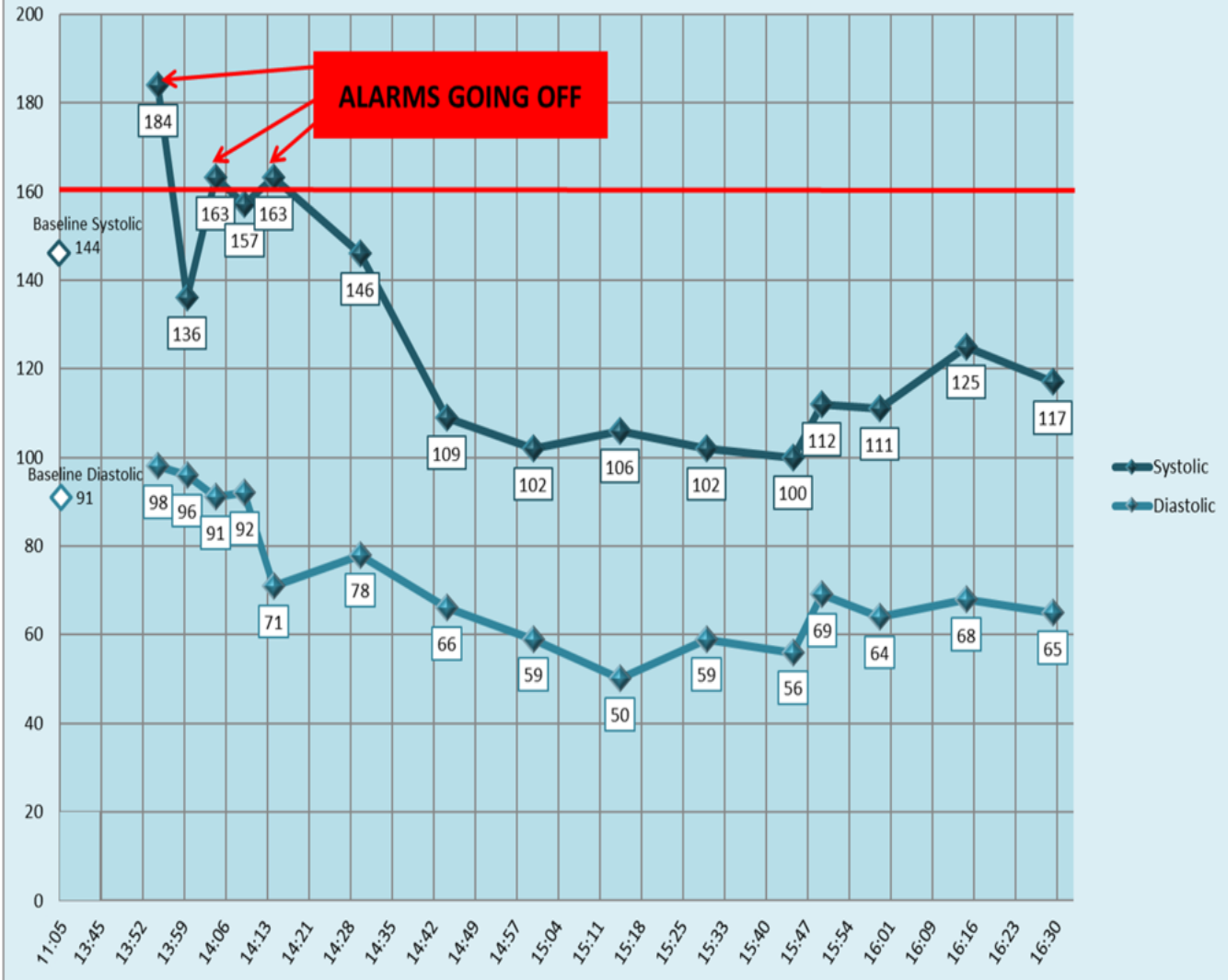


