

**TWO-SIDED RECORD ANALYSIS**

**Labor and delivery, SYN-88214, May 2, 2026**

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

**SYNTHETIC SAMPLE.** The patient, hospital, staff, policy and every record are invented. Every cite below is a live link to a bundled page at the back of this file.

**What this is**

Counsel framed five issues. For each, this analysis sets out the record entries the patient's side may cite, the entries the provider's side may cite, what the record does not contain, and questions for the expert. Each entry is quoted or stated as recorded, with a link to its page. The same layout serves plaintiff or defense counsel. It is meant to put the record in front of the expert on day one, sorted, so the expert's time goes to opinions.

**What it is not**

No view on which side the record favors, no count of entries by side, no reading of the tracing, and no opinion on the standard of care, causation or damages. Those belong to the expert and to counsel. The questions are questions; they assume no answer.

**Issues as framed by counsel**

| # | Issue                                                                        |
|---|------------------------------------------------------------------------------|
| 1 | <a href="#">Oxytocin management as the charted tracing changed</a>           |
| 2 | <a href="#">Fetal assessment and documentation</a>                           |
| 3 | <a href="#">Provider notification and response</a>                           |
| 4 | <a href="#">Timing of delivery</a>                                           |
| 5 | <a href="#">Newborn condition and other explanations the record contains</a> |

## Issue 1. Oxytocin management as the charted tracing changed

| The patient's side may cite                                                                                                                                | The provider's side may cite                                                                                                             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| 18:15: baseline 140, variability Moderate, decels Variable, Category II <a href="#">SYN-LDB000003, p.9</a>                                                 | Order: "Increase by 2 milliunits/min every 30 to 60 minutes per protocol. Maximum 20 milliunits/min." <a href="#">SYN-LDB000002, p.8</a> |
| 18:15: Increased, 8 milliunits/min <a href="#">SYN-LDB000006, p.12</a>                                                                                     | 18:20: "Repositioned left lateral. IV bolus LR 500 mL. O2 10 L by non-rebreather." <a href="#">SYN-LDB000007, p.13</a>                   |
| 19:00: baseline 150, variability Moderate, decels Variable, Category II <a href="#">SYN-LDB000004, p.10</a>                                                | 20:15: Decreased, 6 milliunits/min <a href="#">SYN-LDB000006, p.12</a>                                                                   |
| 19:00: Increased, 10 milliunits/min <a href="#">SYN-LDB000006, p.12</a>                                                                                    | 20:40: Stopped, 0 milliunits/min <a href="#">SYN-LDB000006, p.12</a>                                                                     |
| 19:30: baseline 155, variability Minimal, decels Late, Category II <a href="#">SYN-LDB000004, p.10</a>                                                     |                                                                                                                                          |
| 19:30: Increased, 12 milliunits/min <a href="#">SYN-LDB000006, p.12</a>                                                                                    |                                                                                                                                          |
| 18:20: provider notification "None recorded" <a href="#">SYN-LDB000009, p.15</a>                                                                           |                                                                                                                                          |
| POL-2: "Do not increase the oxytocin rate when the tracing is Category II until a provider has evaluated the tracing." <a href="#">SYN-POL000001, p.19</a> |                                                                                                                                          |

**Not in the record produced.** (1) Infusion pump history for the oxytocin channel (rate changes as the pump recorded them).

**Questions for the expert.** (1) In NICHD terms, what does the tracing show in the windows before each increase at 18:15, 19:00 and 19:30? (2) Do the categories nursing charted at those times match the tracing? (3) Were the increases within the order and the hospital policy as the expert reads them?

