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1934

OB-57 Anesthetic Agents and OB-35 Anesthesia Record

Form OB-57 was used to report the use of all anesthetic agents administered during the study patient's pregnancy and delivery. It was also used to report anesthetic agents administered postpartum (after cord clamping) at local option. First implemented in April 1962, form OB-57 replaced form OB-35, Anesthesia Record.

Form OB-35, implemented in January 1959, was completed at delivery and at any other time a study patient was given anesthesia during pregnancy. This form was used without revision until it was replaced by OB-57. Data from form OB-35 were combined with data from OB-57 for inclusion on the master file (Table OB-57.1). Information from OB-35 was also abstracted on form ADM-51.

Form OB-57 was revised in December 1962; revisions did not affect the items on the form at all, though some coding differences exist on the December 1962 version.

TABLE OB-57.1 Cards and Data Records by Revision for Forms OB-57 and OB-35

CARD NAME	CARD NUMBER	REV. NO.	NUMBER RECORDS
OB-57: Anesthesia Reports	0357		
		0	21,482
		1	8,404
		2	27,678
			57,564
OB-57: Gaseous Agents, Intravenous Agents	1357		
		0	9,294
		1	2,962
		2	7,549
			19,805
OB-57: Conduction Agents	2357		
		0	12,088
		1	5,078
		2	18,619
			35,785

OB-57: Response of Patient	3357		
		0	18,039
		1	6,957
		2	23,453
			48,449
OB-57: Gaseous Agents, Intravenous Agents	4357		
		0	33
		1	1
		2	3
			37
OB-57: Conduction Agents	5357		
		0	1
			1
	total for form		161,641

Data Items Referencing Form OR-35, Anesthetic Agents

DATA ITEM ID	ITEM IN FORM	CARD NUM	FROM	TO	DATA ITEM NAME
e(58....VAR			1453	1453	Uterine stimulant, persistent increased uterine tone

Data Items Referencing Form OB-57, Anesthetic Agents

DATA ITEM ID	ITEM IN FORM	CARD NUM	FROM	TO	DATA ITEM NAME
1938.....		0357	1	5	Card number (sequence, form type, form number, revision number)
1939.....		0357	6	14	NINDB case number
1940..OB-57	2	0357	15	16	Anesthetic agents, date administered, (mo)
1941..OB-57	2	0357	17	18	Anesthetic agents, date administered, (day)
1942..OB-57	2	0357	19	20	Anesthetic agents, date administered, (yr)
1943..OB-57	3	0357	21	21	Anesthetic agents, delivery/predelivery, yes/no
1944..OB-57	1	0357	22	22	Anesthetic, gaseous agent used
1945..OB-57	1	0357	23	23	Anesthetic, intravenous agent used
1946..OB-57	24	0357	24	24	Anesthetic, conduction agent used
1947..OB-57	4	0357	25	25	Anesthetic agents, administered by
1948..OB-57	5	0357	26	26	Anesthetic agents, information obtained from
1949.....		0357	27	78	Blank
1950..OB-57		0357	79	79	Plurality
1951..OB-57		0357	80	80	Anesthesia reports, number
1952.....		1357	1	5	Card number (sequence, form type, form number, revision number)
1953.....		1357	6	14	NINDB case number
1954..OB-57	6	1357	15	16	Anesthetic, gaseous agent, nth
1955..OB-57	7	1357	17	20	Anesthetic, gaseous agent, nth, time started, intermittent
1956..OB-57	8	1357	21	24	Anesthetic, gaseous agent, nth, time started, continuous
1957..OB-57	9	1357	25	28	Anesthetic, gaseous agent, nth, time stopped
1958..OB-57	6	1357	29	30	Anesthetic, gaseous agent, nth
1959..OB-57	7	1357	31	34	Anesthetic, gaseous agent, nth, time started, intermittent
1960..OB-57	8	1357	35	38	Anesthetic, gaseous agent, nth, time started, continuous
1961..OB-57	9	1357	39	42	Anesthetic, gaseous agent, nth, time stopped
1962..OB-57	6	1357	43	44	Anesthetic, gaseous agent, nth
1963..OB-57	7	1357	45	48	Anesthetic, gaseous agent, nth, time started, intermittent
1964..OB-57	8	1357	49	52	Anesthetic, gaseous agent, nth, time started, continuous
1965..OB-57	9	1357	53	56	Anesthetic, gaseous agent, nth, time stopped
1966..OB-57	10	1357	57	58	Anesthetic, intravenous agent, nth
1967..OB-57	11	1357	59	62	Anesthetic, intravenous agent, nth, time started
1968..OB-57	12	1357	63	66	Anesthetic, intravenous agent, nth, total dosage before clamping of cord
1969..OB-57	10	1357	67	68	Anesthetic, intravenous agent, nth
1970..OB-57	11	1357	69	72	Anesthetic, intravenous agent, nth, time started
1971..OB-57	12	1357	73	76	Anesthetic, intravenous agent, nth, total dosage before clamping of cord
1972..OB-57	13	1357	77	77	Anesthesia, deepest prior to cord clamping
1973.....		1357	78	78	Blank
1974..OB-57		1357	79	79	Plurality
1975..OB-57		1357	80	80	Anesthetic reports, number
1976.....		2357	1	5	Card number (sequence, form type, form number, revision number)
1977.....		2357	6	14	NINDB case number

Data Items Referencing Form OB-57, Anesthetic Agents

DATA ITEM ID	ITEM IN FORM	CARD NUM	FROM	TO	DATA ITEM NAME
1978..OB-57	14	2357	15	16	Anesthetic, conduction agent, nth, type
1979..OB-57	15	2357	17	17	Anesthetic, conduction agent, nth, route
1980..OB-57	16	2357	18	21	Anesthetic, conduction agent, nth, time started
1981..OB-57	17	2357	22	25	Anesthetic, conduction agent, nth, total dosage before cord clamping
1982..OB-57	18	2357	26	26	Anesthetic, conduction agent, nth, how used
1983..OB-57	14	2357	27	28	Anesthetic, conduction agent, nth, type
1984..OB-57	15	2357	29	29	Anesthetic, conduction agent, nth, route
1985..OB-57	16	2357	30	33	Anesthetic, conduction agent, nth, time started
1986..OB-57	17	2357	34	37	Anesthetic, conduction agent, nth, total dosage before cord clamping
1987..OB-57	18	2357	38	38	Anesthetic, conduction agent, nth, how used
1988..OB-57	14	2357	39	40	Anesthetic, conduction agent, nth, type
1989..OB-57	15	2357	41	41	Anesthetic, conduction agent, nth, route
1990..OB-57	16	2357	42	45	Anesthetic, conduction agent, nth, time started
1991..OB-57	17	2357	46	49	Anesthetic, conduction agent, nth, total dosage before cord clamping
1992..OB-57	18	2357	50	50	Anesthetic, conduction agent, nth, how used
1993..OB-57	18	2357	51	52	Anesthetic, conduction agent, nth, type
1994..OB-57	15	2357	53	53	Anesthetic, conduction agent, nth, route
1995..OB-57	16	2357	54	57	Anesthetic, conduction agent, nth, time started
1996..OB-57	17	2357	58	61	Anesthetic, conduction agent, nth, total dosage before cord clamping
1997..OB-57	18	2357	62	62	Anesthetic, conduction agent, nth, how used
1998..OB-57	14	2357	63	64	Anesthetic, conduction agent, nth, type
1999..OB-57	15	2357	65	65	Anesthetic, conduction agent, nth, route
2000..OB-57	16	2357	66	69	Anesthetic, conduction agent, nth, time started
2001..OB-57	17	2357	70	73	Anesthetic, conduction agent, nth, total dosage before cord clamping
2002..OB-57	18	2357	74	74	Anesthetic, conduction agent, nth, how used
2003..OB-57	19	2357	75	76	Anesthesia, highest level prior to cord clamping
2004.....		2357	77	78	Blank
2005..OB-57		2357	79	79	Plurality
2006..OB-57		2357	80	80	Anesthesia reports, number
2007.....		3357	1	5	Card number (sequence, form type, form number, revision number)
2008.....		3357	6	14	NINDB case number
2009..OB-57	20	3357	15	15	Anesthesia; response of patient, unusual, before cord clamped
2010..OB-57	20	3357	16	16	Anesthesia; response of patient; cyanosis, slight, before cord clamped
2011..OB-57	20	3357	17	17	Anesthesia; response of patient; cyanosis, moderate, before cord clamped
2012..OB-57	20	3357	18	18	Anesthesia; response of patient; cyanosis, generalized, before cord clamped

Data Items Referencing Form OB-57, Anesthetic Agents

DATA ITEM ID	ITEM ON FORM	CARD NUM	FROM	TO	DATA ITEM NAME
2013..OB-57	20	3357	19	19	Anesthesia; response of patient; hypotension, before cord clamped
2014..OB-57	20	3357	20	20	Anesthesia; response of patient; vomiting, before cord clamped
2015..OB-57	20	3357	21	21	Anesthesia; response of patient; laryngospasm, before cord clamped
2016..OB-57	20	3357	22	22	Anesthesia; response of patient, aspiration, before cord clamped
2017..OB-57	20	3357	23	23	Anesthesia; response of patient, tachycardia, before cord clamped
2018..OB-57	20	3357	24	24	Anesthesia; response of patient; bradycardia, before cord clamped
2019..OB-57	20	3357	25	25	Anesthesia; response of patient; cardiac arrythmia, before cord clamped
2020..OB-57	20	3357	26	26	Anesthesia; response of patient; apnea, before cord clamped
2021..OB-57	20	3357	27	27	Anesthesia; response of patient; cardiac arrest, before cord clamped
2022..OB-57	20	3357	28	28	Anesthesia; response of patient; other, before cord clamped
2023..OB-57	20	3357	29	29	Anesthesia; response of patient; unusual, after cord clamped
2024..OB-57	20	3357	30	30	Anesthesia; response of patient; cyanosis, slight, after cord clamped
2025..OB-57	20	3357	31	31	Anesthesia; response of patient; cyanosis, moderate, after cord clamped
2026..OB-57	20	3357	32	32	Anesthesia; response of patient; cyanosis, generalized, after cord clamped
2027..OB-57	20	3357	33	33	Anesthesia; response of patient; hypotension, after cord clamped
2028..OB-57	20	3357	34	34	Anesthesia; response of patient; vomiting, after cord clamped
2029..OB-57	20	3357	35	35	Anesthesia; response of patient; laryngospasm, after cord clamped
2030..OB-57	20	3357	36	36	Anesthesia; response of patient; aspiration, after cord clamped
2031..OB-57	20	3357	37	37	Anesthesia; response of patient; tachycardia, after cord clamped
2032..OB-57	20	3357	38	38	Anesthesia; response of patient; bradycardia, after cord clamped
2033..OB-57	20	3357	39	39	Anesthesia; response of patient; cardiac arrythmia, after cord clamped
2034..OB-57	20	3357	40	40	Anesthesia; response of patient; apnea, after cord clamped
2035..OB-57	20	3357	41	41	Anesthesia; response of patient; cardiac arrest, after cord clamped
2036..OB-57	20	3357	42	42	Anesthesia; response of patient, other, after cord clamped
2037.....		3357	43	78	Blank
2038..OB-57		3357	79	79	Plurality
2039..OB-57		3357	80	80	Anesthesia reports, number
2040.....		4357	1	5	Card number (sequence, form type, form number, revision number)
2041.....		4357	6	14	NINDB case number
2042..OB-57	6	4357	15	16	Anesthetic, gaseous agent, nth
2043..OB-57	7	4357	17	20	Anesthetic, gaseous agent, nth, time started, intermittent
2044..OB-57	8	4357	21	24	Anesthetic, gaseous agent, nth, time started, continuous
2045..OB-57	9	4357	25	28	Anesthetic, gaseous agent, nth, time stopped
2046..OB-57	6	4357	29	30	Anesthetic, gaseous agent, nth
2047..OB-57	7	4357	31	34	Anesthetic, gaseous agent, nth, time started, intermittent
2048..OB-57	8	4357	35	38	Anesthetic, gaseous agent, nth, time started, continuous
2049..OB-57	9	4357	39	42	Anesthetic, gaseous agent, nth, time stopped

Data Items Referencing Form OB-57, Anesthetic Agents

DATA ITEM ID	ITEM IN FORM	CARD NUM	FROM	TO	DATA ITEM NAME
2050..OB-57	6	4357	43	44	Anesthetic, gaseous agent, nth
2051..OB-57	7	4357	45	48	Anesthetic, gaseous agent, nth, time started, intermittent
2052..OB-57	8	4357	49	52	Anesthetic, gaseous agent, nth, time started, continuous
2053..OB-57	9	4357	53	56	Anesthetic, gaseous agent, nth, time stopped
2054..OB-57	10	4357	57	58	Anesthetic, intravenous agent, nth
2055..OB-57	11	4357	59	62	Anesthetic, intravenous agent, nth, time started
2056..OB-57	12	4357	63	66	Anesthetic, intravenous agent, nth, total dosage before clamping of cord
2057..OB-57	10	4357	67	68	Anesthetic, intravenous agent, nth
2058..OB-57	11	4357	69	72	Anesthetic, intravenous agent, nth, time started
2059..OB-57	12	4357	73	76	Anesthetic, intravenous agent, nth, total dosage before clamp'ng of cord
2060..OB-57	13	4357	77	77	Anesthesia, deepest prior to cord clamping
2061.....		4357	78	78	Blank
2062..OB-57		4357	79	79	Plurality
2063..OB-57		4357	80	80	Anesthesia reports, number
2064.....		5357	1	5	Card number (sequence, form type, form number, revision number)
2065.....		5357	6	14	NINDB case number
2066..OB-57	14	5357	15	16	Anesthetic, conduction agent, nth, type
2067..OB-57	15	5357	17	17	Anesthetic, conduction agent, nth, route
2068..OB-57	16	5357	18	21	Anesthetic, conduction agent, nth, time started
2069..OB-57	17	5357	22	25	Anesthetic, conduction agent, nth, total dosage before cord clamping
2070..OB-57	18	5357	26	26	Anesthetic, conduction agent, nth, how used
2071..OB-57	14	5357	27	28	Anesthetic, conduction agent, nth, type
2072..OB-57	15	5357	29	29	Anesthetic, conduction agent, nth, route
2073..OB-57	16	5357	30	33	Anesthetic, conduction agent, nth, time started
2074..OB-57	17	5357	34	37	Anesthetic, conduction agent, nth, total dosage before cord clamping
2075..OB-57	18	5357	38	38	Anesthetic, conduction agent, nth, how used
2076..OB-57	14	5357	39	40	Anesthetic, conduction agent, nth, type
2077..OB-57	15	5357	41	41	Anesthetic, conduction agent, nth, route
2078..OB-57	16	5357	42	45	Anesthetic, conduction agent, nth, time started
2079..OB-57	17	5357	46	49	Anesthetic, conduction agent, nth, total dosage before cord clamping
2080..OB-57	18	5357	50	50	Anesthetic, conduction agent, nth, how used
2081..OB-57	14	5357	51	52	Anesthetic, conduction agent, nth, type
2082..OB-57	15	5357	53	53	Anesthetic, conduction agent, nth, route
2083..OB-57	16	5357	54	57	Anesthetic, conduction agent, nth, time started
2084..OB-57	17	5357	58	61	Anesthetic, conduction agent, nth, total dosage before cord clamping
2085..OB-57	18	5357	62	62	Anesthetic, conduction agent, nth, how used
2086..OB-57	14	5357	63	64	Anesthetic, conduction agent, nth, type

Data Items Referencing Form OB-57, Anesthetic Agents

DATA ITEM ID	ITEM ON FORM	CARD NUM	FROM	TO	DATA ITEM NAME
2087..OB-57	15	5357	65	65	Anesthetic, conduction agent, nth, route
2088..OB-57	16	5357	66	69	Anesthetic, conduction agent, nth, time started
2089..OB-57	17	5357	70	73	Anesthetic, conduction agent, nth, total dosage before cord clamping
2090..OB-57	18	5357	74	74	Anesthetic, conduction agent, nth, how used
2091..OB-57	19	5357	75	76	Anesthetic, highest level prior to clamp of cord
2092.....		5357	77	78	Blank
2093..OB-57		5357	79	79	Plurality
2094..OB-57		5357	80	80	Anesthesia reports, number
6094....VAR	15		1368	1368	Anesthetic agents, conduction, route of agent 1
6095....VAR	3		1369	1369	Anesthetic agents, conduction, route of agent 2
6096....VAR	3		1370	1370	Anesthetic agents, conduction, route of agent 3
6097....VAR	15		1371	1371	Anesthetic agents, conduction, route of agent 4
6098....VAR	3		1372	1372	Anesthetic agents, conduction, route of agent 5
6099....VAR	3		1373	1373	Anesthetic agents, conduction, route of agent 6
6100....VAR	3		1374	1374	Anesthetic agents, conduction, route of agent 7
6101....VAR	3		1375	1375	Anesthetic agents, conduction, route of agent 8
6102....VAR	3		1376	1376	Anesthetic agents, conduction, route of agent 9
6103....VAR	15		1377	1377	Anesthetic agents, conduction, route of agent 10
6104....VAR	6-7		1378	1378	Anesthetic agents, gaseous
6105....VAR	3-10		1379	1379	Anesthetic agents, intravenous
6166....VAR	3		1465	1465	Anesthesia during delivery

COLR-2323-67
REV. 12-68

ANESTHETIC AGENTS

OB-57 At delivery, if anesthetic agents are not administered, mark items 1, 2, and 3, and do not complete rest of form.

1. PATIENT IDENTIFICATION

2. DATE ADMINISTERED OR DATE OF DELIVERY — Mo. / Day / Year

3. THIS FORM REPORTS:
- 1 ANESTHETIC AGENTS AT DELIVERY
- 0 NO ANESTHETIC AGENTS AT DELIVERY
- 2 PRE-DELIVERY ANESTHETIC AGENTS

Use 24 hour clock for all times. If time anesthesia is stopped to allow clamping of cord, the letters "A.C." may be entered in that space.