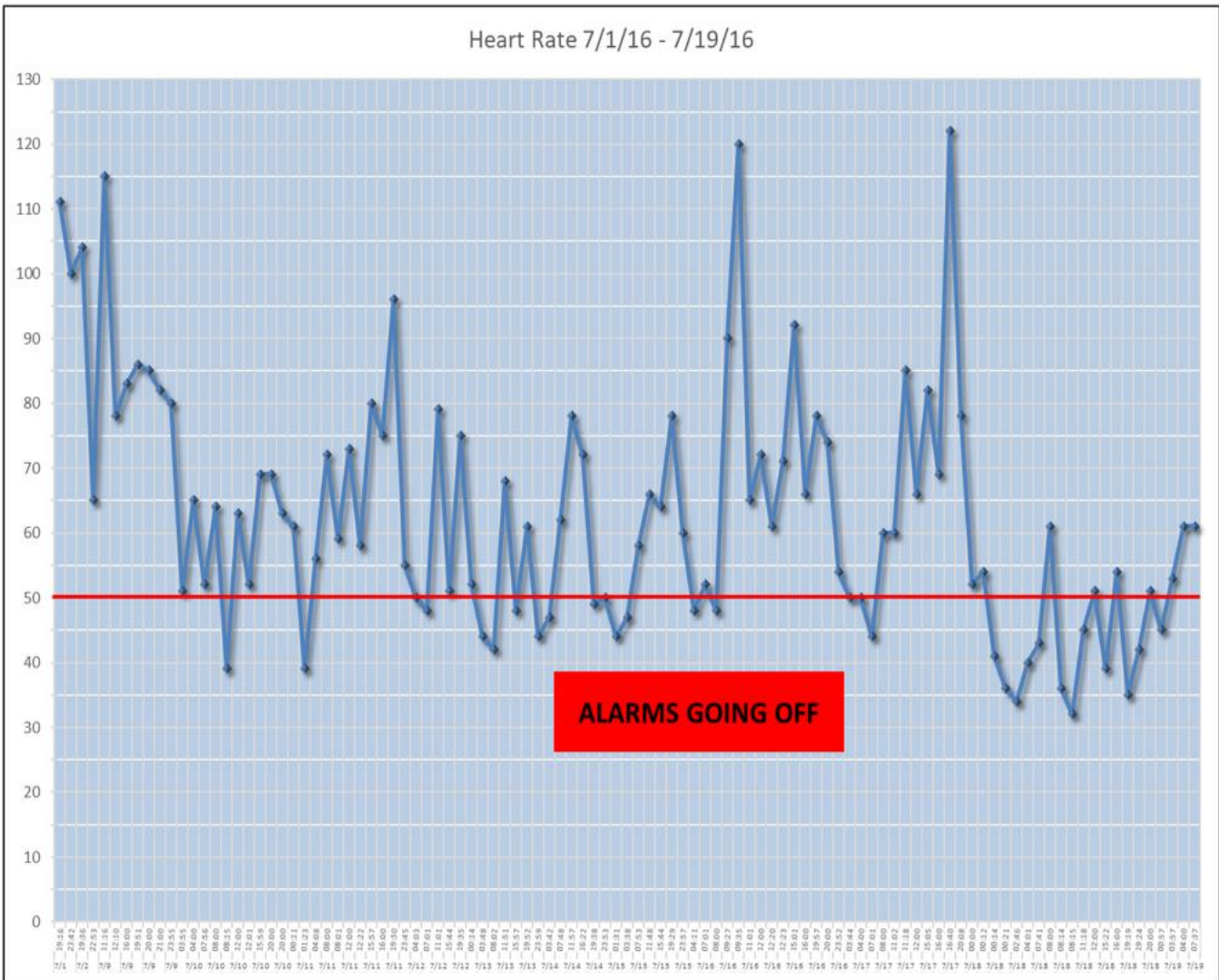
Saturation Levels SCU 9/16/13 :