## Issue 2. Fetal assessment and documentation

| The patient's side may cite                                                                                                                                 | The provider's side may cite                                                                                                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| 19:45: charted "Unable to assess". <a href="#">SYN-LDB000004, p.10</a>                                                                                      | 19:48: "Loss of signal on external transducer. AROM, clear fluid. FSE placed at 1948." <a href="#">SYN-LDB000008, p.14</a>                                |
| 20:30: baseline 160, variability Minimal, decels Recurrent late, Category II. Next entry after 19:45; 45 minutes later. <a href="#">SYN-LDB000004, p.10</a> | Strip: no FHR signal 19:32 to 19:41 monitor time, then "FSE applied"; tracing continuous after. <a href="#">SYN-EFM000005, p.6</a>                        |
| POL-1: "During active labor with oxytocin infusing, assess and document the FHR every 15 minutes." <a href="#">SYN-POL000001, p.19</a>                      | POL-4: "A late entry must be labeled as a late entry and show the time it was written."; NN-407 is labeled and timed. <a href="#">SYN-POL000001, p.19</a> |
| Filed 23:42 for events at 20:52: "LATE ENTRY. Prolonged deceleration to 80s at 2052. Oxytocin off." <a href="#">SYN-LDB000008, p.14</a>                     |                                                                                                                                                           |
| Oxytocin "Stopped" at 20:40 on the MAR; the strip prints "Pit off" at 20:46 monitor time; NN-407 gives 2052. <a href="#">SYN-LDB000006, p.12</a>            |                                                                                                                                                           |

**Not in the record produced.** (1) EHR audit trail for the encounter (who entered NN-407 and the 20:30 assessment, and when). (2) Native fetal monitor archive file (the production is a print image). (3) Monitor clock synchronization log referred to in POL-5 (the strip and chart clocks differ by about 7 minutes).

**Questions for the expert.** (1) Does the tracing between 19:45 and 20:30 show anything the expert would have expected to be charted? (2) Does the 7-minute clock difference change the sequence of any event the expert relies on?

### Issue 3. Provider notification and response

| The patient's side may cite                                                                                                                                                   | The provider's side may cite                                                                                                                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| First Category II entry: 18:15: baseline 140, variability Moderate, decels Variable, Category II <a href="#">SYN-LDB000003, p.9</a>                                           | 20:15: "notified by phone of tracing and temperature. Orders received to decrease oxytocin to 6 milliunits/min, start ampicillin" <a href="#">SYN-LDB000008, p.14</a> |
| First "Minimal" variability entry: 19:15: baseline 150, variability Minimal, decels Late, Category II <a href="#">SYN-LDB000004, p.10</a>                                     | 20:15 telephone order: "Decrease oxytocin to 6 milliunits/min. Ampicillin 2 g IV now" <a href="#">SYN-LDB000002, p.8</a>                                              |
| 20:00: temperature 38.3 C <a href="#">SYN-LDB000005, p.11</a>                                                                                                                 | 21:00: provider at bedside, "Prolonged deceleration" <a href="#">SYN-LDB000009, p.15</a>                                                                              |
| 20:15: first provider contact in the log, by phone. <a href="#">SYN-LDB000009, p.15</a>                                                                                       | 21:06: "Called to bedside at 2100 ... Decision for primary cesarean delivery at 2104." <a href="#">SYN-LDB000008, p.14</a>                                            |
| POL-3: "Notify the provider of recurrent late decelerations, minimal or absent variability, or maternal temperature of 38.0 C or higher." <a href="#">SYN-POL000001, p.19</a> |                                                                                                                                                                       |

**Not in the record produced.** (1) Provider phone or paging records for 18:00 to 21:00. (2) Provider's own account of the 20:15 call (deposition).

**Questions for the expert.** (1) When, on the tracing, would the expert expect the provider to have been told, and of what? (2) Was the response at 20:15 and at 21:00 consistent with what the tracing showed then?

### Issue 4. Timing of delivery

| The patient's side may cite                                                                                               | The provider's side may cite                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|
| Decision 21:04; delivery 21:34 (30 minutes) <a href="#">SYN-LDB000010, p.16</a>                                           | Provider at bedside 21:00; decision 21:04 (4 minutes). <a href="#">SYN-LDB000009, p.15</a>                                   |
| Tracing ends at 21:11 monitor time, "Monitor off / to OR". <a href="#">SYN-EFM000007, p.7</a>                             | Patient in OR 21:18; anesthesia ready 21:27; incision 21:31 (27 minutes after decision). <a href="#">SYN-LDB000010, p.16</a> |
| Delivery record: "No fetal monitoring recorded in the operating room in this record." <a href="#">SYN-LDB000010, p.16</a> |                                                                                                                              |

**Not in the record produced.** (1) Anesthesia record for the cesarean (times and method). (2) OR nursing record and any fetal heart check before incision.

**Questions for the expert.** (1) What does the expert say the fetal condition was between 21:11 monitor time and delivery, and on what basis?

