

2nd Trimester OB Ultrasound Worksheet

Patient Name	Date of Exam																																										
Indication: Size & Dates / Other:																																											
LMP	Gest Age by LMP																																										
Prior U/S	Gest Age by Prior U/S (earliest)																																										
Gravida/Para/Abort:	EDD by Prior U/S																																										
Fetus and Fetal Environment	Fetal Biometry																																										
Singleton: <input type="checkbox"/> Twin: <input type="checkbox"/> Fetal Position: <input type="checkbox"/> Cephalic <input type="checkbox"/> Breech <input type="checkbox"/> Tranverse Placenta: <input type="checkbox"/> Ant <input type="checkbox"/> Post <input type="checkbox"/> Fundal <input type="checkbox"/> Low Lying Placenta Previa: <input type="checkbox"/> Yes <input type="checkbox"/> No Cervical Length: _____ (cm) AFI: ____ (cm) Largest Pocket ____ (cm) ____ %tile Fetal Cardiac Tones: _____ (BPM)	BPD: _____ (cm) = ____ wk ____ d HC: _____ (cm) = ____ wk ____ d AC: _____ (cm) = ____ wk ____ d FL: _____ (cm) = ____ wk ____ d Est. Fetal Weight: _____ +/- _____ %																																										
Gest Age by Fetal Biometry	EDD																																										
_____ W _____ D																																											
Anatomical Survey																																											
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;"></th> <th style="width: 15%;">Normal</th> <th style="width: 15%;">Not Normal</th> <th style="width: 30%;"></th> <th style="width: 15%;">Normal</th> <th style="width: 15%;">Not Normal</th> </tr> </thead> <tbody> <tr> <td>CSP</td> <td></td> <td></td> <td>Stomach</td> <td></td> <td></td> </tr> <tr> <td>Post Fossa</td> <td></td> <td></td> <td>3 vessel cord</td> <td></td> <td></td> </tr> <tr> <td>Lat Vent</td> <td></td> <td></td> <td>Cord insert</td> <td></td> <td></td> </tr> <tr> <td>Spine</td> <td></td> <td></td> <td>Kidneys</td> <td></td> <td></td> </tr> <tr> <td>Face</td> <td></td> <td></td> <td>Bladder</td> <td></td> <td></td> </tr> <tr> <td>4 cham heart</td> <td></td> <td></td> <td>4 extremities</td> <td></td> <td></td> </tr> </tbody> </table>		Normal	Not Normal		Normal	Not Normal	CSP			Stomach			Post Fossa			3 vessel cord			Lat Vent			Cord insert			Spine			Kidneys			Face			Bladder			4 cham heart			4 extremities		
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Draw Fetal Position and Placenta	BPP																																										
	Breathing <input type="checkbox"/> 2 <input type="checkbox"/> 0 Body Movement <input type="checkbox"/> 2 <input type="checkbox"/> 0 Fetal Tone <input type="checkbox"/> 2 <input type="checkbox"/> 0 Amniotic Fluid <input type="checkbox"/> 2 <input type="checkbox"/> 0 (2 cm pocket) Total Score: _____ 8																																										
Comments:																																											
Sonographer:																																											