Normal Fetal Heart Rate Template

PATIENT DEMOGRAPHICS

Name: _____   Medical Record Number: _____

Date of Visit: _____   dd / mm / yyyy

GESTATIONAL AGE CALCULATION

Last Menstrual Period or Ultrasound-Confirmed Dating: _____

MATERNAL VITAL SIGNS

Blood Pressure: _____   Heart Rate: _____

Temperature: _____

HEART RATE MEASUREMENTS

Baseline Fetal Heart Rate: _____   Date and Time Stamps: _____

MONITORING METHOD

Monitoring Method

◯ Doppler   ◯ Ultrasound   ◯ Electronic Fetal Monitor

ASSESSMENT

Provider Notes on Heart Rate Variability and Abnormal Patterns

NORMAL RANGE REFERENCE CHART

Quick-Access Table by Gestational Age

CLINICAL INTERPRETATION

Space for Noting Bradycardia, Tachycardia, or Other Concerns

FOLLOW-UP ACTION ITEMS

Recommendations for Additional Testing or Closer Monitoring