

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

LIMITED TWIN OB ULTRASOUND (OBTWNLIMITED)

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

INDICATION: (check all that apply)

Vaginal Bleeding No fetal heart tones Pelvic Pain History of Trauma Cervical length evaluation
 Other: _____

TECHNIQUE: (Select appropriate): Transabdominal Translabial Endovaginal Color Duplex
 3-Dimensional

Earliest Ultrasound: Location: _____
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)

FINDINGS:

Cervix: Cervical Length _____ cm **and** Closed Open [ADD DICTATION]

Fetal Heart Rate: TWIN A: _____ bpm TWIN B: _____ bpm

Placenta (choose one):

One Shared placenta:
Location: anterior posterior fundal other
Previa: Not present Present : marginal partial complete
Abruptio: Not present Present

Two separate placentas:

TWIN A: Location: anterior posterior fundal other
Previa: Not present Present: marginal partial complete
Abruptio: Not present Present

TWIN B: Location: anterior posterior fundal other
Previa: Not present Present: marginal partial complete
Abruptio: Not present Present

Amniotic Fluid: Subjective (choose one): Normal High Low ADD DICTATION

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: _____

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PATIENT NAME: _____ MRN: _____

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: _____

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

Targeted assessment of twin intrauterine pregnancy as detailed above. Biometric growth parameters not performed on this study. If clinically indicated, it can be performed in addition to this study.

ADD DICTATION