

Patient Name: \_\_\_\_\_

Previous exam: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Technologist: \_\_\_\_\_

**BIOPHYSICAL PROFILE ULTRASOUND WORKSHEET**

Ordering Physician: \_\_\_\_\_

Clinical Info: \_\_\_\_\_

Variable	Normal (Score = 2)	Abnormal (Score = 0)	Total
Fetal Breathing Movements	At least 1 episode of FBM lasting 30 seconds or more during 30 minutes of observation	Absent FBM, or lack of an episode lasting 30 seconds or more during 30 minutes of observation	
Gross Body Movements	At least 3 discrete body/limb movements in 30 minutes of testing. Episodes of continual movement are considered as a single movement	2 or fewer episodes of body/limb movements in 30 minutes	
Fetal Tone	At least 1 episode of active extension with return to flexion of fetal limbs or trunk; opening and closing of hand is considered normal tone	Either slow extension with return to partial flexion or movement of limb in full extension or absent fetal movement	
Qualitative AF Volume	At least 1 pocket of AF that measures at least 1 cm in two perpendicular planes	Either no AF pockets or a pocket of less than 1 cm in two perpendicular planes	

Was acoustic stimulation used to arouse fetus?  YES  NO      Total Score: \_\_\_\_\_

Fetal HR: \_\_\_\_\_ Amniotic Fluid Index (AFI): \_\_\_\_\_

Other Comments: \_\_\_\_\_

Routine, no immediate call back necessary

Call report to: \_\_\_\_\_ Number or Pager: \_\_\_\_\_