

Fifty-eight minutes.

The tracing was called Category III at 14:12. The infant was delivered at 15:10. What the record shows happening in between is set out below, entry by entry.

58

MINUTES

From the Category III entry to delivery.

[RBM000004] [RBM000005]

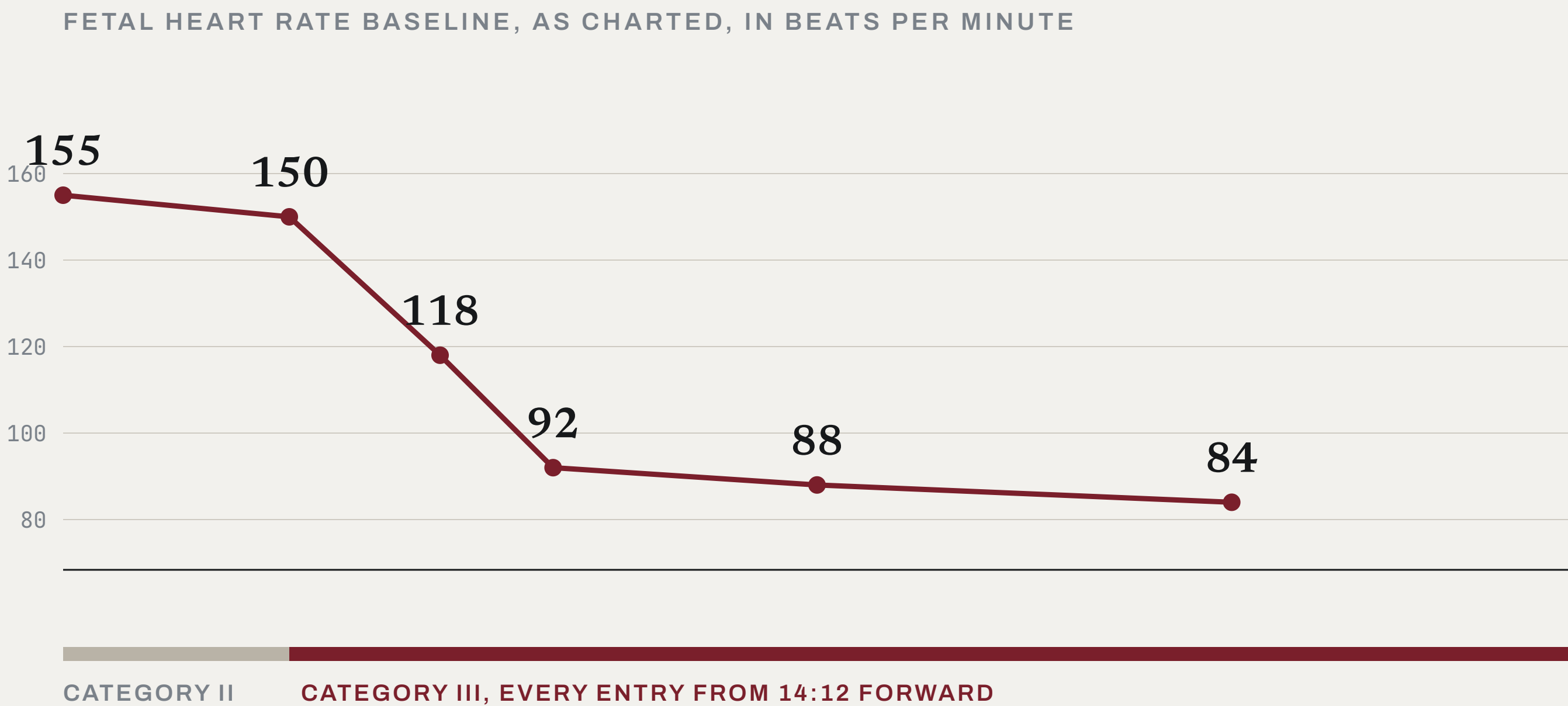
1931

MINUTES FROM THE FIRST PAGE TO THE PHYSICIAN AT THE BEDSIDE

[RBM000004]

MINUTES FROM THE DECISION TO INCISION, AS DOCUMENTED

[RBM000004]



Nothing between two charted entries is drawn. The line connects the entries themselves, at the times the log gives them.

14:12	Category III documented. Charge nurse notified.	[RBM000004]
14:14	Page placed to the attending physician.	[RBM000004]
14:22	Second page. No documented response to the first.	[RBM000004]
14:31	Physician at bedside. Decision for cesarean.	[RBM000004]
14:38	Anesthesia paged. Operating room notified.	[RBM000004]
15:02	Incision.	[RBM000005]
15:10	Delivery. Limp, apneic, pale. Apgar 1.	[RBM000005]

SYNTHETIC DEMONSTRATION RECORD. Every value, time and quotation here comes from a fabricated record set built for this sample. No physician has reviewed it for clinical accuracy. It shows sourcing and citation method. It is not a clinical teaching example.

ELECTRONIC FETAL MONITORING - INTERPRETATION LOG, CONTINUED**Date:** 06/14/2025

TIME	BASELINE	VARIABILITY	ACCELS	DECELS	CATEGORY	INITIALS
13:30	152	minimal	absent	late, recurrent	II	AT RN
14:00	155	minimal	absent	late, recurrent	II	AT RN
14:12	150	absent	absent	late, recurrent	III	AT RN
14:20	118	absent	absent	prolonged decel begins	III	AT RN
14:26	92	absent	absent	bradycardia sustained	III	AT RN
14:40	88	absent	absent	bradycardia sustained	III	AT RN
15:02	84	absent	absent	bradycardia sustained	III	AT RN

COMMUNICATION AND INTERVENTIONS DOCUMENTED

14:12 Category III tracing documented by bedside nurse. Charge nurse notified.

14:14 Page placed to Dr. Etchegaray.

14:22 Second page placed to Dr. Etchegaray. No documented response to the first page.

14:31 Dr. Etchegaray at bedside. Decision for emergency cesarean delivery documented.

14:38 Anesthesia paged. Operating room notified.

15:10 Delivery.

Documented interval from decision to incision: 31 minutes. Documented interval from decision to delivery: 39 minutes.

OPERATIVE REPORT - CESAREAN DELIVERY

Date and time: 06/14/2025, incision 15:02, delivery 15:10
Surgeon: Marisol Etchegaray, MD
Assistant: Tobias Wrenfield, MD
Anesthesia: General endotracheal, due to urgency
Indication: Category III fetal heart tracing, sustained fetal bradycardia
Procedure: Primary low transverse cesarean delivery
Estimated blood loss: 800 mL

FINDINGS

Live born male infant delivered from cephalic presentation. Nuchal cord times one, loose, reduced at delivery. Amniotic fluid thick and meconium stained. Placenta delivered intact with a retroplacental clot estimated at 15 percent of the maternal surface, sent to pathology.

NEONATAL STATUS AT DELIVERY

Infant limp, apneic and pale at delivery. Handed immediately to the neonatal resuscitation team. Apgar scores 1 at one minute, 3 at five minutes, 5 at ten minutes.

CORD BLOOD GASES

Arterial: pH 6.87, pCO₂ 82 mmHg, base deficit 18.4 mmol/L.

Venous: pH 7.04, pCO₂ 61 mmHg, base deficit 12.1 mmol/L.

SYNTHETIC SAMPLE
NOT A REAL PATIENT OR FACILITY