**Issue 5. Newborn condition and other explanations the record contains**

| The patient's side may cite                                                                                               | The provider's side may cite                                                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| Apgars 2 / 5 / 7; resuscitation "PPV 60 seconds; no compressions"; "Admitted to NICU" <a href="#">SYN-LDB000011, p.17</a> | 18:05: BP 88/48 after epidural <a href="#">SYN-LDB000005, p.11</a>                                                                                      |
| Umbilical arterial gas: pH 7.11, base excess -10.4<br><a href="#">SYN-LDB000011, p.17</a>                                 | 18:07: "BP 88/48 after epidural. Ephedrine 5 mg IV given"<br><a href="#">SYN-LDB000007, p.13</a>                                                        |
|                                                                                                                           | 20:30: temperature 38.4 C <a href="#">SYN-LDB000005, p.11</a>                                                                                           |
|                                                                                                                           | Placental pathology: "acute chorioamnionitis with maternal inflammatory response, stage 2. No fetal vasculitis."<br><a href="#">SYN-LDB000012, p.18</a> |

**Not in the record produced.** (1) Neonatal course after admission (NICU record, imaging, EEG). (2) Prenatal record.

**Questions for the expert.** (1) What do the gas values, Apgars and placental findings say, in the expert's view, about the timing and cause of any injury? (2) Does the record allow the expert to separate the effect of infection, hypotension and the labor course?

## Index of bundled pages

| Page                 | Source                            |
|----------------------|-----------------------------------|
| <a href="#">p.6</a>  | SYN-EFM000005 Fetal monitor strip |
| <a href="#">p.7</a>  | SYN-EFM000007 Fetal monitor strip |
| <a href="#">p.8</a>  | SYN-LDB000002 L&D chart           |
| <a href="#">p.9</a>  | SYN-LDB000003 L&D chart           |
| <a href="#">p.10</a> | SYN-LDB000004 L&D chart           |
| <a href="#">p.11</a> | SYN-LDB000005 L&D chart           |
| <a href="#">p.12</a> | SYN-LDB000006 L&D chart           |
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| <a href="#">p.17</a> | SYN-LDB000011 L&D chart           |
| <a href="#">p.18</a> | SYN-LDB000012 L&D chart           |
| <a href="#">p.19</a> | SYN-POL000001 Policy NS-OB-114    |

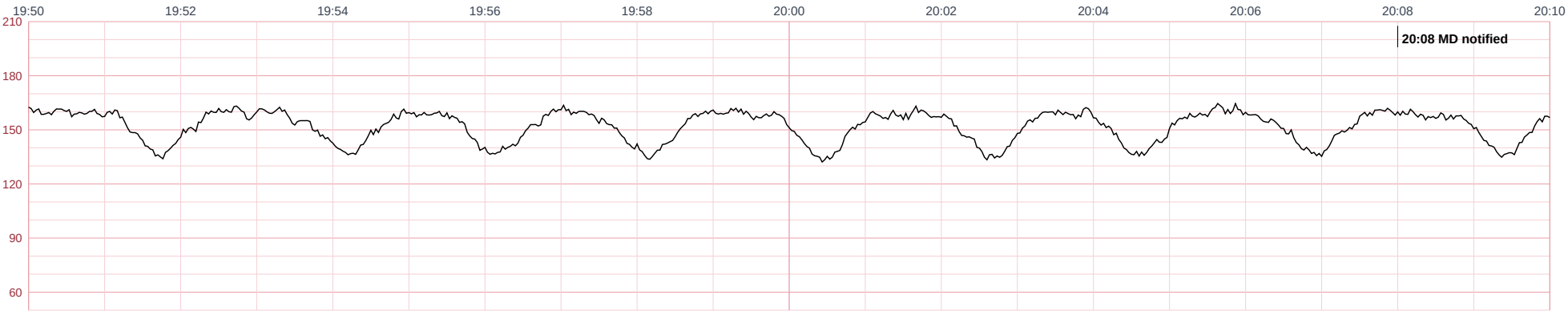
EXAMPLE COMMUNITY HOSPITAL (SYNTHETIC) | Fetal Monitoring Archive Print

Patient: SAMPLE, PATIENT B (SYNTHETIC) | MRN SYN-0002214 | Encounter SYN-88214 | Bed L&D 6 | Times printed are the monitor clock | Archive print, 20 minutes per panel  
Produced in discovery. SYNTHETIC production set for a work sample. Not a real tracing. Printed 06/10/2026 0915 by SYN-HIM.



