This worksheet is solely for the purpose of recording preliminary data and does not constitute a final report of any kind.

OB 18 TO <27 WEEKS (OB1827)

PATIENT NAME: _____MR#: _____
DATE: _____ TECH INITIAL: _____EXT: _____
FACILITY: MWH / MIF / ICW / MILH / MINS / MIKG / SH

INDICATION (select all that apply):
[ ] Vaginal Bleeding [ ] No fetal heart tones [ ] Pelvic pain [ ] Gestational size/dating
[ ] Fetal Anatomical Survey [ ] OTHER: _____

COMPARISON (select one):
[ ] No prior ultrasound. LMP of ____/____/____ gives _____ weeks ____days, EDD by LMP _____.

[ ] Location of earliest Ultrasound: _____
Date of 1st Ultrasound: _____
Extrapolated GA today (using clinically established EDD*):_____
Clinically Established EDD incorporating the 1st US*: _____
*(Based on ACOG guidelines: 0w-14w0d= +/- 7days; 14w1d-20w0d= +/-10 days; 20w1d-27w0d= +/-14 days; 27w1d-term= +/-21days)

TECHNIQUE (Select all used): [ ] Transabdominal [ ] Endovaginal [ ] Translabial [ ] Duplex [ ] 3-Dimensional

FINDINGS:

Maternal Adnexa **(choose one)**: [ ] No concerning masses or free fluid [ ] ADD DICTATION: _____

Cervix **(choose one)**: **_____** cm in length **and [ ]** Closed. **[ ]** Open. [ADD DICTATION]

Fetus: Single

Fetal Heart Activity **(choose one)**: [ ] Present; fetal heart rate_____bpm. [ ] Not Present [ADD DICTATION]

Presentation **(Choose one)**: [ ] Cephalic [ ] Varied (multiple positions)
[ ] Breech (*circle one): **Complete Incomplete Footling Frank**
[ ] Transverse lie (MUST circle options for the * areas below)
*Fetal head to maternal: **right left**
[ ] Other:_____

Placenta **(choose one)**: [ ] anterior [ ] posterior [ ] fundal [ ] Other _____; and _____cm from the internal os.

AMNIOTIC FLUID:
Subjective **(choose one)**: [ ] Normal [ ] Low [ ] High [ ] Add Dictation
Largest Vertical Fluid Pocket_____ cm. (normal 2-8 cm)

FETAL SURVEY (choose one):
[ ] Performed today, as detailed below.
[ ] Performed Previously.
[ ] Not performed. This could be requested at an appropriate facility if clinically necessary.

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PATIENT NAME: ____ MRN: ___________________

(Please check all applicable boxes)

Parameters assessed (select all appropriate):	**WNL** (within normal limits)	**UA** (unable to assess)	**ABN** (Abnormal)
Extremities Present	[ ]	[ ]	[ ]
Stomach	[ ]	[ ]	[ ]
Kidneys	[ ]	[ ]	[ ]
Bladder	[ ]	[ ]	[ ]
Three Vessel Cord	[ ]	[ ]	[ ]
Cord Insertion	[ ]	[ ]	[ ]
Four Chamber Heart	[ ]	[ ]	[ ]
Right Ventricular Outflow Tract	[ ]	[ ]	[ ]
Left Ventricular Outflow Tract	[ ]	[ ]	[ ]
Sagittal Face/Profile/Nasal Bone	[ ]	[ ]	[ ]
Coronal Face	[ ]	[ ]	[ ]
Cerebral Ventricles	[ ]	[ ]	[ ]
Choroid Plexus	[ ]	[ ]	[ ]
Cerebellum	[ ]	[ ]	[ ]
Cisterna Magna	[ ]	[ ]	[ ]
Spine	[ ]	[ ]	[ ]
Diaphragm	[ ]	[ ]	[ ]
Situs (heart and stomach on left)	[ ]	[ ]	[ ]
CHROMOSOMAL MARKERS:			
Nuchal thickening (≤ 5mm, BPD <50mm)	[ ]	[ ]	[ ]
[ ] Nuchal thickening not applicable BPD is greater than 50mm			
Structural defect	[ ]	[ ]	[ ]
Echogenic Intracardiac Focus	[ ]	[ ]	[ ]
Echogenic Bowel	[ ]	[ ]	[ ]
Pyelectasis (4mm or greater)	[ ]	[ ]	[ ]
Short humerus	[ ]	[ ]	[ ]
Short femur	[ ]	[ ]	[ ]

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OTHER ULTRASOUND FINDINGS (Do Not Transcribe):

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PATIENT NAME: _____ MRN: _____

Fetal Biometry:

BPD _____ mm - _____ weeks _____ days +/- _____ days
HC _____ mm - _____ weeks _____ days +/- _____ days
AC _____ mm - _____ weeks _____ days +/- _____ days
FL _____ mm - _____ weeks _____ days +/- _____ days
HL _____ mm - _____ weeks _____ days +/- _____ days

Estimated fetal weight (Hadlock): _____ grams (_____**lbs** _____**oz**) +/- _____ grams.

[ ] ADD [ ] OMIT The estimated fetal weight is at the _____ percentile for _____ weeks _____ days, based on **[ ] the clinically established EDD. [ ] todays calculated AUA, given no prior imaging has been performed.**

IMPRESSION: *Preliminary findings/impression subject to radiologist review.*

1. **GESTATIONAL DATING (choose one):**
   [ ] No prior Ultrasound. Single live fetus with a calculated averaged ultrasound age (AUA) today of _____ weeks _____ days*; EDD (AUA) ____/____/____. Please incorporate this calculation into your algorithm for establishing the clinical EDD. (*The standard deviation is based on the clinically established EDD using ACOG guidelines.)

   [ ] Single live fetus with an extrapolated gestational age, based on the clinically established EDD, giving _____ weeks_____ days*, EDD ____/_____/____. (*The standard deviation is based on the clinically established EDD using ACOG guidelines.)

2. **PRESENTATION (Choose one)**: [ ] Cephalic [ ] Varied (multiple positions)
   [ ] Breech (*circle one): **Complete Incomplete Footling Frank**
   [ ] Transverse lie (MUST circle options for the * areas below)
   *Fetal head to maternal: **right left**
   [ ] Other:_____

3. **PLACENTAL LOCALIZATION (Choose one)**:
   [ ] Placenta low lying. Consider a follow up exam in the third trimester for placental localization and fetal growth.
   [ ] Placenta is [ ] anterior [ ] posterior [ ] fundal [ ] other and _____cm from the internal os.

4. **FETAL SURVEY (Choose one):**
   [ ] No concerning features identified; as above.

   [ ] No concerning features identified, we have scheduled the patient to return to complete the fetal survey. An addendum will follow.

   [ ] Performed Previously.

   [ ] Not performed. This could be requested at an appropriate facility if clinically necessary.

OTHER ULTRASOUND FINDINGS (Do Not Transcribe):

_____

_____