4. ADMINISTERED BY:
- 1 ANESTHESIOLOGIST
- 2 NURSE ANESTHETIST
- 4 PHYSICIAN DELIVERING
- 8 OTHER: _____ TITLE

5. THIS INFORMATION OBTAINED FROM:
- 1 PERSON SPECIFIED IN ITEM 4
- 2 OBSERVATION BY PROJECT STAFF
- 4 HOSPITAL RECORD
- 8 OTHER: _____ (Specify)

6. GASEOUS AGENTS — 0 NOT USED

	Start Code	7. Time Started — Intermittent	8. Time Started — Continuous	9. Time Stopped
NITROUS OXIDE				
CYCLOPROPANE				
ETHER				
TRICHLOROETHYLENE				
Other: Specify				

20. RESPONSE OF PATIENT — 0X NO UNUSUAL RESPONSE

	Before Cord Clamped	After Cord Clamped
CYANOSIS:		
SLIGHT: PERI-ORAL, FINGERTIP		
MODERATE: NOT GENERALIZED		
GENERALIZED		
HYPOTENSION (DROP OF MORE THAN 30 MILLIMETERS SYSTOLIC OR 10 MILLIMETERS DIASTOLIC BELOW PRE-ANESTHETIC LEVEL)		
VOMITING		
LARYNGOSPASM		
POSSIBLE ASPIRATION		
TACHYCARDIA		
BRADYCARDIA		
CARDIAC ARRHYTHMIA		
APNEA		
CARDIAC ARREST		
OTHER (Specify)		

10. INTRAVENOUS AGENTS — 0 NOT USED

		11. Time Started	12. Total Dosage Before Clamping of Cord
(Adonis)			

13. DEEPEST ANESTHESIA PRIOR TO CLAMPING OF CORD — 0 ANESTHESIA NOT ATTAINED
- 1 FIRST STAGE
- 2 SECOND STAGE
- THIRD STAGE: 3 FIRST PLANE, 4 SECOND PLANE, 5 THIRD PLANE
- 9 UNKNOWN

14. CONDUCTION AGENTS — 0 NOT USED

		15. Route*	16. Time Started	17. Total Dosage Before Clamping of Cord	18. How Used
					1 CONTINUOUS, 2 SINGLE DOSE
(Adonis)					1 CONTINUOUS, 2 SINGLE DOSE

*ROUTE: 1 = SPINAL, 2 = CAUDAL, 3 = EPIDURAL, 4 = LOCAL, 5 = PUDENDAL BLOCK, 6 = PARA CERVICAL

18. HIGHEST LEVEL OF ANESTHESIA PRIOR TO CLAMPING OF CORD — 99 UNKNOWN

21. OTHER MEDICATION
(Given by anesthesiologist, not noted elsewhere. Specify time, dosage, route.)

22. LAY EDIT BY

COLLABORATIVE RESEARCH
PERINATAL RESEARCH BRANCH, NINDB, NIH
BETHESDA 14, MD.

(REV. 12-68) **OB-57**

Form Item Numbers linked to Data Items on OB-35, Anesthetic Agents

ITEM ON FORM	DATA ITEM ID	CARD RUN	FROM	TO	DATA ITEM NAME
	6159....VAR		1453	1453	Uterine stimulant, persistent increased uterine tone

Form item numbers linked to Data Items on OR-57, Anesthetic Agents

ITEM NO FORM	DATA ITEM ID	CARD RUN	FROM	TO	DATA ITEM NAME
	2094..OR-57	5357	80	80	Anesthesia reports, number
	2063..OR-57	4357	80	80	Anesthesia reports, number
	2006..OR-57	2357	80	80	Anesthesia reports, number
	2038..OR-57	3357	80	80	Anesthesia reports, number
	1951..OR-57	0357	80	80	Anesthesia reports, number
	1975..OR-57	1357	80	80	Anesthetic reports, number
	2067..OR-57	4357	79	79	Plurality
	2099..OR-57	5357	79	79	Plurality
	2039..OR-57	3357	79	79	Plurality
	2005..OR-57	2357	79	79	Plurality
	1958..OR-57	0357	79	79	Plurality
	1974..OR-57	1357	79	79	Plurality
1	1944..OR-57	0357	22	22	Anesthetic, gaseous agent used
1	1945..OR-57	0357	23	23	Anesthetic, intravenous agent used
2	1941..OR-57	0357	17	18	Anesthetic agents, date administered, (day)
2	1940..OR-57	0357	15	16	Anesthetic agents, date administered, (mo)
2	1942..OR-57	0357	19	20	Anesthetic agents, date administered, (yr)
3	6166....VAR		1365	1365	Anesthesia during delivery
3	6094....VAR		1368	1368	Anesthetic agents, conduction, route of agent 1
3	6103....VAR		1377	1377	Anesthetic agents, conduction, route of agent 10
3	6095....VAR		1369	1369	Anesthetic agents, conduction, route of agent 2
3	6096....VAR		1370	1370	Anesthetic agents, conduction, route of agent 3
3	6097....VAR		1371	1371	Anesthetic agents, conduction, route of agent 4
3	6098....VAR		1372	1372	Anesthetic agents, conduction, route of agent 5
3	6099....VAR		1373	1373	Anesthetic agents, conduction, route of agent 6
3	6100....VAR		1374	1374	Anesthetic agents, conduction, route of agent 7
3	6101....VAR		1375	1375	Anesthetic agents, conduction, route of agent 8
3	6102....VAR		1376	1376	Anesthetic agents, conduction, route of agent 9
3	1943..OR-57	0357	21	21	Anesthetic agents, delivery/predelivery, yes/no
3-6	6104....VAR		1378	1378	Anesthetic agents, gaseous
3-10	6105....VAR		1379	1379	Anesthetic agents, intravenous
4	1947..OR-57	0357	25	25	Anesthetic agents, administered by
5	1948..OR-57	0357	26	26	Anesthetic agents, information obtained from
6	2050..OR-57	4357	43	44	Anesthetic, gaseous agent, nth
6	2042..OR-57	4357	15	16	Anesthetic, gaseous agent, nth
6	1962..OR-57	1357	43	44	Anesthetic, gaseous agent, nth
6	1954..OR-57	1357	15	16	Anesthetic, gaseous agent, nth
6	1958..OR-57	1357	29	30	Anesthetic, gaseous agent, nth
5-7	6104....VAR		1378	1378	Anesthetic agents, gaseous
7	1955..OR-57	1357	17	20	Anesthetic, gaseous agent, nth, time started, intermittent
7	1959..OR-57	1357	31	34	Anesthetic, gaseous agent, nth, time started, intermittent
7	1963..OR-57	1357	45	48	Anesthetic, gaseous agent, nth, time started, intermittent

Form Item Numbers linked to Data Items on OR-57, Anesthetic Agents

ITEM ON FORM	DATA ITEM ID	CARD NUM	FROM	TO	DATA ITEM NAME
7	2051..OR-57	4357	45	48	Anesthetic, gaseous agent, nth, time started, intermittent
7	2047..OR-57	4357	31	34	Anesthetic, gaseous agent, nth, time started, intermittent
7	2043..OR-57	4357	17	20	Anesthetic, gaseous agent, nth, time started, intermittent
8	1960..OR-57	1357	35	38	Anesthetic, gaseous agent, nth, time started, intermittent
8	2052..OR-57	4357	49	52	Anesthetic, gaseous agent, nth, time started, continuous
8	2044..OR-57	4357	21	24	Anesthetic, gaseous agent, nth, time started, continuous
8	1956..OR-57	1357	21	24	Anesthetic, gaseous agent, nth, time started, continuous
8	204R..OR-57	4357	35	38	Anesthetic, gaseous agent, nth, time started, continuous
8	1964..OR-57	1357	49	52	Anesthetic, gaseous agent, nth, time started, continuous
9	2053..OR-57	4357	53	56	Anesthetic, gaseous agent, nth, time started, continuous
9	1961..OR-57	1357	39	42	Anesthetic, gaseous agent, nth, time stopped
9	2049..OR-57	4357	39	42	Anesthetic, gaseous agent, nth, time stopped
9	1957..OR-57	1357	25	28	Anesthetic, gaseous agent, nth, time stopped
9	2045..OR-57	4357	25	28	Anesthetic, gaseous agent, nth, time stopped
9	1965..OR-57	1357	53	56	Anesthetic, gaseous agent, nth, time stopped
10	1966..OR-57	1357	57	58	Anesthetic, intravenous agent, nth
10	2054..OR-57	4357	57	58	Anesthetic, intravenous agent, nth
10	2057..OR-57	4357	67	68	Anesthetic, intravenous agent, nth
10	1969..OR-57	1357	67	68	Anesthetic, intravenous agent, nth
11	1967..OR-57	1357	59	62	Anesthetic, intravenous agent, nth, time started
11	205R..OR-57	4357	69	72	Anesthetic, intravenous agent, nth, time started
11	1970..OR-57	1357	69	72	Anesthetic, intravenous agent, nth, time started
11	2055..OR-57	4357	59	62	Anesthetic, intravenous agent, nth, time started
12	2059..OR-57	4357	73	76	Anesthetic, intravenous agent, nth, total dosage before clamping of cord
12	1971..OR-57	1357	73	76	Anesthetic, intravenous agent, nth, total dosage before clamping of cord
12	2056..OR-57	4357	63	66	Anesthetic, intravenous agent, nth, total dosage before clamping of cord
12	1968..OR-57	1357	63	66	Anesthetic, intravenous agent, nth, total dosage before clamping of cord
13	2060..OR-57	4357	77	77	Anesthesia, deepest prior to cord clamping
13	1972..OR-57	1357	77	77	Anesthesia, deepest prior to cord clamping
14	2071..OR-57	5357	27	28	Anesthetic, conduction agent, nth, type
14	1988..OR-57	2357	39	40	Anesthetic, conduction agent, nth, type
14	1983..OR-57	2357	27	28	Anesthetic, conduction agent, nth, type
14	2066..OR-57	5357	15	16	Anesthetic, conduction agent, nth, type
14	2081..OR-57	5357	51	52	Anesthetic, conduction agent, nth, type
14	1998..OR-57	2357	63	64	Anesthetic, conduction agent, nth, type
14	1978..OR-57	2357	15	16	Anesthetic, conduction agent, nth, type
14	2086..OR-57	5357	63	64	Anesthetic, conduction agent, nth, type
14	2076..OR-57	5357	39	40	Anesthetic, conduction agent, nth, type
15	6094....VAR		1368	1368	Anesthetic agents, conduction, route of agent 1

Form Item Numbers linked to Data Items on OR-57, Anesthetic Agents

ITEM ON FORM	DATA ITEM ID	CARD NUM	FROM	TO	DATA ITEM NAME
15	6103....VAR		1377	1377	Anesthetic agents, conduction, route of agent 10
15	6095....VAR		1369	1369	Anesthetic agents, conduction, route of agent 2
15	6096....VAR		1370	1370	Anesthetic agents, conduction, route of agent 3
15	6097....VAR		1371	1371	Anesthetic agents, conduction, route of agent 4
15	6098....VAR		1372	1372	Anesthetic agents, conduction, route of agent 5
15	6099....VAR		1373	1373	Anesthetic agents, conduction, route of agent 6
15	6100....VAR		1374	1374	Anesthetic agents, conduction, route of agent 7
15	6101....VAR		1375	1375	Anesthetic agents, conduction, route of agent 8
15	6102....VAR		1376	1376	Anesthetic agents, conduction, route of agent 9
15	2087..OR-57	5357	65	65	Anesthetic, conduction agent, nth, route
15	1979..OR-57	2357	17	17	Anesthetic, conduction agent, nth, route
15	1999..OR-57	2357	65	65	Anesthetic, conduction agent, nth, route
15	2072..OR-57	5357	29	29	Anesthetic, conduction agent, nth, route
15	2077..OR-57	5357	41	41	Anesthetic, conduction agent, nth, route
15	1989..OR-57	2357	41	41	Anesthetic, conduction agent, nth, route
15	2067..OR-57	5357	17	17	Anesthetic, conduction agent, nth, route
15	2082..OR-57	5357	53	53	Anesthetic, conduction agent, nth, route
15	1994..OR-57	2357	53	53	Anesthetic, conduction agent, nth, route
16	1995..OR-57	2357	54	57	Anesthetic, conduction agent, nth, time started
16	1985..OR-57	2357	30	33	Anesthetic, conduction agent, nth, time started
16	2068..OR-57	5357	18	21	Anesthetic, conduction agent, nth, time started
16	2083..OR-57	5357	54	57	Anesthetic, conduction agent, nth, time started
16	1990..OR-57	2357	42	45	Anesthetic, conduction agent, nth, time started
16	2000..OR-57	2357	66	69	Anesthetic, conduction agent, nth, time started
16	1980..OR-57	2357	18	21	Anesthetic, conduction agent, nth, time started
16	2073..OR-57	5357	30	33	Anesthetic, conduction agent, nth, time started
17	1991..OR-57	2357	46	49	Anesthetic, conduction agent, nth, total dosage before cord clamping
17	2001..OR-57	2357	70	73	Anesthetic, conduction agent, nth, total dosage before cord clamping
17	2080..OR-57	5357	70	73	Anesthetic, conduction agent, nth, total dosage before cord clamping
17	1981..OR-57	2357	22	25	Anesthetic, conduction agent, nth, total dosage before cord clamping
17	2074..OR-57	5357	34	37	Anesthetic, conduction agent, nth, total dosage before cord clamping
17	2079..OR-57	5357	46	49	Anesthetic, conduction agent, nth, total dosage before cord clamping
17	1986..OR-57	2357	34	37	Anesthetic, conduction agent, nth, total dosage before cord clamping
17	2069..OR-57	5357	22	25	Anesthetic, conduction agent, nth, total dosage before cord clamping
17	1996..OR-57	2357	58	61	Anesthetic, conduction agent, nth, total dosage before cord clamping

Form Item Numbers linked to Date Items on OB-57, Anesthetic Agents

ITEM ON FORM	DATA ITEM ID	CARD NUM	FROM	TO	DATA ITEM NAME
18	2085..OB-57	5357	62	62	Anesthetic, conduction agent, nth, how used
18	2002..OB-57	2357	74	74	Anesthetic, conduction agent, nth, how used
18	1987..OB-57	2357	38	38	Anesthetic, conduction agent, nth, how used
18	1997..OB-57	2357	62	62	Anesthetic, conduction agent, nth, how used
18	2080..OB-57	5357	50	50	Anesthetic, conduction agent, nth, how used
18	2070..OB-57	5357	26	26	Anesthetic, conduction agent, nth, how used
18	1982..OB-57	2357	26	26	Anesthetic, conduction agent, nth, how used
18	1992..OB-57	2357	50	50	Anesthetic, conduction agent, nth, how used
18	2075..OB-57	5357	38	38	Anesthetic, conduction agent, nth, how used
18	1993..OB-57	2357	51	52	Anesthetic, conduction agent, nth, type
19	2003..OB-57	2357	75	76	Anesthesia, highest level prior to cord clamping
19	2091..OB-57	5357	75	76	Anesthetic, highest level prior to clamp of cord
20	2016..OB-57	3357	22	22	Anesthesia; response of patient, aspiration, before cord clamped
20	2036..OB-57	3357	42	42	Anesthesia; response of patient, other, after cord clamped
20	2017..OB-57	3357	23	23	Anesthesia; response of patient, tachycardia, before cord clamped
20	2009..OB-57	3357	15	15	Anesthesia; response of patient, unusual, before cord clamped
20	2034..OB-57	3357	40	40	Anesthesia; response of patient; apnea, after cord clamped
20	2020..OB-57	3357	26	26	Anesthesia; response of patient; apnea, before cord clamped
20	2030..OB-57	3357	36	36	Anesthesia; response of patient; aspiration, after cord clamped
20	2032..OB-57	3357	38	38	Anesthesia; response of patient; bradycardia, after cord clamped
20	2018..OB-57	3357	24	24	Anesthesia; response of patient; bradycardia, before cord clamped
20	2035..OB-57	3357	41	41	Anesthesia; response of patient; cardiac arrest, after cord clamped
20	2021..OB-57	3357	27	27	Anesthesia; response of patient; cardiac arrest, before cord clamped
20	2033..OB-57	3357	39	39	Anesthesia; response of patient; cardiac arrythmia, after cord clamped
20	2019..OB-57	3357	25	25	Anesthesia; response of patient; cardiac arrythmia, before cord clamped
20	2026..OB-57	3357	32	32	Anesthesia; response of patient; cyanosis, generalized, after cord clamped
20	2012..OB-57	3357	18	18	Anesthesia; response of patient; cyanosis, generalized, before cord clamped
20	2025..OB-57	3357	31	31	Anesthesia; response of patient; cyanosis, moderate, after cord clamped
20	2011..OB-57	3357	17	17	Anesthesia; response of patient; cyanosis, moderate, before cord clamped
20	2024..OB-57	3357	30	30	Anesthesia; response of patient; cyanosis, slight, after cord clamped
20	2010..OB-57	3357	16	16	Anesthesia; response of patient; cyanosis, slight, before cord clamped
20	2027..OB-57	3357	33	33	Anesthesia; response of patient; hypotension, after cord clamped
20	2013..OB-57	3357	19	19	Anesthesia; response of patient; hypotension, before cord clamped
20	2029..OB-57	3357	35	35	Anesthesia; response of patient; laryngospasm, after cord clamped

Form Item Numbers linked to Data Items on OB-57, Anesthetic Agents

ITEM ON FORM	DATA ITEM ID	CARD SUB	FROM	TO	DATA ITEM NAME
20	2015..OB-57	3357	21	21	Anesthesia; response of patient; laryngospasm, before cord clamped
20	2022..OB-57	3357	28	28	Anesthesia; response of patient; other, before cord clamped
20	2031..OB-57	3357	37	37	Anesthesia; response of patient; tachycardia, after cord clamped
20	2023..OB-57	3357	29	29	Anesthesia; response of patient; unusual, after cord clamped
20	2029..OB-57	3357	36	36	Anesthesia; response of patient; vomiting, after cord clamped
20	2014..OB-57	3357	20	20	Anesthesia; response of patient; vomiting, before cord clamped
24	1946..OB-57	0357	24	24	Anesthetic, conduction agent used

DEFINITION OF CODES
ANESTHETIC AGENTS
FORMS OB-35 and OB-57 CARD 0357

FIELD		CARD COLUMN
1.	Card Number Code: 0	1
2.	Form Number Code: 357	2-4
3.	Revision Number * Code: 0 - OB-35 Form Dated: 1/59 1 - OB-57 Form Dated: Rev. 4/62 2 - OB-57 Form Dated: Rev. 12/62	5
4.	NINDB Number Nine-digit number for Patient Identification Code: As given	6-14
5.	Date Administered or Date of Delivery Item 2 Six-digit code for Month (cols. 15-16), Day (cols. 17-18), and Year (cols. 19-20). Code: As given 99 - Month, day and/or year unknown	15-20
6.	This Form Reports Item 3 Code: 1 - Anesthetic agent at delivery 2 - Pre-delivery anesthetic agents 8 - No anesthetic agents at delivery 9 - Unknown if agent is used	21
7.	Agent Use Three-digit code for: Gaseous (col. 22) Code: 0 - Agent not used 1 - Less than 4 agents used (known or unknown type) 2 - Four or more agents used (known or unknown type) 9 - Unknown if used	22-24

* Unless specified, Fields, Codes and Card Columns refer to Revision numbers "0", "1" and "2". Item numbers refer to Form Dated: Rev. 12/62. Revision "0" is abstracted on AIM-43.