FHR bpm (top), UA mmHg (bottom) | 05/02/2026 | panel 9 of 14

US1 / TOCO, then FSE / TOCO

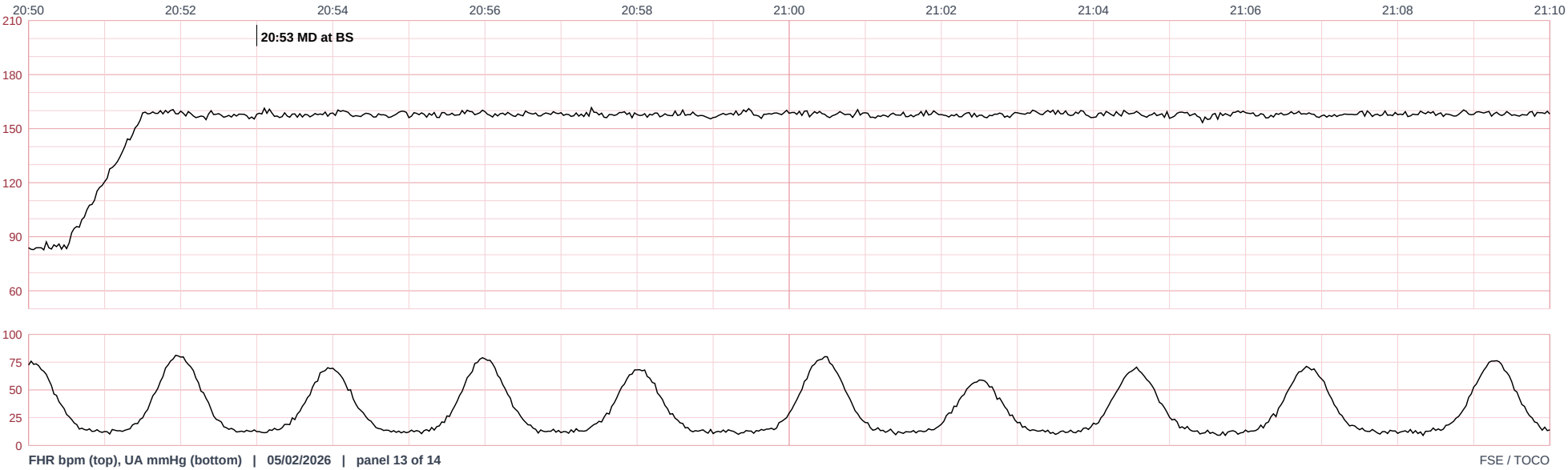


FHR bpm (top), UA mmHg (bottom) | 05/02/2026 | panel 10 of 14

FSE / TOCO

EXAMPLE COMMUNITY HOSPITAL (SYNTHETIC) | Fetal Monitoring Archive Print

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EXAMPLE COMMUNITY HOSPITAL (SYNTHETIC) | Labor and Delivery Encounter Record

Patient: SAMPLE, PATIENT B (SYNTHETIC) | MRN SYN-0002214 | Encounter SYN-88214 | Admit 05/02/2026

ORDERS

Orders for encounter SYN-88214

| Ordered    | Ordered by                          | Entry ID | Order as written                                                                                                                                     |
|------------|-------------------------------------|----------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| 05/02 1525 | Obstetrician L Example, MD (SYN)    | OR-801   | Oxytocin 30 units in 500 mL LR. Start 2 milliunits/min. Increase by 2 milliunits/min every 30 to 60 minutes per protocol. Maximum 20 milliunits/min. |
| 05/02 1740 | Anesthesiologist M Sample, MD (SYN) | OR-802   | Epidural analgesia per anesthesia.                                                                                                                   |
| 05/02 2015 | Obstetrician L Example, MD (SYN)    | OR-803   | Decrease oxytocin to 6 milliunits/min. Ampicillin 2 g IV now (telephone order, read back).                                                           |
| 05/02 2104 | Obstetrician L Example, MD (SYN)    | OR-804   | Primary cesarean delivery, emergent. Notify anesthesia, OR and NICU.                                                                                 |

L&D FLOWSHEET: FETAL ASSESSMENT

Fetal heart rate and uterine activity as charted (SYNTHETIC values). Page 1 of 2. Date of service is the row time.

