

# Nonstress Test

Name:

Date of Birth:

Medical Record Number:

Date of NST:

## Reason for NST (Check all that apply):

- Monitoring fetal well-being
- Decreased fetal movement
- Maternal high blood pressure
- Gestational diabetes
- Overdue pregnancy
- Other: \_\_\_\_\_

## Initial Observations:

Fetal Heart Rate at Start:

Maternal Blood Pressure (if applicable):

Maternal Blood Glucose Level (if applicable):

## Monitoring (Record at 5-minute intervals)

### Time (minutes):

5 \_\_\_\_\_

10 \_\_\_\_\_

15 \_\_\_\_\_

20 \_\_\_\_\_

25 \_\_\_\_\_

30 \_\_\_\_\_

### Fetal Heart Rate (bpm):

5 \_\_\_\_\_

10 \_\_\_\_\_

15 \_\_\_\_\_

20 \_\_\_\_\_

25 \_\_\_\_\_

30 \_\_\_\_\_

**Maternal Blood Pressure (if applicable):**

5 \_\_\_\_\_

10 \_\_\_\_\_

15 \_\_\_\_\_

20 \_\_\_\_\_

25 \_\_\_\_\_

30 \_\_\_\_\_

**Maternal Blood Glucose Level (if applicable):**

5 \_\_\_\_\_

10 \_\_\_\_\_

15 \_\_\_\_\_

20 \_\_\_\_\_

25 \_\_\_\_\_

30 \_\_\_\_\_

**NST Result: (Choose one)**

- Reactive (Fetal heart rate accelerations observed)
- Nonreactive (No fetal heart rate accelerations)
- Indeterminate (Explain in notes)

**Additional Notes:**