FIELD		CARD COLUMN
7.	**Agent Use** (continued) Intravenous (col. 23) Code: 0 - Agent not used 1 - Less than 3 agents used (known or unknown type) 2 - 3 or more agents used (known or unknown type) 9 - Unknown if used Conduction (col. 24) Code: 0 - Agent not used 1 - 1-5 agents reported (known or unknown type) 2 - 6 or more agents reported (known or unknown type) 9 - Unknown if agent used	22-24
8.	Administered By Revision "1" and "2" only Item 4 Code: 0 - No agents administered 1 - Anesthesiologist 2 - Nurse anesthetist 3 - Combination of codes 1 and 2 4 - Physician delivering 5 - Combination of coder 1 and 4 6 - Combination of codes 2 and 4 7 - Combination of codes 1, 2 and 4 8 - Other 9 - Unknown, not on revision "0"	25
9.	This Information Obtained From Revision "1" and "2" only Item 5 Code: 0 - Not applicable, no agents administered 1 - Person specified in Field 8 2 - Observation by Project staff 3 - Combination of codes 1 and 2 4 - Hospital record 5 - Combination of codes 1 and 4 6 - Combination of codes 2 and 4 7 - Combination of codes 1, 2 and 4 8 - Other 9 - Unknown, not on revision "0"	26

DEFINITIONS OF CODES (Continued)

FORM OB-57
Card 0357

FIELD		CARD COLUMN
10.	Plurality Code: Blank - Single birth 1 - 1st of Multiple 2 - 2nd of Multiple 3 - 3rd of Multiple 4 - 4th of Multiple	79
11.	Number of Anesthesia Reports Code: Blank - First report of anesthetic agents at delivery, no anesthetic agents 0 - Second report of anesthetic agents at delivery 1 - First report of pre-delivery anesthetic agent use 2 - Second report of pre-delivery anesthetic agent use 3 - Third report of pre-delivery anesthetic agent use 4 - Fourth report of pre-delivery anesthetic agent use 5 - Fifth report of pre-delivery anesthetic agent use 6 - Sixth report of pre-delivery anesthetic agent use 7 - Seventh report of pre-delivery anesthetic agent use	80

NOTE: More than one card may be present. A card is punched for each delivery in a multiple birth and for each day in which anesthesia was administered.

DEFINITION OF CODES (Continued)

FORM OB-57
Card 1357

FIELD		CARD COLUMN
1.	Card Number Code: 1	1
2.	Basic Data * Code: Same as in cols. 2-14 of Card 0	2-14
3.	Gaseous Agent - I Items 6-9 Fourteen-digit code for: Agent (cols. 15-16) Code: See attachment "Anesthetic Agent Code List" Time Started - Intermittent (cols. 17-20) Code: 0000 - Not applicable (administration continuous) 0001-2400 - As given based on 24 hour clock 9999 - Unknown Time Started - Continuous (cols. 21-24) Code: Same as in Field 3, cols. 17-20 except 0000 - Not applicable (administration intermittent) Time Stopped (cols. 25-28) Code: Same as in Field 3, cols. 17-20 except 0000 - Not applicable 7777 - After cord clamp (Rev. 1 and 2 only) Note: 0's in entire field = not used	15-28
4.	Gaseous Agent - II Code: Same as in Field 3	29-42
5.	Gaseous Agent III Code: Same as in Field 3	43-56
6.	Intravenous Agents - I Items 10-12 Ten-digit code for: Type of Agent (cols. 57-58) Code: Same as in Field 3, cols. 15-16 Time Started (cols. 59-62) Code: Same as in Field 3, cols. 17-20 except 0000 - No IV agents used Total Dosage Before Clamping of Cord (cols. 63-66) Code: 0000 - No IV agents used 0001-9998 - As given in mgms. 9999 - Unknown	57-66

* Unless specified, Field, Codes and Card Columns refer to Revision Numbers "0", "1" and "2". Item numbers refer to Form Dated: Rev. 12/62. Revision "0" is abstracted on AIM-43.

FIELD		CARD COLUMN
7.	Intravenous Agent - II Code: Same as in Field 6	67-76
8.	Deepest Anesthesia Prior to Cord Clamp Item 13 Code: 0 - Anesthesia not attained 1 - First stage 2 - Second stage 3 - Third stage (first plane) 4 - Third stage (second plane) 5 - Third stage (third plane) 6 - Third stage (plane unknown) 9 - Unknown	77
9.	Plurality Code: Blank - Single birth 1 - 1st of Multiple 2 - 2nd of Multiple 3 - 3rd of Multiple 4 - 4th of Multiple	79
10.	Number of Anesthesia Reports Code: Blank - First report of anesthetic agents at delivery, no anesthetic agents 0 - Second report of anesthetic agents at delivery 1 - First report of pre-delivery anesthetic agent use 2 - Second report of pre-delivery anesthetic agent use 3 - Third report of pre-delivery anesthetic agent use 4 - Fourth report of pre-delivery anesthetic agent use 5 - Fifth report of pre-delivery anesthetic agent use 6 - Sixth report of pre-delivery anesthetic agent use 7 - Seventh report of pre-delivery anesthetic agent use	80

NOTE: More than one card may be present. A card is punched for each delivery in a multiple birth and for each day in which anesthesia was administered.

DEFINITION OF CODES (Continued)

FORM OB-57
Card 2357

FIELD		CARD COLUMN
1.	Card Number Code: 2	1
2.	Basic Data * Code: Same as in cols. 2-14 of Card 0	2-14
3.	Conduction Agent Items 14-18 Twelve-digit code for: Agent (cols. 15-16) Code: See attachment "Anesthetic Agent Code List" Route (col. 17) Code: 1 - Spinal, saddle block, sub-arachnoid, hyperbaric spinal 2 - Caudal, sacral 3 - Epidural, peridural 4 - Local infiltration 5 - Pudendal block 6 - Paracervical block, utero-sacral block 7 - Paravertebral, parasacral 9 - Unknown Time Started (cols. 18-21) Code: 0001-2400 - As given based on 24 hour clock 9999 - Unknown Total Dosage Before Clamping of Cord (cols. 22-25) Code: 0001-9998 - As given in mgms. 9999 - Unknown How Used (col. 26) Code: 1 - Continuous 2 - Single dose 9 - Unknown	15-26

* Unless specified, Fields, Codes and Card Columns refer to Revision numbers "0", "1" and "2". Item numbers refer to Form Dated: Rev. 12/62. Revision "0" is abstracted on ADM-43.

FIELD		CARD COLUMN
4.	Conduction Agent - II Code: Same as in Field 3 except 0's in entire field = no second agent used	27-38
5.	Conduction Agent - III Code: Same as in Field 4	39-50
6.	Conduction Agent - IV Code: Same as in Field 4	51-62
7.	Conduction Agent - V Code: Same as in Field 4	63-74
8.	Highest Level of Anesthesia Item 19 - Codes for Revisions "1" and "2" only: 00 - Not applicable 10 - Low Sacral 11 - Mid Sacral 12 - High Sacral 13 - Sacral V 14 - Sacral IV 15 - Sacral III 16 - Sacral II 17 - Sacral I 20 - Low Lumbar 21 - Mid Lumbar 22 - High Lumbar 23 - Lumbar V 24 - Lumbar IV 25 - Lumbar III (codes continued on next page)	75-76

DEFINITION OF CODES (Continued)

FORM OB-57
Card 2357

FIELD		CARD COLUMN
8.	Highest Level of Anesthesia (cont.) Code: 26 - Lumbar II 27 - Lumbar I 30 - Low Thoracic 31 - Mid Thoracic 32 - High Thoracic 33 - Thoracic XII 34 - Thoracic XI 35 - Thoracic X - 36 - Thoracic IX 37 - Thoracic VIII 38 - Thoracic VII 39 - Thoracic VI 40 - Thoracic V - 41 - Thoracic IV 42 - Thoracic III 43 - Thoracic II 44 - Thoracic I 50 - Low cervical 51 - Mid cervical 52 - High cervical 53 - Cervical VIII 54 - Cervical VII 55 - Cervical VI 56 - Cervical V 57 - Cervical IV 58 - Cervical III 59 - Cervical II 60 - Cervical I 88 - Not attained 99 - Unknown Codes for Rev. "0" only 00 - Not applicable 99 - Unknown	75-76
9.	Plurality Code: Blank - Single birth 1 - 1st of Multiple 2 - 2nd of Multiple 3 - 3rd of Multiple 4 - 4th of Multiple	79

DEFINITION OF CODES (Continued)

FORM OB-57
Card 2357

FIELD		CARD COLUMN
10.	Number of Anesthesia Reports Code: Blank - First report of anesthetic agents at delivery, no anesthetic agents 0 - Second report of anesthetic agents at delivery 1 - First report of pre-delivery anesthetic agent use 2 - Second report of pre-delivery anesthetic agent use 3 - Third report of pre-delivery anesthetic agent use 4 - Fourth report of pre-delivery anesthetic agent use 5 - Fifth report of pre-delivery anesthetic agent use 6 - Sixth report of pre-delivery anesthetic agent use 7 - Seventh report of pre-delivery anesthetic agent use	80

NOTE: More than one card may be present. A card is punched for each delivery in a multiple birth and for each day in which anesthesia was administered.

DEFINITION OF CODES (Continued)

FORM OB-57
Card 3357

FIELD		CARD COLUMN
1.	Card Column Code: 3	1
2.	Basic Data * Code: Same as in cols. 2-14 of Card 0	2-14
3.	Response of Patient - Before Cord Clamped Item 20 Fourteen-digit code for: Unusual Response (col. 15) Cyanosis - Slight (col. 16) Cyanosis - Moderate (col. 17) Cyanosis - Generalized (col. 18) Hypotension (col. 19) Vomiting (col. 20) Laryngospasm (col. 21) Possible Aspiration (col. 22) Tachycardia (col. 23) Bradycardia (col. 24) Cardiac Arrhythmia (col. 25) Apnea (col. 26) Cardiac Arrest (col. 27) Other (col. 28) Code for each column: 0 - None 1 - Positive or questionable response 9 - Unknown	15-28
4.	Response of Patient - After Cord Clamp Item 20 Fourteen-digit code for: Unusual Response (col. 29) Cyanosis - Slight (col. 30) Cyanosis - Moderate (col. 31) Cyanosis - Generalized (col. 32) Hypotension (col. 33) Vomiting (col. 34) Laryngospasm (col. 35)	29-42

* Unless specified, Fields, Codes and Card Columns refer to Revision numbers "0", "1" and "2". Item numbers refer to Form Dated: Rev. 12/62. Revision "0" is abstracted on ADM-43.

FIELD		CARD COLUMN
4.	Response of Patient - After Cord Clamp (cont.) Possible Aspiration (col. 36) Tachycardia (col. 37) Bradycardia (col. 38) Cardiac Arrhythmia (col. 39) Apnea (col. 40) Cardiac Arrest (col. 41) Other (col. 42) Code for each column: 0 - None 1 - Positive or questionable response 9 - Unknown, not on Rev. "0"	29-42
5.	Plurality Code: Blank - Single birth 1 - 1st of Multiple 2 - 2nd of Multiple 3 - 3rd of Multiple 4 - 4th of Multiple	79
6.	Number of Anesthesia Reports Code: Blank - First report of anesthetic agents at delivery, no anesthetic agents 0 - Second report of anesthetic agents at delivery 1 - First report of pre-delivery anesthetic agent use 2 - Second report of pre-delivery anesthetic agent use 3 - Third report of pre-delivery anesthetic agent use 4 - Fourth report of pre-delivery anesthetic agent use 5 - Fifth report of pre-delivery anesthetic agent use 6 - Sixth report of pre-delivery anesthetic agent use 7 - Seventh report of pre-delivery anesthetic agent use	80

Note: Card 4 required if either or both cols. 22 and 23 of 0357 card is "2". Code same as card 1 except card col. 1 is "4".

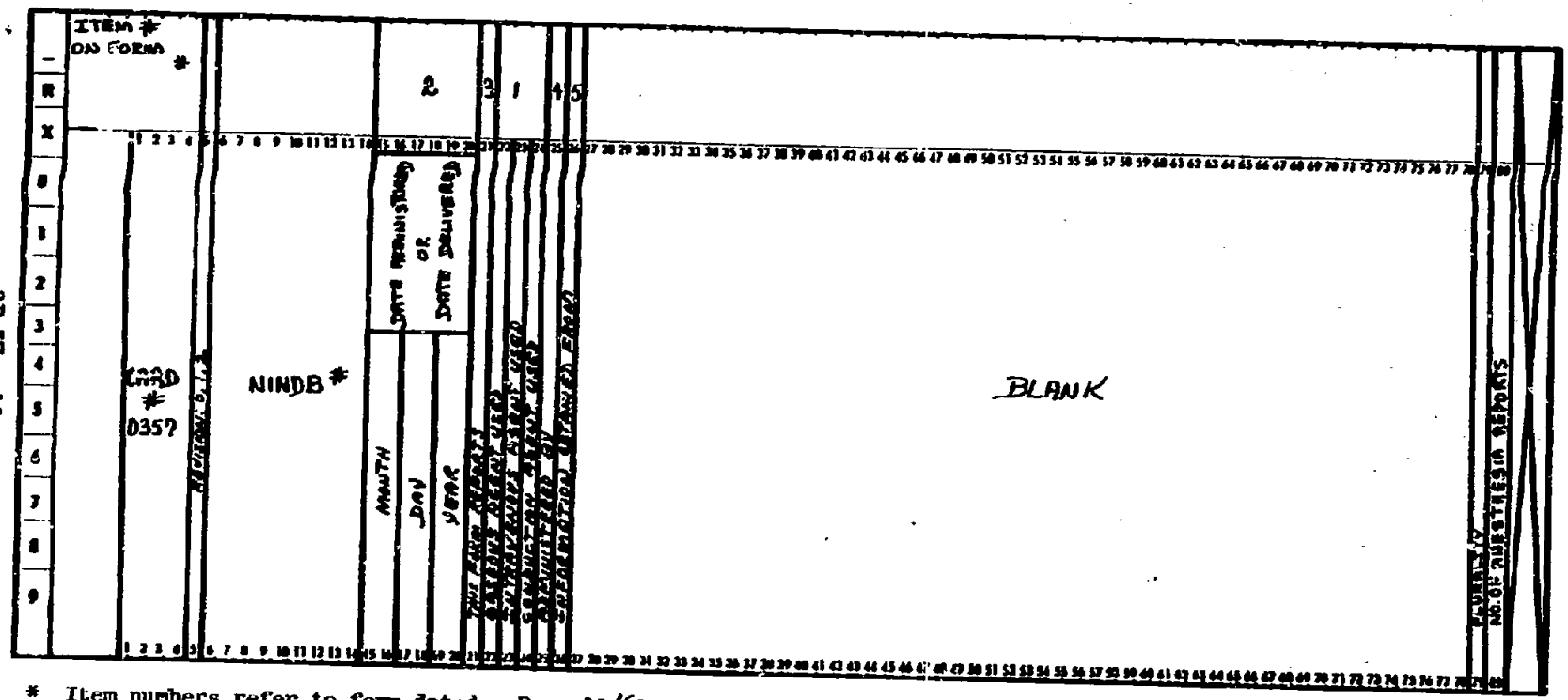
Card 5 required if col. 24 of 0357 card is "2". Code same as card 2 except card col. 1 if "5".

More than one card (3, 4 or 5) may be present. A card is punched for each delivery in a multiple birth and for each day in which anesthesia was administered.

