OB/MFM Student Ultrasound Check List

Student's Name: _____

	Observer 's Initials & Date	Observer's Initials & Date	Observer's Initials & Date
OBSERVE:			
Dating			
Amniotic Fluid Measurement			
Cervical Length Measurement (Abdominal or Transvaginal)			
Complete Fetal Survey			
Fetal Echocardiogram			
Biophysical Profile			
Fetal Anomaly			
PERFORM:			
Identification of Number of Gestations:			
Fetal Presentation:			
Placental Location:			
Amniotic Fluid Index Measurement:			
Identification of Maternal Structures:			
Adnexa (Abdominal)			
Cervix (Abdominal)			
Bladder			
Uterus			
Identification of Fetal Structures:			
Brain			
Profile			
Heart (4-chamber view)			
Heart Rate			
Diaphragm			
Stomach			
Gender			
Upper Extremity			
Lower Extremity			
Structural Views:			
Sagittal			
Transverse			
Coronal			

*** Accepted Observers: Sonographers, Fellows, Residents, Faculty**

*** * Turn Check List in to the Clerkship Coordinator at the end of the Ob Rotation**

May 2014