| Time       | FHR baseline | Variability | Accels  | Decels   | Cat. | UC freq  | Filed by                  | Entry ID |
|------------|--------------|-------------|---------|----------|------|----------|---------------------------|----------|
| 05/02 1700 | 140          | Moderate    | Present | None     | I    | q3-4 min | Nurse J Example, RN (SYN) | FS-6101  |
| 05/02 1715 | 140          | Moderate    | Present | None     | I    | q3-4 min | Nurse J Example, RN (SYN) | FS-6102  |
| 05/02 1730 | 140          | Moderate    | Present | None     | I    | q3 min   | Nurse J Example, RN (SYN) | FS-6103  |
| 05/02 1745 | 140          | Moderate    | Present | None     | I    | q3 min   | Nurse J Example, RN (SYN) | FS-6104  |
| 05/02 1800 | 135          | Moderate    | Absent  | Early    | I    | q2-3 min | Nurse J Example, RN (SYN) | FS-6105  |
| 05/02 1815 | 140          | Moderate    | Absent  | Variable | II   | q2-3 min | Nurse J Example, RN (SYN) | FS-6106  |
| 05/02 1830 | 145          | Moderate    | Absent  | Late x2  | II   | q2-3 min | Nurse J Example, RN (SYN) | FS-6107  |
| 05/02 1845 | 145          | Moderate    | Absent  | Late     | II   | q2-3 min | Nurse J Example, RN (SYN) | FS-6108  |

L&D FLOWSHEET: FETAL ASSESSMENT

Fetal heart rate and uterine activity as charted (SYNTHETIC values). Page 2 of 2. Date of service is the row time.

| Time       | FHR baseline     | Variability      | Accels | Decels                                            | Cat. | UC freq | Filed by                 | Entry ID |
|------------|------------------|------------------|--------|---------------------------------------------------|------|---------|--------------------------|----------|
| 05/02 1900 | 150              | Moderate         | Absent | Variable                                          | II   | q2 min  | Nurse K Sample, RN (SYN) | FS-6109  |
| 05/02 1915 | 150              | Minimal          | Absent | Late                                              | II   | q2 min  | Nurse K Sample, RN (SYN) | FS-6110  |
| 05/02 1930 | 155              | Minimal          | Absent | Late                                              | II   | q2 min  | Nurse K Sample, RN (SYN) | FS-6111  |
| 05/02 1945 | Unable to assess | Unable to assess |        | . Signal loss on external transducer; FSE placed. |      | q2 min  | Nurse K Sample, RN (SYN) | FS-6112  |
| 05/02 2030 | 160              | Minimal          | Absent | Recurrent late                                    | II   | q2 min  | Nurse K Sample, RN (SYN) | FS-6113  |
| 05/02 2045 | 160              | Minimal          | Absent | Recurrent late                                    | II   | q2 min  | Nurse K Sample, RN (SYN) | FS-6114  |
| 05/02 2100 | 85               | Absent           | Absent | Prolonged                                         | III  | q2 min  | Nurse K Sample, RN (SYN) | FS-6115  |

EXAMPLE COMMUNITY HOSPITAL (SYNTHETIC) | Labor and Delivery Encounter Record

Patient: SAMPLE, PATIENT B (SYNTHETIC) | MRN SYN-0002214 | Encounter SYN-88214 | Admit 05/02/2026

L&D FLOWSHEET: MATERNAL VITAL SIGNS

As charted (SYNTHETIC values).

| Time       | BP     | Pulse | Temp (C) | Entry ID |
|------------|--------|-------|----------|----------|
| 05/02 1700 | 118/72 | 84    | 37.0     | VS-7001  |
| 05/02 1730 | 116/70 | 86    | 37.1     | VS-7002  |
| 05/02 1805 | 88/48  | 96    | 37.1     | VS-7003  |
| 05/02 1820 | 104/62 | 90    | 37.2     | VS-7004  |
| 05/02 1900 | 112/68 | 92    | 37.6     | VS-7005  |
| 05/02 1930 | 114/70 | 98    | 37.9     | VS-7006  |
| 05/02 2000 | 118/72 | 108   | 38.3     | VS-7007  |
| 05/02 2030 | 120/74 | 112   | 38.4     | VS-7008  |
| 05/02 2100 | 122/76 | 114   | 38.4     | VS-7009  |

EXAMPLE COMMUNITY HOSPITAL (SYNTHETIC) | Labor and Delivery Encounter Record

Patient: SAMPLE, PATIENT B (SYNTHETIC) | MRN SYN-0002214 | Encounter SYN-88214 | Admit 05/02/2026