M=mask NC= nasal cannula -Alarms Go Off



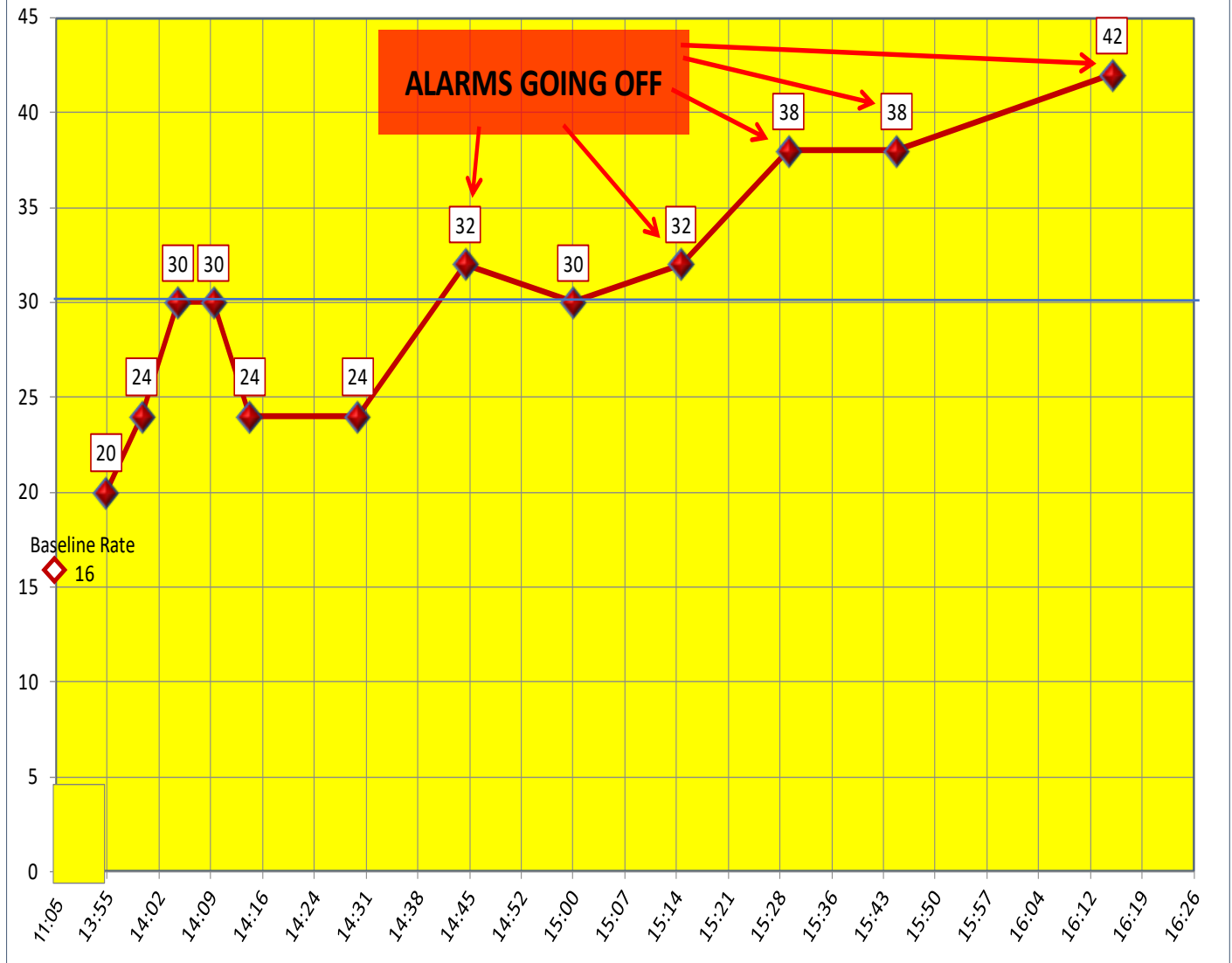
Blood Pressure 6/8/2012



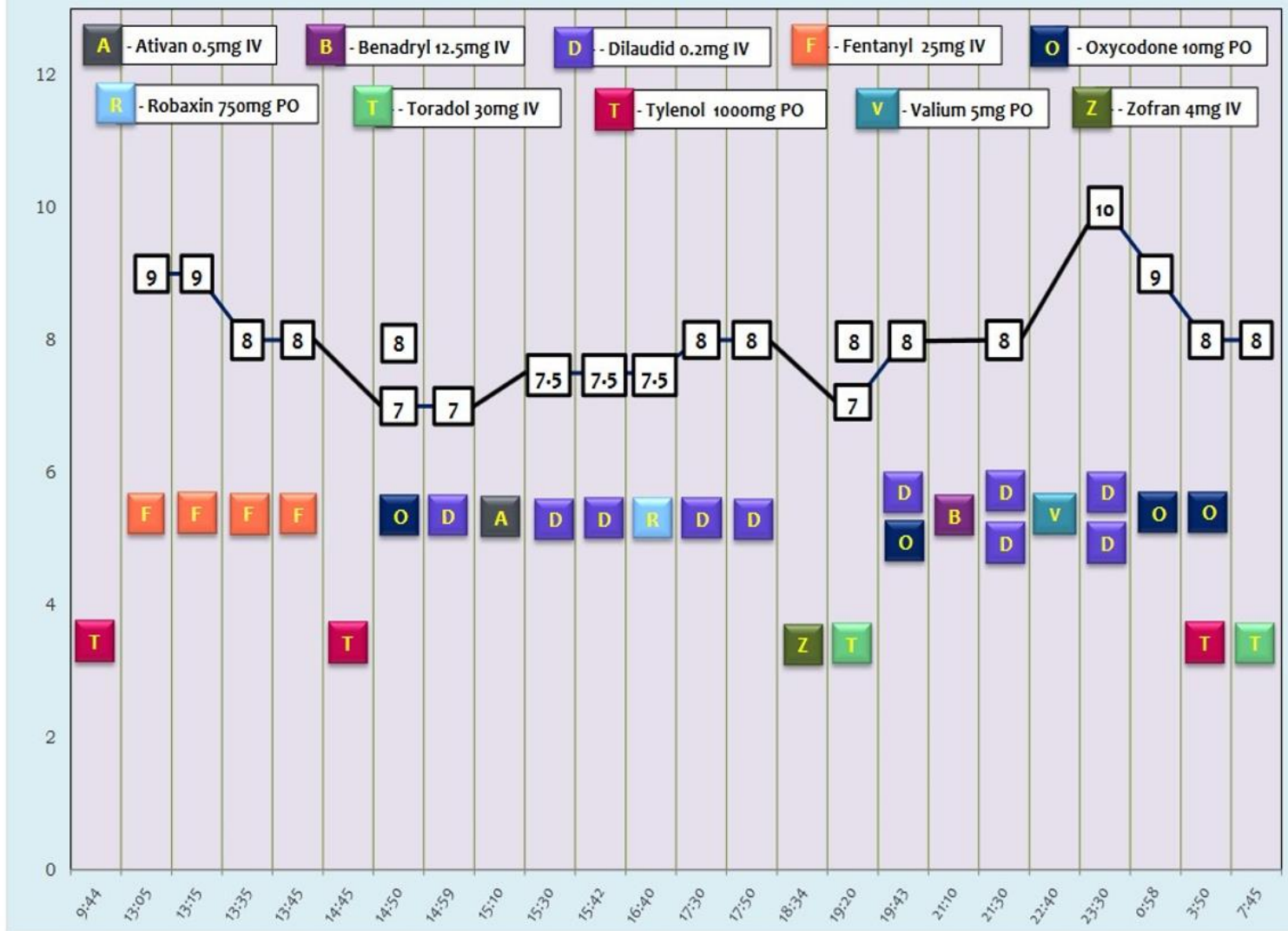


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Respiratory Rate 6/8/2012

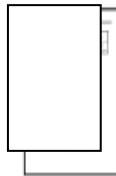


Patient Pain Levels and Medications 4/1/19

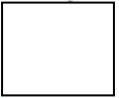


FEBRUARY 2018: PATIENT TURNS

- NO TURN DOCUMENTED
- NO NUTRIENTS TO PATIENT
- NURSE STAFFING ISSUE



“Turn patients **every two hours** while in bed – **document this** and other hygiene-related skin care.”



Routine Standards of Care/Practice Guidelines for Critical Care/PCU/Telemetry Units

| | 8 A.M. | 10 A.M. | NOON | 2 P.M. | 4 P.M. | 6 P.M. | 8 P.M. | 10 P.M. | MIDNIGHT | 2 A.M. | 4 A.M. | 6 A.M. |
|------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|
| 2/23 | | | | 1:30 ADMIT TO ICU | | | ● | ● | ● | ● | ● | ● |
| 2/24 | ● | ● | ● | ● | ● | ● | | | | | | |
| 2/25 | COCCYX REDNESS | | | | | | | | | | | |
| 2/26 | ● | ● | ● | ● | ● | ● | | | | | | |
| 2/27 | ● | ● | ● | ● | ● | ● | | | | | | |
| 2/28 | | | | | | | ● | ● | ● | ● | ● | ● |

February 2018

| SUN | MON | TUE | WED | THU | FRI | SAT |
|-----|-----|-----|-----|-----|-----|-----|
| | | | | 1 | 2 | 3 |
| 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 11 | 12 | 13 | 14 | 15 | 16 | 17 |
| 18 | 19 | 20 | 21 | 22 | 23 | 24 |
| 25 | 26 | 27 | 28 | | | |

53 OUT OF 68 REQUIRED TURNS NOT MADE

