

Vacuuming In The Dark

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VACUUMING IN THE DARK

I recently bought a stick vacuum with a green detection light. One evening, I started vacuuming a dark room - the light switch was 10 feet away, and I planned to turn it on once I had vacuumed my way across the room. But in the darkness, the vacuum's light revealed every crumb, strand of pet hair, and bit of lint I might never have noticed otherwise. What looks "clean enough" in normal lighting becomes a completely different picture when the right tool illuminates what has been there all along.

That made me think about new Legal Nurse Consultants and the shock many experience when they first see medical records prepared for litigation. Years ago, the charts LNCs received looked much like the hospital charts nurses used every day. Nurses documented on paper, charts lived in ring binders or spring-loaded covers, and unit secretaries thinned them when they became too full. After discharge, Medical Records usually assembled the documents into a complete chart. The sequence made sense because it was familiar.

Today's new LNCs may have never seen an assembled chart before. In clinical practice, they document through touchscreens and keyboards, navigating tabs and flowsheets designed for workflow, not retrospective review. But once those same records are printed or exported for litigation, the sequence changes completely. Information that was grouped together on the screen is suddenly scattered across hundreds of pages, often with repetitive or auto-populated content.

I've sat with nurses during deposition preparation who were overwhelmed by the paper chart. Some even unconsciously tapped the printed pages as if touching a screen would take them to the next section.

That reaction makes sense. New LNCs often feel as though they're working in the dark because records prepared for litigation bear little resemblance to the organized, navigable view they use at the bedside. Familiar information becomes scattered, repetitive, and difficult to follow.

But every LNC brings clinical instincts that help identify when documentation doesn't align with the patient's story. Legal training teaches you how to focus those instincts, trace the scattered details, and explain their significance clearly - even on your first case.

The details are already there. Sometimes they just need the right light - and an LNC who knows what to look for.

More resources for new LNCs are available at **LNCTips.com**.

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Some details need the right light.

The image shows a medical chart with a green spotlight effect highlighting specific data points. The chart is divided into several sections: Vital Signs, Progress Note, Lab Results, Medication, Imaging, Assessment/Plan, Nursing Note, and Discharge Plan. The highlighted data points are: 03/14/2023 14:32, BP 86/54, HR 118, RR 24, and Furosemide held. The patient reports increased shortness of breath.

Vital Signs	Progress Note	Lab Results
BP 142/78	Patient reports no complaints at this time.	WBC 6.1
HR 96		Hgb 12.8
RR 18		Hct 38.4
Temp 98.6		

Medication

- Metoprolol 25 mg
- Lisinopril 10 mg
- Furosemide 40 mg
- Hold for SBP < 100
- Administer per protocol

Imaging

CXR

No acute findings.

Assessment/Plan

- Continue current treatment.
- Monitor labs.
- Reassess in a.m.

Nursing Note

Patient resting comfortably.

Denies pain.

Will continue to monitor.

Discharge Plan

Anticipate discharge in 1-2 days.

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