MEDICATION ADMINISTRATION: OXYTOCIN TITRATION

Oxytocin 30 units in 500 mL LR (SYNTHETIC). Rate changes as documented.

| Time       | Rate (milliunits/min) | Action    | Documented by             | Entry ID |
|------------|-----------------------|-----------|---------------------------|----------|
| 05/02 1530 | 2                     | Started   | Nurse J Example, RN (SYN) | MAR-901  |
| 05/02 1630 | 4                     | Increased | Nurse J Example, RN (SYN) | MAR-902  |
| 05/02 1730 | 6                     | Increased | Nurse J Example, RN (SYN) | MAR-903  |
| 05/02 1815 | 8                     | Increased | Nurse J Example, RN (SYN) | MAR-904  |
| 05/02 1900 | 10                    | Increased | Nurse K Sample, RN (SYN)  | MAR-905  |
| 05/02 1930 | 12                    | Increased | Nurse K Sample, RN (SYN)  | MAR-906  |
| 05/02 2015 | 6                     | Decreased | Nurse K Sample, RN (SYN)  | MAR-907  |
| 05/02 2040 | 0                     | Stopped   | Nurse K Sample, RN (SYN)  | MAR-908  |

| Time       | Medication | Dose / route | Documented by             | Entry ID |
|------------|------------|--------------|---------------------------|----------|
| 05/02 1807 | Ephedrine  | 5 mg IV      | Nurse J Example, RN (SYN) | MAR-910  |
| 05/02 2022 | Ampicillin | 2 g IV       | Nurse K Sample, RN (SYN)  | MAR-911  |

EXAMPLE COMMUNITY HOSPITAL (SYNTHETIC) | Labor and Delivery Encounter Record

Patient: SAMPLE, PATIENT B (SYNTHETIC) | MRN SYN-0002214 | Encounter SYN-88214 | Admit 05/02/2026

NOTES

Nursing, anesthesia and provider notes. Page 1 of 2.

**Entry ID: AN-301** | Author: Anesthesiologist M Sample, MD (SYN) | Date of service: 05/02 1750 | Filed: 05/02 1758  
Labor epidural placed at 1750 at L3-4 without difficulty. Test dose negative. Patient comfortable.

**Entry ID: NN-401** | Author: Nurse J Example, RN (SYN) | Date of service: 05/02 1807 | Filed: 05/02 1812  
BP 88/48 after epidural. Ephedrine 5 mg IV given per anesthesia. Left lateral position.

**Entry ID: NN-402** | Author: Nurse J Example, RN (SYN) | Date of service: 05/02 1820 | Filed: 05/02 1826  
Late decelerations noted with contractions. Repositioned left lateral. IV bolus LR 500 mL. O2 10 L by non-rebreather.

**Entry ID: NN-403** | Author: Nurse J Example, RN (SYN) | Date of service: 05/02 1830 | Filed: 05/02 1833  
SVE 6/100/-1 by RN. Membranes intact.

EXAMPLE COMMUNITY HOSPITAL (SYNTHETIC) | Labor and Delivery Encounter Record

Patient: SAMPLE, PATIENT B (SYNTHETIC) | MRN SYN-0002214 | Encounter SYN-88214 | Admit 05/02/2026

NOTES

Nursing, anesthesia and provider notes. Page 2 of 2.

**Entry ID: NN-404** | Author: Nurse K Sample, RN (SYN) | Date of service: 05/02 1948 | Filed: 05/02 1955  
Loss of signal on external transducer. AROM, clear fluid. FSE placed at 1948.

**Entry ID: NN-405** | Author: Nurse K Sample, RN (SYN) | Date of service: 05/02 2000 | Filed: 05/02 2004  
Temp 38.3. Provider to be updated.

**Entry ID: NN-406** | Author: Nurse K Sample, RN (SYN) | Date of service: 05/02 2015 | Filed: 05/02 2019  
Dr. Example (SYN) notified by phone of tracing and temperature. Orders received to decrease oxytocin to 6 milliunits/min, start ampicillin, and continue to monitor.

**Entry ID: NN-407** | Author: Nurse K Sample, RN (SYN) | Date of service: 05/02 2052 | Filed: 05/02 2342  
LATE ENTRY. Prolonged deceleration to 80s at 2052. Oxytocin off. Position changes, bolus, O2. Dr. Example (SYN) called to bedside, at bedside 2100.

