

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

OB 27 WEEKS TO TERM TWINS (OB27TERMTWIN)

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

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 Color 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]
Sagittal color imaging shows no evidence of vasa previa or presenting cord.

Fetus Number: Two Add dictation: _____

Fetal Heart Activity (choose one):

Fetus A Present; fetal heart rate _____ bpm. Not Present [ADD DICTATION]

Fetus B Present; fetal heart rate _____ bpm. Not Present [ADD DICTATION]

Placenta (choose one):

One shared placenta:

Location: anterior posterior fundal other

Previa: Not present Present: marginal partial complete

Abruption: Not present Present

Two separate placentas:

TWIN A: Location: anterior posterior fundal other

Previa: Not present Present: marginal partial complete

Abruption: Not present Present

TWIN B: Location: anterior posterior fundal other

Previa: Not present Present: marginal partial complete

Abruption: Not present Present

Umbilical S/D Ratio: TWIN A: _____ TWIN B: _____

Amniotic Fluid: Subjectively (choose one): Normal High Low Add Dictation

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PATIENT NAME: _____ MRN: _____

TWIN A:

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

TWIN B:

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

Presentation:

TWIN A: (Choose one): Cephalic Varied (multiple positions)
 Breech (*circle one): **Complete Incomplete Footling Frank**
 Transverse lie (MUST circle options for the * areas below)
 *Spine location: **up/cephalic down/caudal anterior posterior**
 *Fetal head to maternal: **right left**
 Other: _____

TWIN B: (Choose one): Cephalic Varied (multiple positions)
 Breech (*circle one): **Complete Incomplete Footling Frank**
 Transverse lie (MUST circle options for the * areas below)
 *Spine location: **up/cephalic down/caudal anterior posterior**
 *Fetal head to maternal: **right left**
 Other: _____

Fetal Biometry:

TWIN A:

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, which is at the _____ percentile for _____ weeks _____ days, based on

the clinically established EDD.
 today's calculated AUA, given no prior imaging has been performed.

TWIN B:

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, which is at the _____ percentile for _____ weeks _____ days, based on

the clinically established EDD.
 today's calculated AUA, given no prior imaging has been performed.

Fetal Survey (Select one):

Performed today, as allowed by fetal position, gestational age, and maternal body habitus, as detailed below.
 Performed Previously.
 Not performed.

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PATIENT NAME: _____ MRN: _____

(ADD/ OMIT)

Fetal Survey Parameters: (WNL = Within Normal Limits; UA = Unable to Assess; ABN = Abnormal)

(Please check all applicable boxes)

<u>TWIN A:</u>	WNL	UA	ABN		<u>TWIN B:</u>	WNL	UA	ABN
Stomach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Stomach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kidneys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Kidneys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bladder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Bladder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Three Vessel Cord	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Three Vessel Cord	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cord Insertion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Cord Insertion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Four Chamber Heart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Four Chamber Heart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cerebral Ventricles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Cerebral Ventricles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cerebellum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Cerebellum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cisterna Magna	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Cisterna Magna	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diaphragm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Diaphragm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Situs (Heart and Stomach on Left)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Situs (Heart and Stomach on Left)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IMPRESSION: Preliminary findings/impression subject to radiologist review.

1. TWIN GESTATIONAL DATING:

No prior Ultrasound. Twin live pregnancy 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.)

Twin live pregnancy 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:

TWIN A: (Choose one): Cephalic Varied (multiple positions)
 Breech (*circle one): **Complete Incomplete Footling Frank**
 Transverse lie (MUST circle options for the * areas below)
 *Spine location: **up/cephalic down/caudal anterior posterior**
 *Fetal head to maternal: **right left**
 Other: _____

TWIN B: (Choose one): Cephalic Varied (multiple positions)
 Breech (*circle one): **Complete Incomplete Footling Frank**
 Transverse lie (MUST circle options for the * areas below)
 *Spine location: **up/cephalic down/caudal anterior posterior**
 *Fetal head to maternal: **right left**
 Other: _____

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3. PLACENTAL LOCALIZATION: (Choose one)

One shared placenta:

Location: anterior posterior fundal other

Placenta: Not present Present : marginal partial complete

Abruption: Not present Present

Two separate placentas:

TWIN A: Location: anterior posterior fundal other

Placenta: Not present Present: marginal partial complete

Abruption: Not present Present

TWIN B: Location: anterior posterior fundal other

Placenta: Not present Present: marginal partial complete

Abruption: Not present Present

4. FETAL SURVEY: (select one)

Performed today, as allowed by gestational age, fetal position, and maternal body habitus, as detailed above.

No concerning features identified.

Performed Previously.

Not performed.

5. FETAL GROWTH: (Choose one)

TWIN A:

No prior ultrasound to assess fetal growth. Fetal measurements and EFW, as above.

EFW is at the _____ percentile based on the clinically established EDD, as discussed above.

TWIN B:

No prior ultrasound to assess fetal growth. Fetal measurements and EFW, as above.

EFW is at the _____ percentile based on the clinically established EDD, as discussed above.