ANESTHETIC AGENT CODE LIST

00 - None
10 - Nitrous Oxide
11 - Cyclopropane
12 - Ether
13 - Trilene
14 - Ethylene
15 - Halothane
16 - Fluoromar
17 - Chloroform
19 - Vinyl Ether
20 - Nitrous Oxide USED WITHOUT OXYGEN (Hosp. 50)
21 - Somnoform
22 - Alcoform
23 - Anestnol
24 - GOE
25 - Oxygen - Hosp. 50
26 - Penthrane
30 - Evipan Sodium
31 - Surital Sodium
32 - Pentothal Sodium
33 - Brevital Sodium
34 - Viadril
35 - G 29-505
50 - Cyclaine
51 - Diothane Hydrochloride
52 - Metycaine Hydrochloride
53 - Nesacaine
54 - Nupercaine Hydrochloride
55 - Pontocaine Hydrochloride
56 - Novocaine Hydrochloride
57 - Ravocaine Hydrochloride
58 - Xylocaine
59 - Stovaine
60 - Carbocaine
77 - Type 2 "caine" derivative unknown
78 - L67 Hcl Cytamest
79 - Primacaine
89 - Unknown Type of Agent
96 - Bratacaine
99 - Unknown if agent used

ANESTHETIC AGENTS (OB-57)



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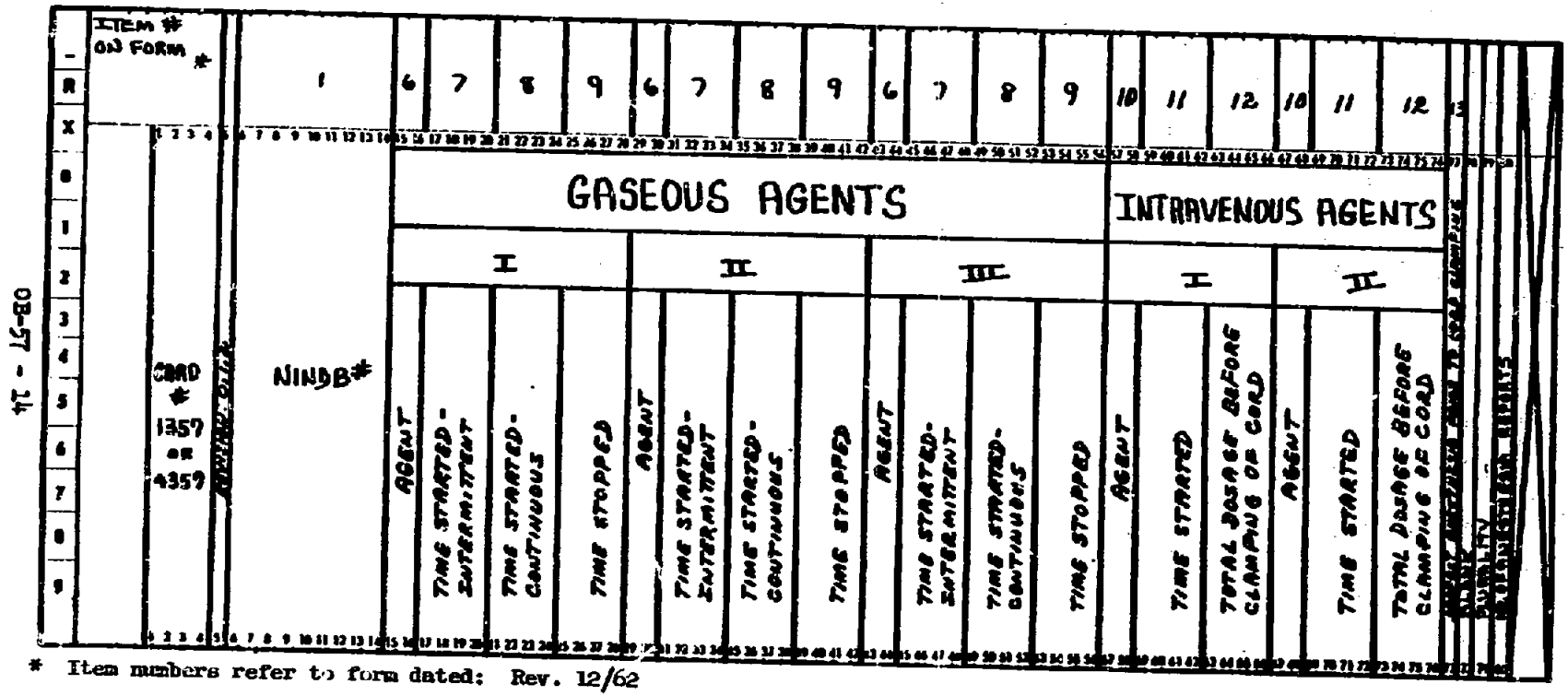
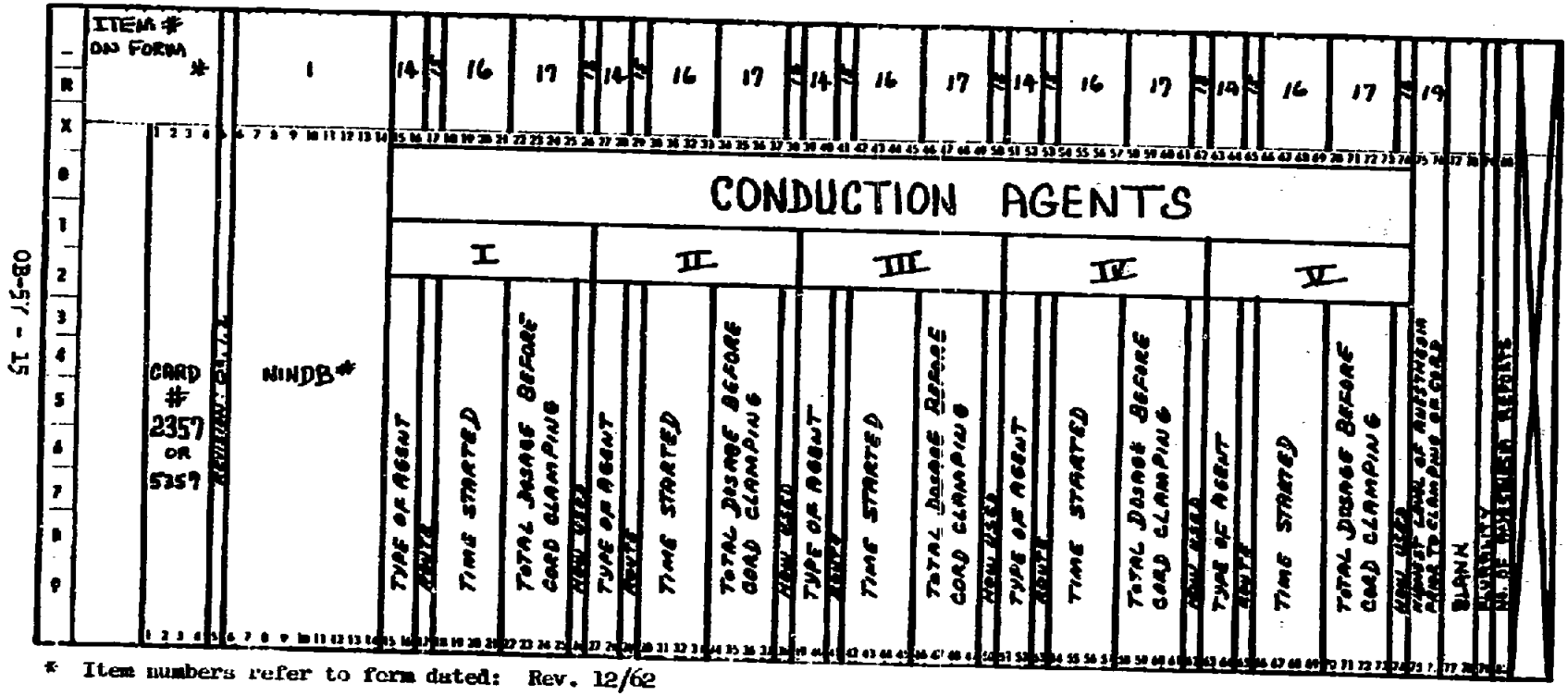
* Item numbers refer to form dated: Rev. 12/62

CODE SHEET FOR ANESTHETIC AGENTS (OB-57)



* Item numbers refer to form dated: Rev. 12/62

CODE SHEET FOR ANESTHETIC AGENTS (OB-57)



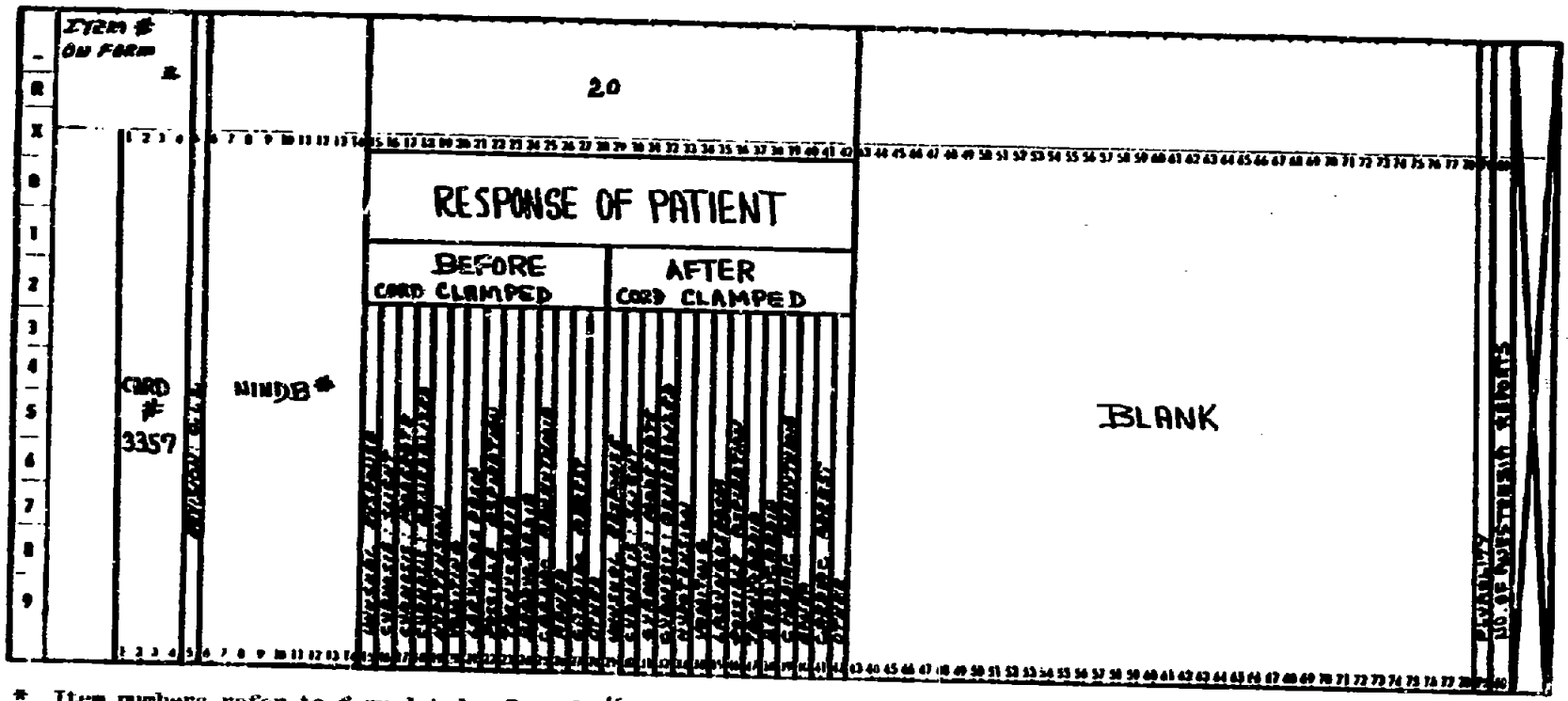
* Item numbers refer to form dated: Rev. 12/62

OB-57 - 15

II.B.246

OB-35457

CODE SHEET FOR ANESTHETIC AGENTS (OB-57)



* Item numbers refer to form dated: Rev. 12/62

OB-57 ANESTHETIC AGENTS

I. Purpose of form Form provides for:

A. Reporting use of and reactions to all anesthetic agents administered during the Study gravida's pregnancy and delivery.

B. Reporting of anesthetic agents administered postpartum (after cord clamping) at local option.

II. General Instructions

A. See Procedure Manual for specified uses of form.

B. Report **all** anesthetic agents administered to the Study patient during the entire pregnancy, regardless of whether or not a level of anesthesia was attained. This may result in many OB-57's on the same case.

C. Recording of times:

1. The Study observer, when present, is **responsible** for the recording of accurate times.

2. When exact timing has not been carried out, utilize the best approximation available, and so note. In any case, exert all possible efforts to determine whether agents were started before or after cord clamping.

III. Specific Instructions

Item Number

2. Date administered. Record the date anesthetic agent was administered.

3. No anesthetic agents used for delivery. Mark if no anesthetic agents were administered **prior to clamping of the cord.** Completion of remaining items to report anesthesia used following cord clamping is optional for Study purposes.

4. Administered by. Mark the appropriate box. Specify the title or position of the anesthetist if "other" is marked.

5. This information obtained from. Mark all appropriate boxes which describe the manner in which information was obtained. Specify the source of the information when "other" is marked.

GASEOUS AGENTS (Items #6-9):

6. If no gaseous agents were used for analgesia or anesthesia, mark "not used," and do not complete items #7, 8, and 9. Indicate all gaseous anesthetic agents used by marking appropriate boxes, and recording under "other" those agents not listed.

7, 8. Time started. For **each agent used**, record on the line provided the exact time that agent was first started. If use of the agent was intermittent for a period of time, record the starting time in item #7; if then given continuously, record that starting time in item #8.

9. Time stopped. Record the exact time each anesthetic agent was finally discontinued. (If after cord clamping, record "A. C.")

INTRAVENOUS AGENTS (Items #10-12)

10. If no intravenous agents were used for anesthesia, mark "not used" and do not complete items #11 and 12. Record the names of all agents utilized.

11. Time started. Record the time of initial injection.

12. Total dosage before clamping of cord. Record for each agent used the total dosage in milligrams, etc., injected before clamping of the cord.

13. Deepest anesthesia prior to clamping of cord. Indicate the deepest stage or plane of anesthesia (gaseous or intravenous) reached prior to clamping of cord by marking the appropriate box. If anesthesia was not attained, so note.

CONDUCTION AGENTS (Items #14-19)

14. If no conduction agent was administered, mark "not used" and do not complete items #15-19. Record the name of each agent administered on a line provided.

OB-57 ANESTHETIC AGENTS (Continued)

Item Number

15. Route. Indicate the route of administration of each agent listed, utilizing the numerical code provided.

16. Time started. Report the time of initial injection for each agent used.

17. Dosage. Record dosage prior to clamping of cord in one of the following ways:

    a. Total milligrams injected.

    b. Percentage concentration and volume of solution injected.

18. Conduction anesthesia was. Indicate ~~whether~~ conduction anesthesia was continuous administration, or a single dose.

Item Number

19. Highest level. Utilizing spinal nerve root levels, indicate the highest level of anesthesia obtained prior to cord clamping. If information is not available from anesthetist, mark "unknown."

20. Response of patient.

    a. If no unusual response occurred during anesthesia, mark the box so labeled.

    b. Record the occurrence and time relationship to cord clamping of any complication(s) by marking the appropriate box(es) in each column.

21. Other medication. Record all other medications given by the anesthetist prior to cord clamping. For each agent given, record time, dosage and route. Include here such medications as ~~pressor drugs~~, muscle relaxants, atropine, analgesic agents, etc.

C O L R - 3 5 5 6 - 6 7
4-62

OB-57 ANESTHETIC AGENTS

white

superseded by 12-62 rev.

At delivery, if anesthetic agents are not administered, mark items 1, 2, and 3, and do not complete rest of form.

1. PATIENT IDENTIFICATION

2. DATE ADMITTED: Mo. Day Year

3. ☐ NO ANESTHETIC AGENTS USED FOR DELIVERY

Use 24 hour clock for all times. If time stopped to clear clamping of the cord, the letters "A. C." may be entered in that space.

4. ADMINISTERED BY:
☐ 1 ANESTHESIOLOGIST
☐ 2 NURSE ANESTHETIST
☐ 4 PHYSICIAN DELIVERING
☐ 8 OTHER: _____ TITLE

5. THIS INFORMATION OBTAINED FROM:
☐ 1 PERSON SPECIFIED IN ITEM 4
☐ 2 OBSERVATION BY PROJECT STAFF
☐ 4 HOSPITAL RECORD
☐ 8 OTHER: _____ (Specify)

6. ☐ 00 NOT USED — GASEOUS AGENTS

	7. TIME STARTED—INTERMITTENT	8. TIME STARTED—CONTINUOUS	9. TIME STOPPED
☐ NITROUS OXIDE 02			
☐ CYCLOPROPANE			
☐ ETHER			
☐ TRICHLOROETHYLENE			
OTHER: Spec Only			

10. ☐ 00 NOT USED — INTRAVENOUS AGENTS

	11. TIME STARTED	12. TOTAL DOSAGE BEFORE CLAMPING OF CORD
(Agents)		

13. DEEPEST ANESTHESIA PRIOR TO CLAMPING OF CORD
☐ 0 ANESTHESIA NOT ATTAINED
☐ 1 FIRST STAGE
☐ 2 SECOND STAGE
THIRD STAGE: ☐ 1 FIRST PLANE ☐ 2 SECOND PLANE ☐ 3 THIRD PLANE
☐ 8 UNKNOWN

14. ☐ 00 NOT USED — CONDUCTION AGENTS

	15. ROUTE*	16. TIME STARTED	17. TOTAL DOSAGE BEFORE CLAMPING OF CORD
(Agents)			

*ROUTE: 1 = SPINAL, 2 = CAUDAL, 3 = EPIDURAL, 4 = LOCAL, 5 = PUDENDAL BLOCK, 6 = PARA CERVICAL

16. CONDUCTION ANESTHESIA USED: ☐ 1 CONTINUOUS ☐ 2 SINGLE DOSE

18. HIGHEST LEVEL OF ANESTHESIA REACHED PRIOR TO CLAMPING OF CORD
☐ 9 UNKNOWN

20. RESPONSE OF PATIENT
☐ 00 NO UNUSUAL RESPONSE

BEFORE CORD CLAMPED (1)		AFTER CORD CLAMPED (2)
	CYANOSIS:	
☐	SLIGHT: PERI-ORAL, FINGERTIP	☐
☐	MODERATE: NOT GENERALIZED	☐
☐	GENERALIZED	☐
☐	HYPOTENSION (DROP OF MORE THAN 30 POINTS SYSTOLIC OR 15 POINTS DIASTOLIC BELOW PRE-ANESTHETIC LEVEL)	☐
☐	VOMITING	☐
☐	LARYNGOSPASM	☐
☐	POSSIBLE ASPIRATION	☐
☐	TACHYCARDIA	☐
☐	BRADYCARDIA	☐
☐	CARDIAC ARRHYTHMIA	☐
☐	APNEA	☐
☐	CARDIAC ARREST	☐
☐	OTHER (Specify)	☐

21. OTHER MEDICATION
(Given by anesthesiologist, not noted elsewhere. Specify time, dosage, route)

22. LAY EDIT BY

4-62

COLLABORATIVE RESEARCH
PERINATAL RESEARCH BRANCH, NINDB, NIH
DETMER 16, MD.

OB-57

PHS-[illegible]
[illegible]

ANESTHESIA RECORD

[illegible]

replaced by 08-57 (4-62)

INSTRUCTIONS: To be filled in by ANESTHETIST if present, or by observer or obstetrician if no anesthetist present.

Summary prepared by — NAME
- ☐ ANESTHETIST
- ☐ OBSERVER
- ☐ OBSTETRICIAN

☐ Check here if this summary is by person present in delivery room or in surgery.

☐ Check here if this information was obtained by conversation with anesthetist present at surgery

If patient received NO anesthesia of any kind, indicate here

☐ NO ANESTHESIA

In this case no further filling in of this sheet is indicated.