**Entry ID: MD-501** | Author: Obstetrician L Example, MD (SYN) | Date of service: 05/02 2106 | Filed: 05/02 2140  
Called to bedside at 2100 for prolonged deceleration. FHR 80s for approximately 6 minutes with partial recovery. Cervix 8/100/0. Decision for primary cesarean delivery at 2104. Consent obtained.

EXAMPLE COMMUNITY HOSPITAL (SYNTHETIC) | Labor and Delivery Encounter Record

Patient: SAMPLE, PATIENT B (SYNTHETIC) | MRN SYN-0002214 | Encounter SYN-88214 | Admit 05/02/2026

PROVIDER NOTIFICATION LOG

Entries as recorded in the L&D communication log (SYNTHETIC).

| Time       | Method        | Provider                         | Reason recorded                  | Entry ID |
|------------|---------------|----------------------------------|----------------------------------|----------|
| 05/02 1820 | None recorded |                                  |                                  | NL-1     |
| 05/02 2015 | Phone         | Obstetrician L Example, MD (SYN) | Tracing and maternal temperature | NL-2     |
| 05/02 2100 | At bedside    | Obstetrician L Example, MD (SYN) | Prolonged deceleration           | NL-3     |

DELIVERY RECORD

Entry ID: DR-1001
 | Author: Obstetrician L Example, MD (SYN)
 | Date of service: 05/02/2026

| Event                 | Time recorded |
|-----------------------|---------------|
| Decision for cesarean | 05/02 2104    |
| Patient in OR         | 05/02 2118    |
| Anesthesia ready      | 05/02 2127    |
| Skin incision         | 05/02 2131    |
| Delivery of infant    | 05/02 2134    |

Indication: Category III tracing, prolonged deceleration. Primary low transverse cesarean delivery. No fetal monitoring recorded in the operating room in this record.

EXAMPLE COMMUNITY HOSPITAL (SYNTHETIC) | Labor and Delivery Encounter Record

Patient: SAMPLE, PATIENT B (SYNTHETIC) | MRN SYN-0002214 | Encounter SYN-88214 | Admit 05/02/2026

NEWBORN RECORD

Entry ID: NB-1101 | Author: Neonatologist N Example, MD (SYN)

| Item                   | As recorded                         |
|------------------------|-------------------------------------|
| Sex                    | Female (SYNTHETIC)                  |
| Birth weight           | 3,410 g                             |
| Apgar 1 / 5 / 10 min   | 2 / 5 / 7                           |
| Umbilical arterial gas | pH 7.11, pCO2 68, base excess -10.4 |
| Umbilical venous gas   | pH 7.19, base excess -8.1           |
| Resuscitation          | PPV 60 seconds; no compressions     |
| Disposition            | Admitted to NICU                    |

EXAMPLE COMMUNITY HOSPITAL (SYNTHETIC) | Labor and Delivery Encounter Record

Patient: SAMPLE, PATIENT B (SYNTHETIC) | MRN SYN-0002214 | Encounter SYN-88214 | Admit 05/02/2026

PATHOLOGY REPORT: PLACENTA

Entry ID: PA-1201 | Pathologist P Example, MD (SYN) | Received 05/03/2026

Placental pathology (SYNTHETIC): acute chorioamnionitis with maternal inflammatory response, stage 2. No fetal vasculitis.

NURSING POLICY NS-OB-114: INTRAPARTUM FETAL MONITORING AND OXYTOCIN (SYNTHETIC)

Effective 01/01/2026. Policy text invented for a work sample. It is not a real hospital policy and not a statement of any professional standard.

**POL-1. Fetal heart rate assessment frequency.** During active labor with oxytocin infusing, assess and document the FHR every 15 minutes. In the second stage with oxytocin infusing, every 5 minutes.

**POL-2. Oxytocin and Category II tracings.** Do not increase the oxytocin rate when the tracing is Category II until a provider has evaluated the tracing. Notify the provider.

**POL-3. Provider notification.** Notify the provider of recurrent late decelerations, minimal or absent variability, or maternal temperature of 38.0 C or higher. Document the time, method and response.

**POL-4. Late entries.** A late entry must be labeled as a late entry and show the time it was written.

**POL-5. Monitor clock.** Biomedical engineering synchronizes fetal monitor clocks with the network time server quarterly.