

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

**TWIN OB BIOPHYSICAL PROFILE ULTRASOUND (BPPTWIN)**

PATIENT NAME: \_\_\_\_\_ MR# \_\_\_\_\_

DATE: \_\_\_\_\_ TECH INITIAL: \_\_\_\_\_ EXT: \_\_\_\_\_

FACILITY: MWH / MIF / ICW / MILH / MINS / MIKG / SH

**INDICATION (check all that apply):**

☐ Abnormal NST ☐ Decreased Fetal Movement ☐ Gestational Diabetes ☐ LGA

☐ Other: \_\_\_\_\_

**TECHNIQUE: (Select all used):** ☐ Transabdominal ☐ Translabial ☐ Endovaginal ☐ Color Duplex ☐ 3-Dimensional

**FINDINGS:** Real time fetal observation was performed, according to standard protocol, for 30 minutes, or until the parameters were positively identified. Exam documented via cine clips in PACS. The gestational age is calculated to be \_\_\_\_\_ weeks \_\_\_\_\_ days based on the clinically established EDD of \_\_\_\_/\_\_\_\_/\_\_\_\_.

BPP Parameters	Twin A		Twin B	
	Normal (2)	Abnormal (0)	Normal (2)	Abnormal (0)
Fetal breathing movement ** (30 seconds unsuspended respiration)				
Gross body movements **(3 trunk or spine movements)				
Fetal tone **(1 flexion and extension of fetal extremity)				
Amniotic fluid (2D pocket) **(single pocket of $\geq 2$ cm)				
TOTAL SCORE				
**From Manning FA, Platt LD, Sipos, L: Antepartum Fetal Evaluation: Development of a fetal biophysical profile score. AM J Obstet Gynecol 136:787, 1980.				

Heart Rate: Twin A: \_\_\_\_\_ bpm Twin B: \_\_\_\_\_ bpm.

Umbilical Artery S/D Ratio: Twin A: \_\_\_\_\_ Twin B: \_\_\_\_\_

Amniotic Fluid (choose one): Subjectively: ☐ 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 ☐ frank breech ☐ footling breech ☐ varied ☐ other

TWIN B: (choose one): ☐ cephalic ☐ frank breech ☐ footling breech ☐ varied ☐ other

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

☐ Normal fetal biophysical profile ultrasound examination, with a score of 8/8. Please correlate this with the non-stress test result, and/or other exams/clinical parameters.

☐ Equivocal fetal biophysical profile ultrasound examination with a score of \_\_\_\_/8 for twin A and \_\_\_\_/8 for twin B, as detailed above. Findings discussed by telephone with Dr. \_\_\_\_\_ (ordering physician) by Dr. \_\_\_\_\_ (radiologist). Please correlate this with the non-stress test results, and/or other exams/clinical parameters.

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

[ ] Abnormal fetal biophysical profile ultrasound examination with a score of \_\_\_\_/8 for twin A and \_\_\_\_/8 for twin B, as detailed above. Findings discussed by telephone with Dr. \_\_\_\_\_ (ordering physician) by Dr. \_\_\_\_\_ (radiologist). Please correlate this with the non-stress test results, and/or other exams/clinical parameters.

[ ] ADD DICTATION