1. USE 24 HOUR CLOCK

Time anesthesia started ________________

Time anesthesia stopped ________________

2. TYPE OF ANESTHESIA
- ☐ General
- Conduction:
  - ☐ Spinal
  - ☐ Caudal
  - ☐ Epidural
- ☐ Local to Perineum or Pudendal Block
- ☐ Intravenous

3. ANESTHETIC AGENTS USED ________________

____

____

4. IF GENERAL ANESTHETIC INDICATE DEEPEST STAGE OR PLANE REACHED *(Before Cord Clamped).*
- ☐ First Stage
- ☐ Second Stage

THIRD STAGE:
- ☐ First Plane
- ☐ Second Plane
- ☐ Third Plane

5. UNUSUAL RESPONSE OF PATIENT DURING ANESTHESIA *(Any Time before Cord Clamped).* THIS MUST BE EVALUATED AND FILLED IN, NO MATTER WHICH TYPE OF ANESTHESIA IS USED.

VOMITING
- ☐ No
- ☐ Yes (Describe)

ASPIRATION OF VOMITUS
- ☐ No
- ☐ Yes (Describe)

LARYNGOSPASM
- ☐ No
- ☐ Yes (Describe)

CYANOSIS
- ☐ No Cyanosis Observed
- ☐ Slight Cyanosis (Peripheral, Fingertips) ________ minutes
- ☐ Moderate Cyanosis (Confined to Certain Areas of Body, Not Generalized) ________ minutes
- ☐ Marked Cyanosis (Generalized) ________ minutes

BLOOD PRESSURE DROP more than 30 points Systolic or 15 points Diastolic below Pre-Anesthetic Level
- ☐ No Blood Pressure Drop of this Magnitude Observed
- ☐ Blood Pressure Drop Present – Maintained at this Level or Below for ________ minutes.

CARDIAC ARRHYTHMIA OR STANDSTILL
- ☐ No Cardiac Arrhythmia or Standstill Observed
- ☐ Cardiac Arrhythmia or Standstill Present (Describe)

Department of Health, Education and Welfare
Public Health Service

(OB-35)

ANESTHESIA RECORD
(For Form OB-35, Dated 1-59)

I. GENERAL INSTRUCTIONS FOR USE

This record should be filled out for every study patient who comes to delivery, and for every study patient who is given anesthesia at any other time during pregnancy. It should be completed by the anesthetist if he is present. If an anesthetist is not present, either the delivery room observer or the attending obstetrician should complete it.

Indicate in the first box whether you are an anesthetist, an observer, or the attending obstetrician by checking the appropriate box, and give your first and last name. In the next box, check whether you were present in the delivery room or in surgery, or whether this information was obtained by conversation with an anesthetist present at surgery. It is assumed that this second category will include only those patients who had emergency surgery during their pregnancy, for whom this form could not be filled out at that time. In such a case, the anesthetist should be contacted as soon as possible following the surgery and the information for this record obtained by conversation with him.

If the patient at the time of delivery required no anesthesia of any kind, check the box labeled "No Anesthesia". In this case, do not fill in the rest of the sheet.

II. SPECIFIC INSTRUCTIONS.

Item #1. "Use 24-Hour Clock"

Using the 24-hour clock, indicate the time the anesthesia started and the time the anesthesia stopped in the following manner:

For continuous general anesthesia, the starting and stopping times are obvious. For Trilene, record the time of the first inhalation and the time of the last inhalation.

For caudal or epidural anesthesia, record the time of the first injection as the starting time and the time of the last injection as the stopping time.

For local, pudendal block, or spinal anesthesia, record the time of the initial injection as the starting time, and disregard the stopping time, since it is not applicable.

For intravenous anesthesia, give the starting time only if a single injection is used, and both starting and stopping time if continuous drip is used.

Item #2. "Type of Anesthesia"

Indicate by checking the appropriate box whether general, spinal, caudal,

Item #2. "Type of Anesthesia" (Con't)

epidural, local in perineum, pudendal block, or intravenous anesthesia was used. If a combination was used, check more than one box.

Item #3. "Anesthetic Agents Used"

List all anesthetic agents used.

Item #4. "If General Anesthetic Indicate Deepest Stage or Plane Reached"

If the patient received a general anesthetic, indicate by checking the appropriate box the deepest stage or plane reached before the cord is clamped.

Item #5. "Unusual Response of Patient During Anesthesia"

This entire section refers to observations made before the cord is clamped and not to any observation made after the cord is clamped. Patient response must be evaluated and this section filled in, regardless of the type of anesthesia used.

Describe any evidence of vomiting, aspiration, or laryngospasm. If none of these occurred, check the "no" boxes.

Attempt to evaluate the appearance of cyanosis as objectively as possible. If no cyanosis was observed, check the appropriate box for "no cyanosis". If cyanosis was observed, but was confined to the perioral or fingertip areas only, check the box marked "slight cyanosis" and indicate approximately how many minutes this condition was present. If cyanosis was more than perioral or fingertip, but was confined to certain areas of the body and not generalized, check "moderate cyanosis" and indicate approximately how many minutes this condition was present. If generalized cyanosis was noted, check the box "marked cyanosis" and indicate approximately how many minutes this condition was present.

To repeat: for <u>each</u> type of cyanosis present, record in minutes the duration prior to the clamping of the cord. Thus, if the patient was cyanotic for six minutes prior to cord clamping, this might be reported as follows:

Slight: three minutes
Moderate: two minutes
Marked: one minute

so that the total of all minutes recorded is the total amount of time that the mother was cyanotic, and the baby was dependent on placental circulation. (Timing stops when the cord is clamped.)

The next item refers to blood pressure drop of more than 30 points systolic or 15 points diastolic below the preanesthetic level. If no blood pressure

Item #5. "Unusual Response of Patient During Anesthesia" (Con't)

drop of this magnitude was observed, check the first box. If a blood pressure drop of this magnitude was observed, check the second box and indicate how long the blood pressure was maintained at this level or below. If the blood pressure falls and rises more than once, record the total length of time it was below the level specified, and in parentheses following the time, write "(2 times)", "(3 times)", etc.

As with cyanosis, this duration should be recorded only for the time that the baby is still dependent upon placental circulation (timing stops when the cord is clamped).

The final item refers to cardiac arrhythmia or standstill. If none was observed, check the appropriate box. If cardiac arrhythmia or standstill was present, check the appropriate box and describe.

All of these observations under Item #5 apply to the period before the cord is clamped. Any observation of elapsed time is automatically terminated by the clamping of the cord.

ADM-49 (OB-36) Labor Data

Form ADM-49, Labor Data, was used by NINCDS staff to abstract data from OB-32 and OB-33. Implemented in May of 1963, no revisions were made on the form. Data from the form were keypunched onto three cards in the master file (Table ADM-49.1)

TABLE ADM-49.1 Cards and Data Records by Revision for Form ADM-49

CARD NAME	CARD NUMBER	REV. NO.	NUMBER RECORDS
ADM-49: Temperature Data	2336		
		1	55,521
			55,521
ADM-49: Blood Pressure, Fetal Heart Rate	3336		
		1	378,558
			378,558
ADM-49: Pelvic Exam	6336		
		1	80,753
			80,753
	total for form		514,832

Data Items Referencing Form ADM-49, Labor Data

DATA ITEM ID	ITEM IN FORM	CARD NUM	FROM	TO	DATA ITEM NAME
959.....		2336	1	5	Card number (sequence, form type, form number, revision number)
960.....		2336	6	14	NINDB case number
961.ADM-49		2336	15	16	Form ADM-49 date (mo)
962.ADM-49		2336	17	18	Form ADM-49 date (day)
963.ADM-49		2336	19	20	Form ADM-49 date (yr)
964.ADM-49		2336	21	24	Temperature, nth, time (24 hr clock)
965.ADM-49		2336	25	28	Temperature, nth
966.ADM-49		2336	29	32	Temperature, nth, time
967.ADM-49		2336	33	36	Temperature, nth
968.ADM-49		2336	37	40	Temperature, nth, time
969.ADM-49		2336	41	44	Temperature, nth
970.ADM-49		2336	45	48	Temperature, nth, time
971.ADM-49		2336	49	52	Temperature, nth
972.ADM-49		2336	53	56	Temperature, nth, time
973.ADM-49		2336	57	60	Temperature, nth
974.ADM-49		2336	61	64	Temperature, nth, time
975.ADM-49		2336	65	68	Temperature, nth
976.ADM-49		2336	69	72	Temperature, nth, time
977.ADM-49		2336	73	76	Temperature, nth
978.....		2336	77	80	Blank
979.....		3336	1	5	Card number (sequence, form type, form number, revision number)
980.....		3336	6	14	NINDB case number
981.ADM-49		3336	15	16	Form ADM-49 date (mo)
982.ADM-49		3336	17	18	Form ADM-49 date (day)
983.ADM-49		3336	19	20	Form ADM-49 date (yr)
984.ADM-49		3336	21	24	Pulse, blood pressure and fetal heart, nth time (24 hr clock)
985.ADM-49		3336	25	27	Pulse, nth
986.ADM-49		3336	28	30	Blood pressure, systolic, nth
987.ADM-49		3336	31	33	Blood pressure, diastolic, nth
988.ADM-49		3336	34	36	Heart rate, fetal, nth
989.ADM-49		3336	37	40	Pulse, blood pressure and fetal heart, nth time
990.ADM-49		3336	41	43	Pulse, nth
991.ADM-49		3336	44	46	Blood pressure, sytolic, nth
992.ADM-49		3336	47	49	Blood pressure, diastolic, nth
993.ADM-49		3336	50	52	Heart rate, fetal, nth
994.ADM-49		3336	53	56	Pulse, blood pressure and fetal heart, nth time
995.ADM-49		3336	57	59	Pulse, nth
996.ADM-49		3336	60	62	Blood pressure, systolic, nth
997.ADM-49		3336	63	65	Blood pressure, diastolic, nth
998.ADM-49		3336	66	68	Heart rate, fetal, nth
999.....		3336	69	80	Blank
1000.....		6336	1	5	Card number (sequence, form type, form number, revision number)

Data Items Referencing Form ADM-49, Labor Data

DATA ITEM ID	ITEM ON FORM	CARD NUM	FROM	TO	DATA ITEM NAME
1001.....		6336	6	14	NIHDB case number
1002.ADM-49		6336	15	16	Form ADM-49 date (mo)
1003.ADM-49		6336	17	18	Form ADM-49 date (day)
1004.ADM-49		6336	19	20	Form ADM-49 date (yr)
1005.ADM-49		6336	21	24	Pelvic examination, nth time (24 hr clock)
1006.ADM-49		6336	25	25	Pelvic examination, nth type
1007.ADM-49		6336	26	27	Pelvic examination, nth dilation (cm)
1008.ADM-49		6336	28	29	Pelvic examination, nth station
1009.ADM-49		6336	30	33	Pelvic examination, nth time (24 hr clock)
1010.ADM-49		6336	34	34	Pelvic examination, nth type
1011.ADM-49		6336	35	36	Pelvic examination, nth dilation (cm)
1012.ADM-49		6336	37	38	Pelvic examination, nth station
1013.ADM-49		6336	39	42	Pelvic examination, nth time (24 hr clock)
1014.ADM-49		6336	43	43	Pelvic examination, nth type
1015.ADM-49		6336	44	45	Pelvic examination, nth dilation (cm)
1016.ADM-49		6336	46	47	Pelvic examination, nth station
1017.ADM-49		6336	48	51	Pelvic examination, nth time (24 hr clock)
1018.ADM-49		6336	52	52	Pelvic examination, nth type
1019.ADM-49		6336	53	54	Pelvic examination, nth dilation (cm)
1020.ADM-49		6336	55	56	Pelvic examination, nth station
1021.ADM-49		6336	57	60	Pelvic examination, nth time (24 hr clock)
1022.ADM-49		6336	61	61	Pelvic examination, nth type
1023.ADM-49		6336	62	63	Pelvic examination, nth dilation (cm)
1024.ADM-49		6336	64	65	Pelvic examination, nth station
1025.ADM-49		6336	66	69	Pelvic examination, nth time (24 hr clock)
1026.ADM-49		6336	70	70	Pelvic examination, nth type
1027.ADM-49		6336	71	72	Pelvic examination, nth dilation (cm)
1028.ADM-49		6336	73	74	Pelvic examination, nth station
1029.....		6336	75	80	Blank
5214....VAR	5		325	325	Fetal; heart sound
5349....VAR	5		495	495	Heart rate, less than 110 and/or greater than 160; fetal
5350....VAR			496	503	Blank

PHS-2998-A9
5-63

CARD NUMBER

	3	3	6	1

WIHDR Number

LABOR DATA

DATE

Mo. Day Yr.

1 TIME	2 TEMPERATURE	3 PULSE	4 BLOOD PRESSURE	5 FETAL HEART RATE	6 PELVIC EXAMINATION c/t	7 DILATATION	8 STATION

(5-63) ADM-4

Form Item Numbers linked to Data Items on ADM-49, Labor Data

ITEM NO FORM	DATA ITEM ID	CARD NUM	FROM	TO	DATA ITEM NAME
987.ADM-49	3336	31	33	Blood pressure, diastolic, nth
992.ADM-49	3336	47	49	Blood pressure, diastolic, nth
997.ADM-49	3336	63	65	Blood pressure, diastolic, nth
996.ADM-49	3336	60	62	Blood pressure, systolic, nth
986.ADM-49	3336	28	30	Blood pressure, systolic, nth
991.ADM-49	3336	44	46	Blood pressure, sytolic, nth
967.ADM-49	2336	17	18	Form ADM-49 date (day)
1003.ADM-49	6336	17	18	Form ADM-49 date (day)
982.ADM-49	3336	17	18	Form ADM-49 date (day)
1002.ADM-49	6336	15	16	Form ADM-49 date (mo)
981.ADM-49	3336	15	16	Form ADM-49 date (mo)
961.ADM-49	2336	15	16	Form ADM-49 date (mo)
983.ADM-49	3336	19	20	Form ADM-49 date (yr)
1004.ADM-49	6336	19	20	Form ADM-49 date (yr)
963.ADM-49	2336	19	20	Form ADM-49 date (yr)
993.ADM-49	3336	50	52	Heart rate, fetal, nth
988.ADM-49	3336	34	36	Heart rate, fetal, nth
998.ADM-49	3336	66	68	Heart rate, fetal, nth
1019.ADM-49	6336	53	54	Pelvic examination, nth dilation (cm)
1015.ADM-49	6336	44	45	Pelvic examination, nth dilation (cm)
1027.ADM-49	6336	71	72	Pelvic examination, nth dilation (cm)
1011.ADM-49	6336	35	36	Pelvic examination, nth dilation (cm)
1023.ADM-49	6336	62	63	Pelvic examination, nth dilation (cm)
1007.ADM-49	6336	26	27	Pelvic examination, nth dilation (cm)
1024.ADM-49	6336	64	65	Pelvic examination, nth station
1012.ADM-49	6336	37	38	Pelvic examination, nth station
1028.ADM-49	6336	73	74	Pelvic examination, nth station
1008.ADM-49	6336	28	29	Pelvic examination, nth station
1020.ADM-49	6336	55	56	Pelvic examination, nth station
1016.ADM-49	6336	46	47	Pelvic examination, nth station
1021.ADM-49	6336	57	60	Pelvic examination, nth time (24 hr clock)
1009.ADM-49	6336	30	33	Pelvic examination, nth time (24 hr clock)
1025.ADM-49	6336	66	69	Pelvic examination, nth time (24 hr clock)
1005.ADM-49	6336	21	24	Pelvic examination, nth time (24 hr clock)
1013.ADM-49	6336	39	42	Pelvic examination, nth time (24 hr clock)
1017.ADM-49	6336	48	51	Pelvic examination, nth time (24 hr clock)
1014.ADM-49	6336	43	43	Pelvic examination, nth type
1018.ADM-49	6336	52	52	Pelvic examination, nth type
1006.ADM-49	6336	25	25	Pelvic examination, nth type
1010.ADM-49	6336	34	34	Pelvic examination, nth type
1022.ADM-49	6336	61	61	Pelvic examination, nth type
1026.ADM-49	6336	70	70	Pelvic examination, nth type

Form Item Numbers linked to Data Items on ADM-49, Labor Data

ITEM ON FORM	DATA ITEM ID	CARD NUM	FROM	TO	DATA ITEM NAME
	994.ADM-49	3336	53	56	Pulse, blood pressure and fetal heart, nth time
	989.ADM-49	3336	37	40	Pulse, blood pressure and fetal heart, nth time
	984.ADM-49	3336	21	24	Pulse, blood pressure and fetal heart, nth time (24 hr clock)
	985.ADM-49	3336	25	27	Pulse, nth
	990.ADM-49	3336	41	43	Pulse, nth
	995.ADM-49	3336	57	59	Pulse, nth
	977.ADM-49	2336	73	76	Temperature, nth
	971.ADM-49	2336	49	52	Temperature, nth
	973.ADM-49	2336	57	60	Temperature, nth
	975.ADM-49	2336	65	68	Temperature, nth
	967.ADM-49	2336	33	36	Temperature, nth
	965.ADM-49	2336	25	28	Temperature, nth
	969.ADM-49	2336	41	44	Temperature, nth
	976.ADM-49	2336	69	72	Temperature, nth, time
	968.ADM-49	2336	37	40	Temperature, nth, time
	974.ADM-49	2336	61	64	Temperature, nth, time
	970.ADM-49	2336	45	48	Temperature, nth, time
	966.ADM-49	2336	29	32	Temperature, nth, time
	972.ADM-49	2336	53	56	Temperature, nth, time
	964.ADM-49	2336	21	24	Temperature, nth, time (24 hr clock)
5	5214....VAR		325	325	Fetal: heart sound
5	5349....VAR		495	495	Heart rate, less than 110 and/or greater than 160: fetal

DEFINITION OF CODES
LABOR DATA
FORM ADM-49 CARD 2336

FIELD		CARD COLUMN
1.	Card Number Code: 2	1
2.	Form Number Code: 336	2-4
3.	Revision Number Code: 1 - ADM-49* Form Dated: 5/63	5
4.	NIADB Number Nine-digit number for Patient Identification Code: As given	6-14
5.	Date of Event Six-digit code for Month (cols. 15-16), Day (cols. 17-18), and Year (cols. 19-20) Code: As given 99 - Month, day and/or year unknown	15-20
6.	First Temperature Eight-digit code for: Time-24 Hour Clock (cols. 21-24) Code: As given Temperature to Tenths of a Degree (cols. 25-28) Code: 0920-1070 - Temperature as given in tenths	21-28
7.	Second Temperature Code: Same as in Field 6	29-36
8.	Third Temperature Code: Same as in Field 6	37-44
9.	Fourth Temperature Code: Same as in Field 6	45-52
10.	Fifth Temperature Code: Same as in Field 6	53-60
11.	Sixth Temperature Code: Same as in Field 6	61-68

* Data abstracted from OB-32 and OB-33 forms

DEFINITION OF CODES (Continued)

FORM ADM-49
Card 2336

FIELD		CARD COLUMN
12.	Seventh Temperature Code: Same as in Field 6	69-76

NOTE: As many temperature fields are completed as reported. Additional cards will be required for each set of seven temperatures reported and all columns will be the same as above.

