

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: