

Biophysical Profile US Technologist Worksheet

St Vincents Riverside Southside Clay St Johns Imaging Center Arlington ER Westside ER
Optimal Forbes Southside Clay Mandarin Westside St Johns Town Center Orange Park

Patient Name: _____ MMI: _____ Age: _____

History/Symptoms:	LMP
	G P

FETAL HEART RATE

_____ bpm

EGA (by LMP)	Estimated Date of Delivery
wk d	/ /

FETAL MOVEMENT

_____ 2 Three or more discrete body or limb movements within 30 mins.
 _____ 0 Absence of movement in 30 mins.

FETAL BREATHING

_____ 2 Presence of at least 30 secs sustained breathing in 30 mins.
 _____ 0 Absence of breathing.

FETAL TONE

_____ 2 One or more episodes of extension and return to flexion of fetal extremity.
 _____ 0 Absence of extension and return to flexion.

AMNIOTIC FLUID

_____ 2 Two pockets of fluid that each measure 2 cm in perpendicular plane.
 _____ 0 Less than two pockets of fluid that each measure 2 cm in perpendicular plane.
 _____ AFI Normal 5-24 cm.

Sonographer's Impression: _____

Sonographer's Name, Date & Time: _____ # Images _____