DEFINITION OF CODES (Continued)

FORM ADM-49
CARD 3336

FIELD		CARD COLUMN
1.	Card Number Code: 3	1
2.	Basic Coding* Code: Same as in columns 2-20 of Card 2	2-20
3.	First Pulse, Blood Pressure, Fetal Heart Rate Sixteen-digit code for: Time - 24 hour clock (cols. 21-24) Code: As given Pulse (cols. 25-27) Code: 000 - Not heard 050 - 50 and over 051-998 - As given 999 - Unknown Blood Pressure (Systolic - cols. 28-30- Diastolic - cols. 31-33) Code: 040-280 - Systolic as given 010-200 - Diastolic as given 999 - Systolic and/or diastolic unknown Fetal Heart Rate (cols. 34-36) Code: 000 - Not heard 020-300 - Rate as given 999 - Unknown Additional codes reviewed and approved: 010, 014, 015	21-36
4.	Second Pulse, Blood Pressure, Fetal Heart Rate Code: Same as in Field 3 Additional codes reviewed and approved: cols. 44-46: 284	37-52
5.	Third Pulse, Blood Pressure, Fetal Heart Rate Code: Same as in Field 3	53-68

* Data abstracted from OB-32 and OB-33 forms

Note: As many Pulse, Blood Pressure, Fetal Heart fields are completed as reported. Additional cards will be required for each set of three Pulse, Blood Pressure, Fetal Heart fields reported and all columns will be the same as above. 999 for Pulse, Blood Pressure or Fetal Heart in all fields of all cards = no readings taken.

DEFINITION OF CODES (Continued)

FORM ADM-49
Card 6336

FIELD		CARD COLUMN
1.	**Card Number** Code: 6	1
2.	**Basic Coding *** Code: Same as in columns 2-20 of Card 2	2-20
3.	**First Pelvic Exam, Dilatation, Station** Nine-digit code for:	21-29

Time - 24 Hour Clock (cols. 21-24)
Code: As given

Pelvic Exam (col. 25)
Code: 1 - Rectal
5 - Vaginal
9 - Unknown

Dilatation (cols. 26-27)

Code:	01 = 0	51 = 5	
	05 = 1/2	55 = 5 1/2	
	10 = 10	61 = 6	
	11 = 1	65 = 6 1/2	
	15 = 1 1/2	71 = 7	
	21 = 2	75 = 7 1/2	
	25 = 2 1/2	81 = 8	
	31 = 3	85 = 8 1/2	
	35 = 3 1/2	91 = 9	
	41 = 4	95 = 9 1/2	
	45 = 4 1/2	99 = Unknown	

Station (cols. 28-29)

Code:	64 = -4	70 = 0
	63 = -3	71 = +1
	62 = -2	72 = +2
	61 = -1	73 = +3
		74 = +4
		99 = Unknown

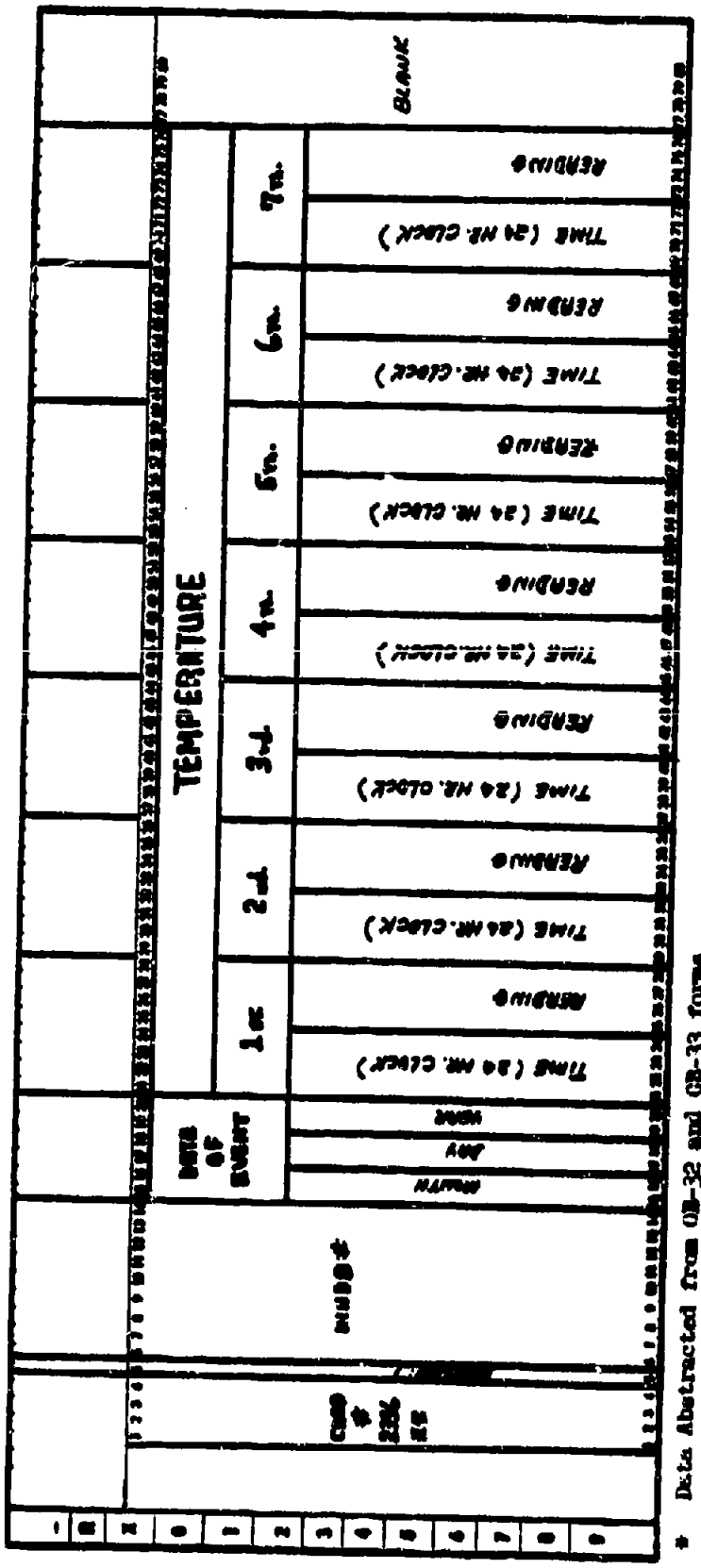
4.	**Second Pelvic Exam, Dilatation, Station** Code: Same as in Field 3	30-38

* Data abstracted from OB-32 and OB-33 forms

5.	THIRD PELVIC EXAM, DILATATION, STATION Code: Same as in Field 3	39-47
6.	FOURTH PELVIC EXAM, DILATATION, STATION Code: Same as in Field 3	48-56
7.	FIFTH PELVIC EXAM, DILATATION, STATION Code: Same as in Field 3	57-65
8.	SIXTH PELVIC EXAM, DILATATION, STATION Code: Same as in Field 3	66-74

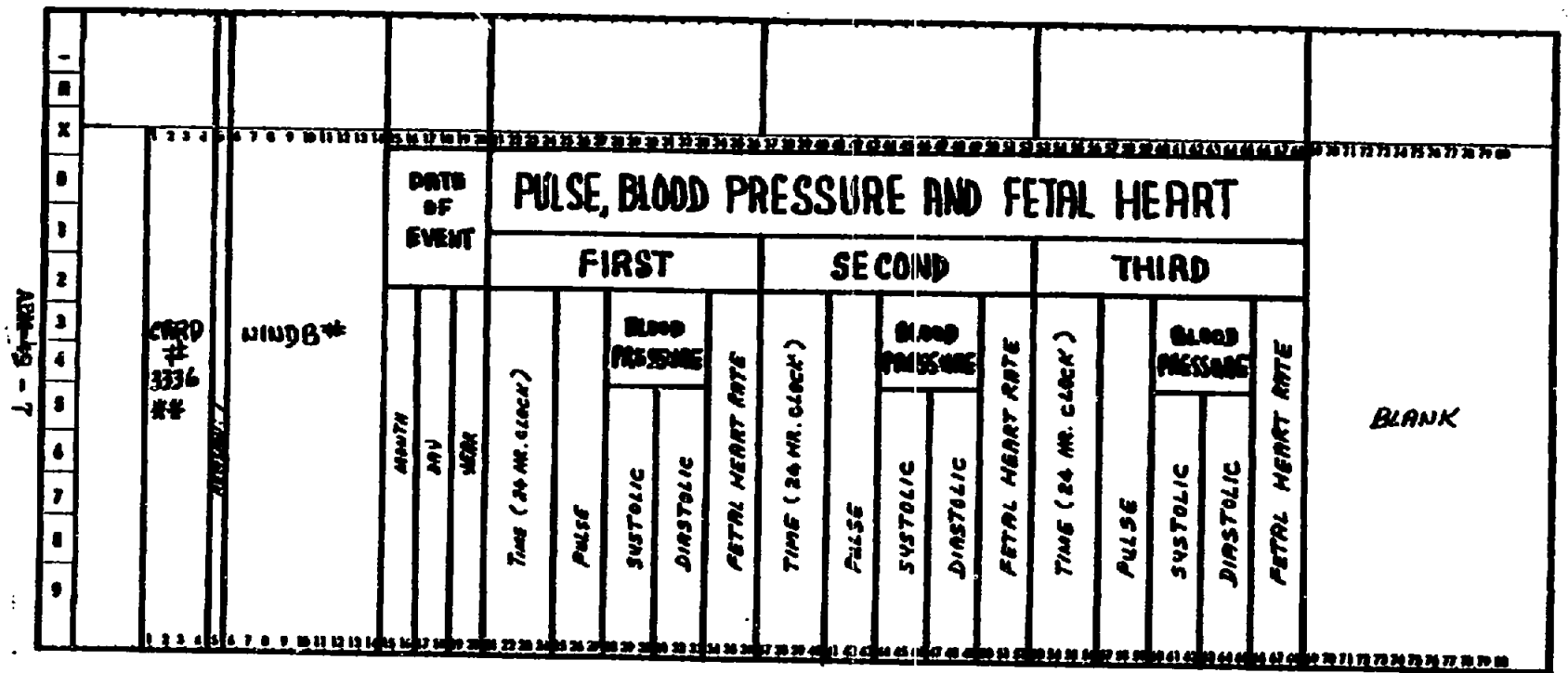
NOTE: As many Pelvic Exams, Dilatation, Station fields are completed as reported. Additional cards will be required for each set of six Pelvic Exams, Dilatation and Station Fields reported and all columns will be the same as above.

LABOR DATA
FORM ADM-49 *



* Data Abstracted from OB-32 and OB-33 forms
** Additional card(s) required if more than 7 temperatures reported

LABOR DATA
FORM ADM-49 *



* Data Abstracted from OB-32 and OB-33 forms
** Additional card(s) reported if more than 3 pulse, blood pressure and/or fetal heart rates reported

LABOR DATA
FORM ADM-49 *

* Data Abstracted from OB-32 and OB-33 Forms
** Additional card(s) required if more than 6 pelvic exams

ADM-50 Labor Data

Like form ADM-49, ADM-50 was used by NINCDS staff to abstract data from forms OB-30, OB-31, OB-32, OB-33, and OB-34. First implemented in May 1963, the form was not revised. Data are recorded on one card of the master file; 53,932 records are available (Table ADM-50.1).

TABLE ADM-50.1 Cards and Data Records by Revision for Form ADM-50

Card Name	Card Number	Rev. No.	Number Records
ADM-50: Irregular Fetal Heart, Meconium, Vaginal Bleeding, Initial Rupture of Membranes	0337	1	53,932
	total for form		53,932

Data Items Referencing Form ADM-50, Labor Data

DATA ITEM TO	ITEM IN FORM	CARD NUM	FROM	TO	DATA ITEM NAME
1030.....		0337	1	5	Card number (sequence, form type, form number, revision number)
1031.....		0337	6	14	NIMDB case number
1032.ADM-50		0337	15	15	Form OB-37 completed, yes/no
1033.ADM-50		0337	16	16	Form OB-38 completed, yes/no
1034.ADM-50		0337	17	17	Heart rate irregular; fetal
1035.ADM-50		0337	18	19	Heart rate irregular, date first noted (mo)
1036.ADM-50		0337	20	21	Heart rate irregular, date first noted (day)
1037.ADM-50		0337	22	23	Heart rate irregular, date first noted (yr)
1038.ADM-50		0337	24	27	Heart rate irregular, time first noted (24 hr clock)
1039.ADM-50		0337	28	28	Meconium
1040.ADM-50		0337	29	30	Meconium, date first noted (mo)
1041.ADM-50		0337	31	32	Meconium, date first noted (day)
1042.ADM-50		0337	33	34	Meconium, date first noted (yr)
1043.ADM-50		0337	35	38	Meconium, time first noted (24 hr clock)
1044.ADM-50		0337	39	39	Vaginal bleeding before admission
1045.ADM-50		0337	40	40	Vaginal bleeding upon or after admission
1046.ADM-50		0337	41	42	Vaginal bleeding upon or after admission, date first noted (mo)
1047.ADM-50		0337	43	44	Vaginal bleeding upon or after admission, date first noted (day)
1048.ADM-50		0337	45	46	Vaginal bleeding upon or after admission, date first noted (yr)
1049.ADM-50		0337	47	50	Vaginal bleeding upon or after admission, time first noted (24 hr clock)
1050.ADM-50		0337	51	52	Rupture of membranes, date first noted (mo)
1051.ADM-50		0337	53	54	Rupture of membranes, date first noted (day)
1052.ADM-50		0337	55	56	Rupture of membranes, date first noted (yr)
1053.ADM-50		0337	57	60	Rupture of membranes, time first noted (24 hr clock)
1054.....		0337	61	80	Blank
5215....VAR			326	326	Vaginal bleeding upon or after admission
5221....VAR			339	339	Vaginal bleeding before, during or after admission
6155....VAR			1447	1450	Rupture of membranes, interval from ROM to onset of labor
6162....VAR			1457	1460	Rupture of membranes, interval; INACCURATE DO NOT USE, see workfile 10
6163....VAR			1461	1462	Rupture of membranes, interval; INACCURATE DO NOT USE, see workfile 10
6343...W-10			39	44	Rupture of membranes, date first noted (mo/day/yr)
6344...W-10			45	48	Rupture of membranes, time first noted (24 hr clock)

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5-63

CARD NUMBER

	3	3	7	1

NINDB Number

LABOR DATA

	OB-32 YES	OB-32 NO	OB-33 YES	OB-33 NO	DATE FIRST NOTED (Mo. Day Yr.)	TIME
OBSERVATION OF LABOR AND DELIVERY	1	0	1	0		
IRREGULAR FETAL HEART	1	0				
MECONIUM	1	0				
VAGINAL BLEEDING - BEFORE ADMISSION	1	0				
VAGINAL BLEEDING - UPON OR AFTER ADMISSION	1	0				
INITIAL MEMBRANE RUPTURE						

(5-63) ADM-5C

Form Item Numbers linked to Data Items on ADM-50, Labor Data

ITEM ON FORM	DATA ITEM ID	CARD NUM	FROM	TO	DATA ITEM NAME
1032.ADM-50	0337		15	15	Form OB-32 completed, yes/no
1033.ADM-50	0337		16	16	Form OB-33 completed, yes/no
1036.ADM-50	0337		20	21	Heart rate irregular, date first noted (day)
1035.ADM-50	0337		18	19	Heart rate irregular, date first noted (mo)
1037.ADM-50	0337		22	23	Heart rate irregular, date first noted (yr)
1038.ADM-50	0337		24	27	Heart rate irregular, time first noted (24 hr clock)
1034.ADM-50	0337		17	17	Heart rate irregular; fetal
1039.ADM-50	0337		28	28	Meconium
1041.ADM-50	0337		31	32	Meconium, date first noted (day)
1040.ADM-50	0337		29	30	Meconium, date first noted (mo)
1042.ADM-50	0337		33	34	Meconium, date first noted (yr)
1043.ADM-50	0337		35	38	Meconium, time first noted (24 hr clock)
1051.ADM-50	0337		53	54	Rupture of membranes, date first noted (day)
1050.ADM-50	0337		51	52	Rupture of membranes, date first noted (mo)
6343...M-10			39	44	Rupture of membranes, date first noted (mo/day/yr)
1052.ADM-50	0337		55	56	Rupture of membranes, date first noted (yr)
6155....VAR			1447	1450	Rupture of membranes, interval from ROM to onset of labor
6162....VAR			1457	1460	Rupture of membranes, interval; INACCURATE DO NOT USE, see workfile ID
6163....VAR			1461	1462	Rupture of membranes, interval; INACCURATE DO NOT USE, see workfile ID
6344...M-10			45	48	Rupture of membranes, time first noted (24 hr clock)
1053.ADM-50	0337		57	60	Rupture of membranes, time first noted (24 hr clock)
1044.ADM-50	0337		39	39	Vaginal bleeding before admission
5221....VAR			339	339	Vaginal bleeding before, during or after admission
5215....VAR			326	326	Vaginal bleeding upon or after admission
1045.ADM-50	0337		40	40	Vaginal bleeding upon or after admission
1047.ADM-50	0337		43	44	Vaginal bleeding upon or after admission, date first noted (day)
1046.ADM-50	0337		41	42	Vaginal bleeding upon or after admission, date first noted (mo)
1048.ADM-50	0337		45	46	Vaginal bleeding upon or after admission, date first noted (yr)
1049.ADM-50	0337		47	50	Vaginal bleeding upon or after admission, time first noted (24 hr clock)

