

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

OUTSIDE FACILITY OB SURVEY FOLLOW UP (OBOSFU)

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

CLINICAL INDICATION: Follow up fetal anatomical survey done at another location.

COMPARISON (select one):

☐ 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 appropriate): ☐ Transabdominal ☐ Endovaginal ☐ Translabial ☐ Duplex ☐ 3-Dimensional

FINDINGS:

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 (choose AP Pocket only if <27 weeks*):

☐ Subjective (choose one): ☐ Normal ☐ Low ☐ High ☐ Add Dictation.

Amniotic Fluid Index: _____ cm. (Normal 5-25 cm)

Largest Vertical Fluid Pocket: _____ cm. (normal 2-8 cm)

AFI Percentile: ☐ 0-3rd percentile ☐ 3-5th percentile ☐ 5-50th percentile ☐ 50-95th percentile
☐ 95-97th percentile ☐ 97th and greater percentile

☐ *Subjective (choose one): ☐ Normal ☐ Low ☐ High ☐ Add Dictation

Largest Vertical Fluid Pocket _____ cm. (normal 2-8 cm)

LIMITED FETAL SURVEY (choose one):

☐ Performed today, as requested.

PATIENT NAME: _____ MRN: _____

Parameters assessed (select all appropriate):

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

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OTHER ULTRASOUND FINDINGS (Do Not Transcribe):

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**IMPRESSION:**

PATIENT NAME: \_\_\_\_\_ MRN: \_\_\_\_\_

1. **GESTATIONAL DATING** (choose one):

☐ 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.)

1. **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: \_\_\_\_\_

2. **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.

3. **LIMITED FETAL SURVEY** (Choose one):

☐ No concerning features identified; as above.

☐ No concerning features identified, we were unable to obtain requested anatomy due to fetal position.

☐ ADD DICTATION \_\_\_\_\_

**OTHER ULTRASOUND FINDINGS (Do Not Transcribe):**

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