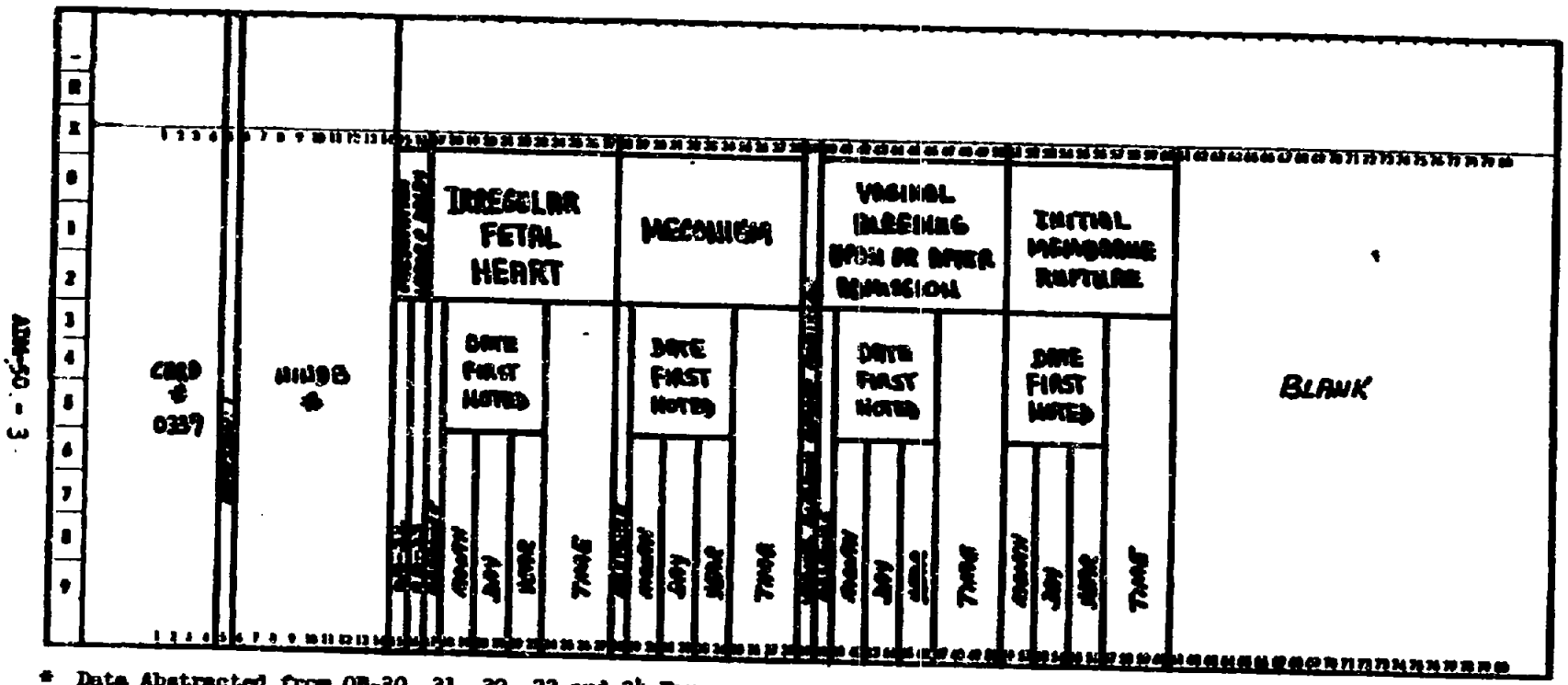
DEFINITION OF CODES
LABOR DATA
FORM ADM-50 CARD 0337

FIELD		CARD COLUMN
1.	**Card Number** Code: 0	1
2.	**Form Number** Code: 337	2-4
3.	**Revision Number** Code: 1 - ADM-50* Form Dated: 5/63	5
4.	**NIMDB Number** Nine-digit number for Patient Identification Code: As given	6-14
5.	**Observation of Labor (OB-32 completed)** Code: 0 - No 1 = Yes	15
6.	**Observation of Labor (OB-33 completed)** Code: Same as in Field 5	16
7.	**Irregular Fetal Heart** Eleven-digit code for: **Response** (col. 17) Code: Same as in Field 5 **Date First Noted** (Month - cols. 18-19, Day - cols. 20-21, Year - cols. 22-23) Code: As given 000000 - Not applicable 99 - Month, day and/or year unknown **Time** (cols. 24-27) Code: As given based on 24 hour clock 99 - Hour and/or minutes unknown 0000 - Not applicable Note: 0's in entire field = no irregular fetal heart	17-27
8.	**Meconium** Eleven-digit code for: Response (col. 28) Date First Noted (cols. 29-34) Time (cols. 35-38) Codes: Same as in Field 7 except 0's in entire field = no meconium	28-38

* Data Abstracted from OB-30, 31, 32, 33 and 34 Forms

FIELD		CARD COLUMN
9.	**Vaginal Bleeding** Twelve-digit code for: Before Admission Response (col. 39) Upon or After Admission Response (col. 40) Code for each column: Same as in Field 5 Date First Noted (cols. 41-46) Time (cols. 47-50) Code for each column: Same as in Field 7, cols. 18-27 Note: 0's in cols. 40-50 = no vaginal bleeding during period	39-50
10.	**Initial Membrane Rupture** Ten-digit code for: Date First Noted (cols. 51-56) Time (cols. 57-60) Code for each column: Same as in Field 7, cols. 18-27 except Blanks - Not reported	51-60

LABOR DATA
FORM ADM-50 *



ADM-50 - 3

* Data Abstracted from OB-30, 31, 32, 33 and 34 Forms

ADM-51 Labor and Delivery Drugs

Form ADM-51, completed by NINCDS staff, consisted of data abstracted from forms OB-32, OB-33, OB-34 and OB-35. Implemented in May 1963, the form was not revised. Data are recorded on card 0338 of the master file (Table ADM-51.1).

TABLE ADM-51.1 Cards and Data Records by Revision for Form ADM-51

Card Name	Card Number	Rev. No.	Number Records
ADM-51: Drugs - Time, Dose, Route	0338	1	92,808
	total for form		92,808

Data Items Referencing Form ADM-51, Labor and Delivery Drugs

DATA ITEM ID	ITEM ON FORM	CARD NUM	FROM	TO	DATA ITEM NAME
1055.....		033R	1	5	Card number (sequence, form type, form number, revision number)
1056.....		033R	6	14	NINDB case number
1057.ADM-51		033R	15	16	Form ADM-51 date (mo)
1058.ADM-51		033R	17	18	Form ADM-51 date (day)
1059.ADM-51		033R	19	20	Form ADM-51 date (yr)
1060.ADM-51		033R	21	22	Drug, nth, time administered (hr)
1061.ADM-51		033R	23	24	Drug, nth, time administered (min)
1062.ADM-51		033R	25	28	Drug, nth
1063.ADM-51		033R	29	33	Drug, nth, dosage
1064.ADM-51		033R	34	34	Drug, nth, route
1065.ADM-51		033R	35	36	Drug, nth, stop time:iv drip (hr)
1066.ADM-51		033R	37	38	Drug, nth, stop time:iv drip (min)
1067.ADM-51		033R	39	40	Drug, nth, time administered (hr)
1068.ADM-51		033R	41	42	Drug, nth, time administered (min)
1069.ADM-51		033R	43	46	Drug, nth
1070.ADM-51		033R	47	51	Drug, nth, dosage
1071.ADM-51		033R	52	52	Drug, nth, route
1072.ADM-51		033R	53	54	Drug, nth, stop time:iv drip (hr)
1073.ADM-51		033R	55	56	Drug, nth, stop time:iv drip (min)
1074.ADM-51		033R	57	58	Drug, nth, time administered (hr)
1075.ADM-51		033R	59	60	Drug, nth, time administered (min)
1076.ADM-51		033R	61	64	Drug, nth
1077.ADM-51		033R	65	69	Drug, nth, dosage
1078.ADM-51		033R	70	70	Drug, nth, route
1079.ADM-51		033R	71	72	Drug, nth, stop time:iv drip (hr)
1080.ADM-51		033R	73	74	Drug, nth, stop time:iv drip (min)
1081.....		033R	75	79	Blank
1082.ADM-51		033R	80	80	Plurality

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5-63

CARD NUMBER

	3	3	8	1

DATE

Mo. Day Yr.

LABOR AND DELIVERY

DRUGS

NINDB Number

CODES: Col. 6
1. Oral (P.O.)
2. Sublingual (Buccal)
3. I.M.
4. I.V. Ind.
5. I.V. Drip
6. S.C. (Subcutaneous)
7. Rectal
8. Intradermal
9. Unknown

1 TIME	2 DRUG NAME	3 DRUG CODE	4 DOSAGE	5 ROUTE	6 STOP TIME

(5-63) ADM-51

Form Item Numbers Linked to Data Items on ADM-51, Labor and Delivery Drugs

ITEM ON FORM	DATA ITEM ID	CARD NUM	FROM	TO	DATA ITEM NAME
1069.ADM-51	033A		43	46	Drug, nth
1062.ADM-51	033A		25	28	Drug, nth
1076.ADM-51	033A		61	64	Drug, nth
1070.ADM-51	033A		47	51	Drug, nth, dosage
1063.ADM-51	033A		29	33	Drug, nth, dosage
1077.ADM-51	033A		65	69	Drug, nth, dosage
1071.ADM-51	033A		52	52	Drug, nth, route
1078.ADM-51	033A		70	70	Drug, nth, route
1064.ADM-51	033A		34	34	Drug, nth, route
1065.ADM-51	033A		35	36	Drug, nth, stop time:iv drip (hr)
1072.ADM-51	033A		53	54	Drug, nth, stop time:iv drip (hr)
1079.ADM-51	033A		71	72	Drug, nth, stop time:iv drip (hr)
1080.ADM-51	033A		73	74	Drug, nth, stop time:iv drip (min)
1066.ADM-51	033A		37	38	Drug, nth, stop time:iv drip (min)
1073.ADM-51	033A		55	56	Drug, nth, stop time:iv drip (min)
1060.ADM-51	033A		21	22	Drug, nth, time administered (hr)
1074.ADM-51	033A		57	58	Drug, nth, time administered (hr)
1067.ADM-51	033A		39	40	Drug, nth, time administered (hr)
1075.ADM-51	033A		59	60	Drug, nth, time administered (min)
1061.ADM-51	033A		23	24	Drug, nth, time administered (min)
1068.ADM-51	033A		41	42	Drug, nth, time administered (min)
1058.ADM-51	033A		17	18	Form ADM-51 date (day)
1057.ADM-51	033A		15	16	Form ADM-51 date (mo)
1059.ADM-51	033A		19	20	Form ADM-51 date (yr)
1082.ADM-51	033A		80	80	Plurality

DEFINITION OF CODES
LABOR AND DELIVERY DRUGS
FORM ADM-51 CARD 0338

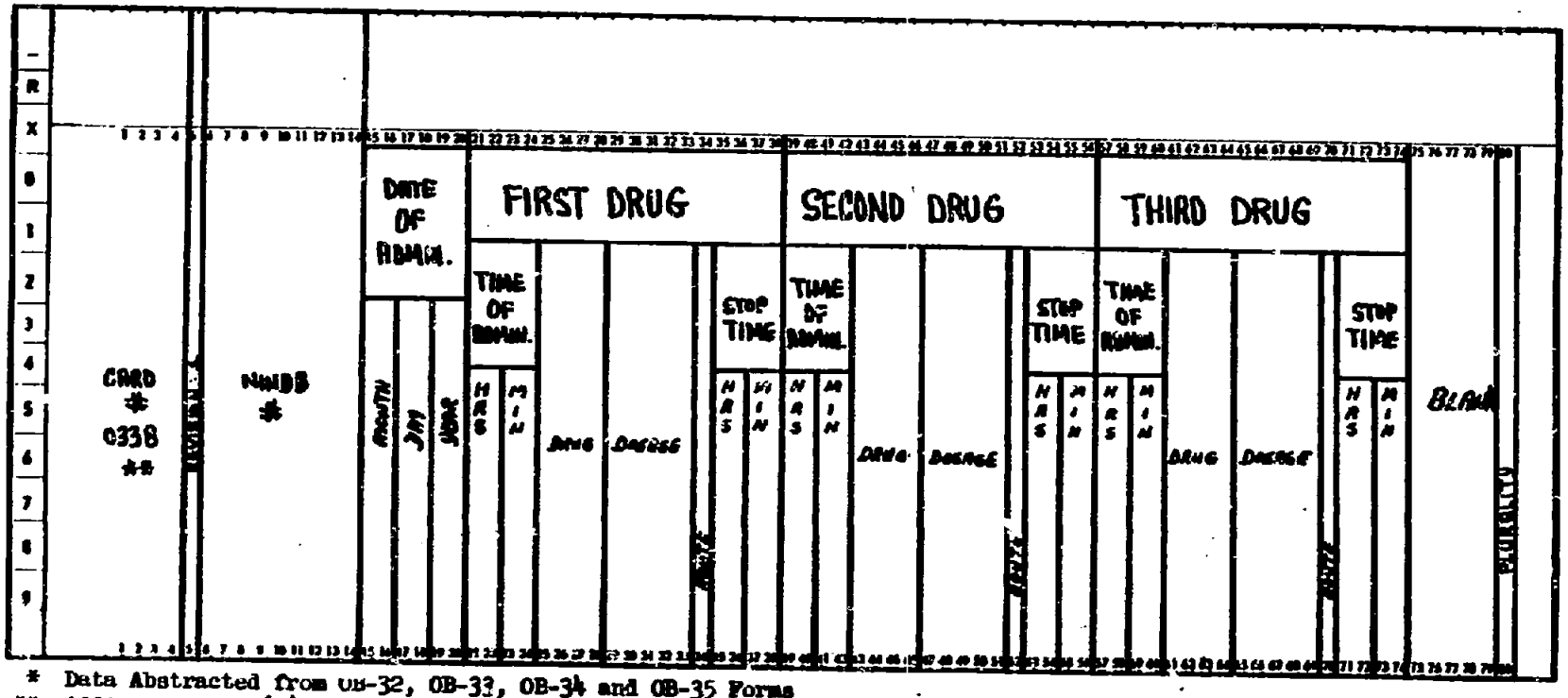
FIELD		CARD COLUMN
1.	**Card Number** Code: 0	1
2.	**Form Number** Code: 338	2-4
3.	**Revision Number** Code: 1 - ADM-51* Form Dated: 5/63	5
4.	**HIMIS Number** Nine-digit number for Patient Identification Code: As given	6-14
5.	**Date of Administration of Drugs** Six-digit code for Month (cols. 15-16), Day (cols. 17-18), and Year (cols. 19-20) Code: As given	15-20
6.	**First Drug** Eighteen-digit code for: Time (cols. 21-24) Code: 0000 - No drugs taken 0001-2400 - As given based on 24 hour clock 9999 - Unknown Drug (cols. 25-28) Code: See "Drugs in Pregnancy" 0315 card Additional code: 0000 - No drugs Note: Blanks do not apply Dosage (cols. 29-33) Code: As given 00000 - Not applicable, Synthetic Penicillin Blank - No drug taken 99999 - Unknown Route (col. 34) Code: Blank - No drug taken 0 - Spinal 1 - Oral 2 - Buccal 3 - Intramuscular 4 - Intravenus injection 5 - Intravenus drip 6 - Subcutaneous 7 - Rectal 8 - Intranasal 9 - Unknown	21-38

* Data abstracted from OB-32, OB-33, OB-34 and OB-35 forms

FIELD		CARD COLUMN
6.	First Drug (cont.) Stop Time: IV Drip (cols. 35-38) Four-digit code for: Hours (cols. 35-36) Minutes(cols. 37-38) Code: Blank - No drug taken 0000 - Not applicable 0001-9959 - As given 9999 - Unknown	21-38
7.	Second Drug Code: Same as in Field 6 except blanks in entire field = no second drug taken	39-56
8.	Third Drug Code: Same as in Field 6 except blanks in entire field = no third drug taken	57-74
9.	Blank	75-79
10.	Plurality Code: Blank - Single birth 1 - 1st of Multiple 2 - 2nd of Multiple 3 - 3rd of Multiple 4 - 4th of Multiple	80

NOTE: As many drug fields are completed as reported. Additional cards will be required for each set of three drugs reported and all columns will be the same as above.

LABOR AND DELIVERY DRUGS
FORM ADM-51 *



* Data Abstracted from OB-32, OB-33, OB-34 and OB-35 Forms
** Additional card(s) required if more than 3 drugs reported

OB-58 Summary of Puerperium

Form OB-58 was used to record pertinent data summarizing the patient's hospital course from delivery of placenta to discharge and the blood pressure obtained six weeks post-partum. The form was implemented in April 1962; no revisions after 1962 are indicated, though some cards in the master file are from a pretest form dated July 1961. The pretest form did not include data on transfusion. Data from OB-58 are available in the master file on card number 0358 (Table OB-58.1).

TABLE OB-58.1 Cards and Data Records by Revision for Form OB-58

Card Name	Card Number	Rev. No.	Number Records
OB-58: Blood Pressure, Temperature Weight, Transfusion	0358	0	6,066
		1	203,631
	total for form		209,697

Data Items Referencing Form OB-5R, Summary of Puerperium

DATA ITEM ID	ITEM IN FORM	CARD NUM	FROM	TO	DATA ITEM NAME
2095.....		035R	1	5	Card number (sequence, form type, form number, revision number)
2096.....		035R	6	14	NIMDB case number
2097..OB-5R	2	035R	15	16	Delivery date (mo)
2098..OB-5R	2	035R	17	18	Delivery date (day)
2099..OB-5R	2	035R	19	20	Delivery date (yr)
2100..OB-5R	3	035R	21	22	Discharge date (mo)
2101..OB-5R	3	035R	23	24	Discharge date (day)
2102..OB-5R	3	035R	25	26	Discharge date (yr)
2103..OB-5R		035R	27	27	Form OB-5R readmission code
2104..OB-5R		035R	28	28	Examination
2105..OB-5R		035R	29	30	Examinations, total number
2106..OB-5R		035R	31	32	Examination number, visit number
2107..OB-5R		035R	33	33	Examination number, readmission number
2108..OB-5R		035R	34	35	Examination date (mo)
2109..OB-5R		035R	36	37	Examination date (day)
2110..OB-5R	4	035R	38	39	Examination date (yr)
2111..OB-5R	5	035R	40	42	Blood pressure, highest, systolic
2112..OB-5R	5	035R	43	45	Blood pressure, highest, diastolic
2113..OB-5R	5	035R	46	48	Blood pressure, lowest, systolic
2114..OB-5R	5	035R	49	51	Blood pressure, lowest, diastolic
2115..OB-5R	6	035R	52	55	Temperature, highest
2116..OB-5R	7	035R	56	56	Weight, attire worn
2117..OB-5R	7	035R	57	59	Weight (lbs)
2118..OB-5R	8	035R	60	60	Transfusion
2119..OB-5R	8	035R	61	62	Transfusion (mo)
2120..OB-5R	8	035R	63	64	Transfusion (day)
2121..OB-5R	8	035R	65	66	Transfusion (yr)
2122.....		035R	67	90	Blank

COLR-8063-00
4-62

OB-58 **SUMMARY OF PUERPERIUM**

1. PATIENT IDENTIFICATION

2. DATE DELIVERED — Month / Day / Year

3. DATE DISCHARGED — Month / Day / Year

4. DATE							
5. BLOOD PRESSURE	READING WITH HIGHEST DIASTOLIC	/	/	/	/	/	/
	READING WITH LOWEST DIASTOLIC	/	/	/	/	/	/
6. HIGHEST TEMPERATURE							
7. WEIGHT (any one day) ☐ GOWN ☐ STREET CLOTHES							

8. TRANSFUSION (Whole Blood, Packed Cells, or Plasma) begun any time after cord clamped and prior to discharge) ☐ NONE YES, DATE: Mo. / Day / Yr.

9. SUMMARY OF DATA ESTABLISHING DIAGNOSES LISTED BELOW:

10. DIAGNOSES ESTABLISHED POSTPARTUM (All puerperal complications, surgical and medical diagnoses made or continued at this visit)

11. MEDICAL EDIT
☐ WITH HOSPITAL CHART
☐ WITHOUT HOSPITAL CHART

12. MEDICAL EDIT BY

13. TITLE OR POSITION

14. LAY EDIT BY

COLLABORATIVE RESEARCH
PERINATAL RESEARCH BRANCH, NINDB, NIH
BETHESDA 14, MD.

4-62

OB-58

Form Item Numbers linked to Data Items on OB-58, Summary of Puerperium

ITEM NO FORM	DATA ITEM ID	CARD NUM	FROM	TO	DATA ITEM NAME
	2104..OB-58	035A	28	28	Examination
	2109..OB-58	035A	36	37	Examination date (day)
	2108..OB-58	035A	34	35	Examination date (mo)
	2107..OB-58	035A	33	33	Examination number, readmission number
	2106..OB-58	035A	31	32	Examination number, visit number
	2105..OB-58	035A	29	30	Examinations, total number
	2103..OB-58	035A	27	27	Form OB-58 readmission code
2	2098..OB-58	035A	17	18	Delivery date (day)
2	2097..OB-58	035A	15	16	Delivery date (mo)
2	2099..OB-58	035A	19	20	Delivery date (yr)
3	2101..OB-58	035A	23	24	Discharge date (day)
3	2100..OB-58	035A	21	22	Discharge date (mo)
3	2102..OB-58	035A	25	26	Discharge date (yr)
4	2110..OB-58	035A	38	39	Examination date (yr)
5	2112..OB-58	035A	43	45	Blood pressure, highest, diastolic
5	2111..OB-58	035A	40	42	Blood pressure, highest, systolic
5	2114..OB-58	035A	49	51	Blood pressure, lowest, diastolic
5	2113..OB-58	035A	46	48	Blood pressure, lowest, systolic
6	2115..OB-58	035A	52	55	Temperature, highest
7	2117..OB-58	035A	57	59	Weight (lbs)
7	2116..OB-58	035A	56	56	Weight, attire worn
8	2118..OB-58	035A	60	60	Transfusion
8	2120..OB-58	035A	63	64	Transfusion (day)
8	2119..OB-58	035A	61	62	Transfusion (mo)
8	2121..OB-58	035A	65	66	Transfusion (yr)

DEFINITION OF CODES
SUMMARY OF PUERPERIUM
FORM OB-58 CARD 0358

FIELD		CARD COLUMN
1.	Card Number Code: 0	1
2.	Form Number Code: 358	2-4
3.	Revision Number Code: 0 - Form Dated: 7/61 *1 - Form Dated: Rev. 4/62	5
4.	NINDB Number Item 1 Nine-digit number for Patient Identification Code: As given	6-14
5.	Date Delivered Item 2 Six-digit code for month (cols. 15-16), day (cols. 17-18) and year (cols. 19-20) Code: As given 99 - Month, day or year unknown	15-20
6.	Date Discharged Item 3 Six-digit code for month (cols. 21-22), day (cols. 23-24) and year (cols. 25-26) Code: Same as in Field 5	21-26
7.	Readmission Code Code: 0 - No readmissions 1-6 - As given 7 - 7 or more	27
8.	Post-Partum Examination Code: 0 - No 1 - Yes 2 - Yes, but no information reported	28
9.	Total Number of Examinations Code: 01-99 - As given	29-30

* Item numbers refer to Form Dated: 4/62

FIELD		CARD COLUMN
10.	**Examination Number** Three-digit code for: **Visit Number** (cols. 31-32) Code: 01-99 - As given **Readmission Number** (col. 33) Code: 0 - Original admission 1-6 - As given 7 - 7 or more readmissions 8 - Post-partum visit	31-33
11.	**Date** Item 4 Six-digit code for month (cols. 34-35), day (cols. 36-37) and year (cols. 38-39) Code: Same as in Field 5	34-39
12.	**Blood Pressure (Highest Diastolic Pressure)** Item 5 Six-digit code for Systolic (cols. 40-42) and Diastolic (cols. 43-45) Code: As given 999 - Systolic and/or Diastolic unknown Note: Code limits for cols. 40-42 are 040-280 and 010-200 for cols. 43-45	40-45
13.	**Blood Pressure (Lowest Diastolic Pressure)** Item 5 Six-digit code for Systolic (cols. 46-48) and Diastolic (cols. 49-51) Code: Same as in Field 12	46-51
14.	**Highest Temperature** Item 6 Code: 0920-1079 - As given in Fahrenheit to nearest tenth 9999 - Unknown	52-55
15.	**Weight** Item 7 Four-digit code for: **Attire** (col. 56) Code: 0 - Gown 1 - Street clothes 9 - Unknown **Weight** (cols. 57-59) Code: 050-350 - As given in pounds 999 - Unknown	56-59

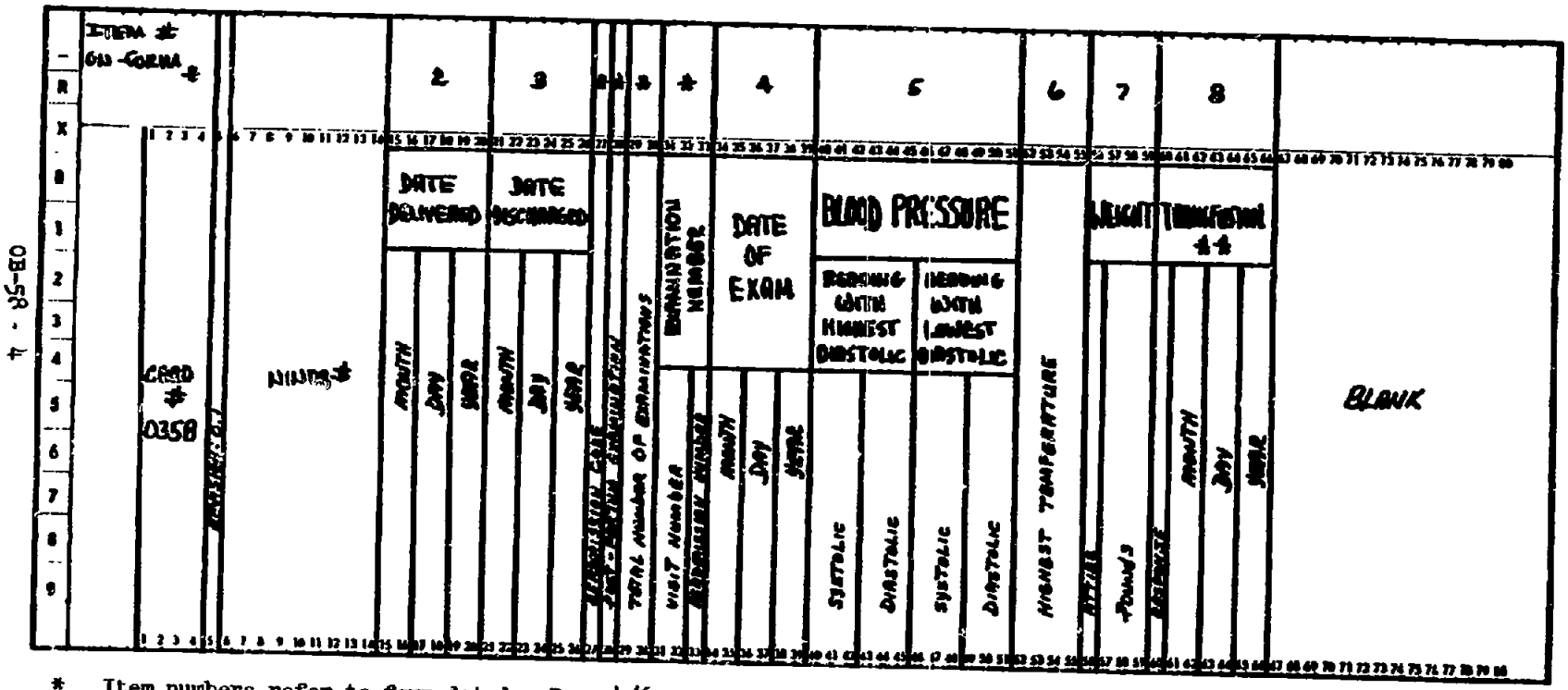
FIELD		CARD COLUMN
16.	Transfusion* (Rev. 1 only) Item 8 Seven-digit code for: Response (col. 60) Code: 0 - No transfusions 1 - One transfusion date reported 2 - 2 or more dates of transfusion reported 9 - Unknown, not on Rev. 0 Date /Month (cols. 61-62), Day (cols. 63-64), and Year (cols. 65-66)/ Code: As given 99 - Unknown 000000 - No transfusion 999999 - Not on Rev. 0	60-66

Note: 0's in entire field = no transfusion (Rev. 1 only)

* Punched in first card only.

Note: A card is punched for each visit with cols. 1-66 same as above for first card and cols. 1-59 as above for each additional card required.

SUMMARY OF PUERPERIUM (OB-58)



* Item numbers refer to form dated: Rev. 4/62
** Punched in first card only

OB-58 - 4

OB-58 SUMMARY OF PUERPERIUM

I. Purpose of form — This form is intended for the recording of:

A. Pertinent data summarizing the patient's hospital course from delivery of placenta to discharge.

B. The blood pressure obtained six weeks postpartum.

II. Specific Instructions

Item Number

2. Date delivered. Record.

3. Date discharged. Record the date of the patient's discharge. If discharged to another hospital, note this fact.

4. Date. Record in this space at the top of each column the date (month, day; year if applicable) to which information in the column refers. Each column is used for one day's observations, beginning in the first column with the day of delivery, and ending with the day of discharge.

5. Blood pressure. Record the reading with the highest diastolic level, and the reading with the lowest diastolic level daily in the appropriate column and space. If only one blood pressure is taken on that day, record it as the highest blood pressure, and write "not done" in the space for the lowest diastolic level.

6. Highest temperature. Record the highest temperature taken each day.

7. Weight. Record at least one weight taken postpartum in the space provided under the date on which it was taken. Although one weight is required, all taken should be recorded. Mark the appropriate box to indicate the clothing with which the patient was weighed. If in street clothes, shoes are to be removed.

Item Number

8. Transfusion. If whole blood, packed cells or plasma was administered postpartum record the date(s). If none was administered, mark "none."

9. Summary of data establishing diagnoses. (Optional if OB-60 completed). Record or summarize here the pertinent information used in establishing and validating diagnoses recorded in item #10. This may include drug therapy, consultations, observations, surgical procedures, x-ray and EKG findings, etc.

10. Diagnoses established postpartum (Optional if OB-60 completed)

a. Record:

(1) All obstetrical, medical and surgical complications of the puerperium.

(2) All medical diagnoses which had been considered without decision during the antepartum or intrapartum periods, confirmed postpartum.

(3) As "probable" any diagnosis not definitely established.

b. Diagnoses established during the pregnancy or earlier and previously recorded in the Study record need not be repeated here, unless there is a change in the condition.

EDITING (Items #11-14)

11. Medical edit. Record whether editing was accomplished with or without the hospital chart.

12, 13. Medical edit by. Medical editor records signature and title or position.

14. Lay edit by. Lay editor records initials.

COLR-3003-58
7-61

OB-58 SUMMARY OF PUERPERIUM

1. PATIENT IDENTIFICATION

pretest

PAGE ____ OF ____

2. DATE DELIVERED (Month / Day / Year)

3. DATE DISCHARGED (Month / Day / Year)

4. DATE								
5. BLOOD PRESSURE	READING WITH HIGHEST DIASTOLIC	/	/	/	/	/	/	/
	READING WITH LOWEST DIASTOLIC	/	/	/	/	/	/	/
6. HIGHEST TEMPERATURE								
7. WEIGHT (any one day) ☐ GOWN ☐ STREET CLOTHES								

8. SUMMARY OF DATA ESTABLISHING DIAGNOSES

☐ 0 ALL PERTINENT RECORDED HERE

☐ 1 ADDITIONAL LABORATORY DATA, PROGRESS NOTES, CONSULTATIONS ATTACHED

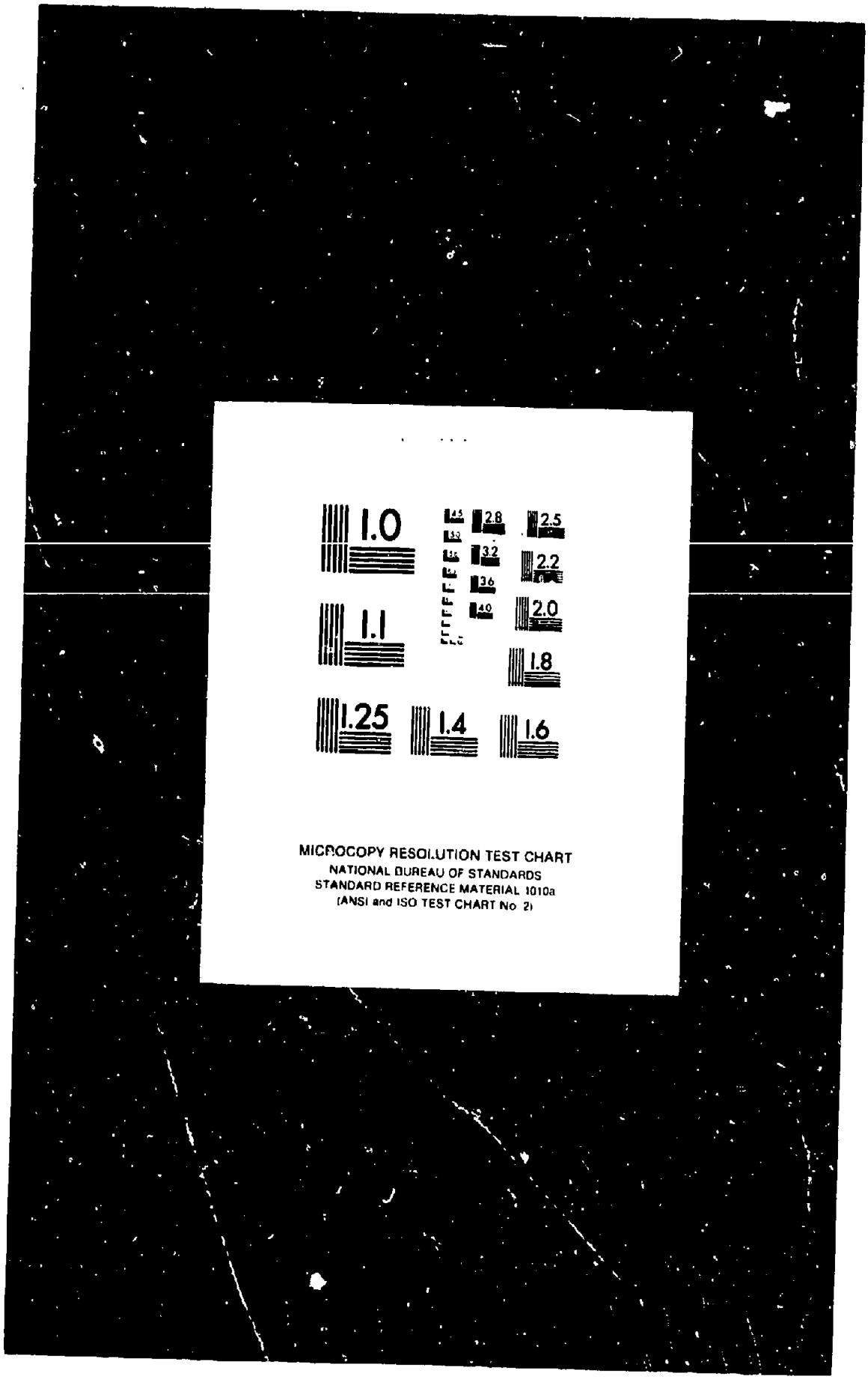
9. DIAGNOSES ESTABLISHED POSTPARTUM (All puerperal complications, surgical and medical diagnoses made or confirmed at this time)

10. MEDICAL EDIT BY:	11. TITLE OR POSITION	12. ☐ WITH HOSPITAL CHART ☐ WITHOUT HOSPITAL CHART	13. KEY EDIT BY:	14. TRANSCRIBED BY:

COLLABORATIVE RESEARCH
PERINATAL RESEARCH BRANCH, NINDS, NIH
BETHESDA 14, MD.

PRETEST
7-61

OB-58


1.0
1.1
1.25
1.4
1.6
1.8
2.0
2.2
2.5
2.8
3.2
3.6
4.0
MICROCOPY RESOLUTION TEST CHART
NATIONAL BUREAU OF STANDARDS
STANDARD REFERENCE MATERIAL 1010a
(ANSI and ISO TEST CHART No. 2)

CONTINUED ON NEXT FICHE