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LITTERA
SCRIPTA
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★ 1934 ★

PED-2 Neonatal Examination

Form PED-2 was used to record evidence of stress, injury, congenital malformations and disease in the infant detected during the neonatal exam following the first few days subsequent to birth. First implemented in January 1959, the form was revised in May 1960 and changed in February 1963. The January 1959 form differed from later forms both in wording and itemization; the later two revisions are the same in content. Cards punched from all three versions of the form are included in the master file (see definition of codes for column 5 of the card). Data from PED-2 were punched onto five cards in the master file (Table PED-2.1).

TABLE PED-2.1 Cards and Data Records by Revision for Form PED-2

CARD NAME	CARD NUMBER	REV. NO.	NUMBER RECORDS
PED-2: Respiratory Rate, Skin, Head, Subcutaneous Tissue	1402		
		0	6,188
		1	46,749
			52,937
PED-2: Fontanelles, Respiration and Heart	2402		
		0	6,188
		1	46,752
			52,940
PED-2: Moro Response and Motor Activity	3402		
		0	6,188
		1	46,718
			52,906
PED-2: Tone of Extremities, Neck and Trunk	4402		
		1	46,715
			46,715
PED-2: Respiration, Head, Tone	5402		
		0	6,129
			6,129
total for form			211,627

Data Items Reference; Form PED-2, Neonatal Examination

DATA ITEM ID	ITEM IN FORM	CARD NUM	FROM	TO	DATA ITEM NAME
1841.....		1402	1	5	Card number (sequence, form type, form number, revision number)
1842.....		1402	6	14	NINDB case number
1843..PED-2	1	1402	15	16	Birth date (mo)
1844..PED-2	1	1402	17	18	Birth date (day)
1845..PED-2	1	1402	19	20	Birth date (yr)
1846..PED-2		1402	21	22	Age at examination, exam 1 (hrs)
1847..PED-2		1402	23	24	Age at examination, exam 2 (hrs)
1848..PED-2		1402	25	27	Age at examination, exam 3 (hrs)
1849..PED-2		1402	28	30	Age at examination, exam 4 (hrs)
1850..PED-2		1402	31	33	Age at examination, exam last (hrs)
1851..PED-2		1402	34	35	Examinations, total number
1852..PED-2	7	1402	36	37	Length: body (cm)
1853..PED-2	8	1402	38	39	Head circumference (cm)
1854..PED-2		1402	40	41	Head circumference, change (cm)
1855..PED-2	9	1402	42	43	Chest circumference (cm)
1856..PED-2	10	1402	44	45	Respiratory rate, exam 1
1857..PED-2	10	1402	46	47	Respiratory rate, exam 2
1858..PED-2	10	1402	48	49	Respiratory rate, exam 3
1859..PED-2	10	1402	50	51	Respiratory rate, exam 4
1860..PED-2	11	1402	52	53	Cyanosis, peripheral/generalized
1861..PED-2	11	1402	54	54	Cyanosis, other
1862..PED-2	12	1402	55	56	Jaundice
1863..PED-2	13	1402	57	57	Skin: parchment
1864..PED-2	13	1402	58	58	Skin: rash
1865..PED-2	13	1402	59	59	Skin: petechiae
1866..PED-2	13	1402	60	60	Skin: inflammation
1867..PED-2	13	1402	61	61	Skin: scleroma
1868..PED-2	13	1402	62	62	Skin: staining
1869..PED-2	13	1402	63	63	Skin, other
1870..PED-2	14	1402	64	64	Nails
1871..PED-2	15	1402	65	66	Subcutaneous tissue: diminished
1872..PED-2	15	1402	67	68	Subcutaneous tissue: edema
1873..PED-2	15	1402	69	70	Subcutaneous tissue: dehydration
1874..PED-2	15	1402	71	72	Subcutaneous tissue, other
1875..PED-2	16	1402	73	73	Facies
1876..PED-2	19	1402	74	74	Head: sutures separated
1877..PED-2	19	1402	75	75	Head: molding
1878..PED-2	19	1402	76	76	Head: cephalhematoma
1879..PED-2	19	1402	77	77	Head, other
1880.....		1402	78	80	Blank
1881.....		2402	1	5	Card number (sequence, form type, form number, revision number)
1882.....		2402	6	14	NINDB case number

Data Items Referencing Form PED-2, Neonatal Examination

DATA ITEM ID	ITEM IN FORM	CARD NUM	FROM	TO	DATA ITEM NAME
3883..PED-2	1	2402	15	16	Birth date (mo)
3884..PED-2	1	2402	17	18	Birth date (day)
3885..PED-2	1	2402	19	20	Birth date (yr)
3886..PED-2		2402	21	22	Age at examination, exam 1 (hrs)
3887..PED-2		2402	23	24	Age at examination, exam 2 (hrs)
3888..PED-2		2402	25	27	Age at examination, exam 3 (hrs)
3889..PED-2		2402	28	30	Age at examination, exam 4 (hrs)
3890..PED-2		2402	31	33	Age at examination, exam last (hrs)
3891..PED-2		2402	34	35	Examinations, total number
3892..PED-2	21	2402	36	36	Fontanelle, anterior closed/open
3893..PED-2	21	2402	37	38	Fontanelle, anterior a-p size (cm)
3894..PED-2	21	2402	39	40	Fontanelle, anterior lateral size (cm)
3895..PED-2	21	2402	41	41	Fontanelle, posterior closed/open
3896..PED-2	21	2402	42	43	Fontanelle, posterior a-p size (cm)
3897..PED-2	21	2402	44	45	Fontanelle, posterior lateral size (cm)
3898..PED-2	22	2402	46	46	Fontanelle, anterior, tension
3899..PED-2	22	2402	47	47	Fontanelle, posterior, tension
3900..PED-2	23	2402	48	48	Ears
3901..PED-2	24	2402	49	49	Nose
3902..PED-2	25	2402	50	50	Mouth: pharynx
3903..PED-2	26	2402	51	51	Neck
3904..PED-2	27	2402	52	52	Thorax
3905..PED-2	28	2402	53	54	Respiration: labored
3906..PED-2	28	2402	55	56	Respiration: retractions
3907..PED-2	28	2402	57	58	Respiration: disorganized
3908..PED-2	28	2402	59	60	Respiration: shallow
3909..PED-2	28	2402	61	62	Respiration: grunting
3910..PED-2	28	2402	63	64	Respiration: rales
3911..PED-2	28	2402	65	66	Respiration: breath sounds altered
3912..PED-2	28	2402	67	68	Respiration, other
3913..PED-2	31	2402	69	72	Heart: tachycardia
3914..PED-2	31	2402	73	76	Heart: bradycardia
3915..PED-2	31	2402	77	77	Heart: rhythm, irregular
3916..PED-2	31	2402	78	78	Heart: murmur
3917..PED-2	31	2402	79	79	Heart: thrill
3918..PED-2	31	2402	80	80	Heart, other
3919.....		3402	1	5	Card number (sequence, form type, form number, revision number)
3920.....		3402	6	14	NINDB case number
3921..PED-2	1	3402	15	16	Birth date (mo)
3922..PED-2	1	3402	17	18	Birth date (day)
3923..PED-2	1	3402	19	20	Birth date (yr)
3924..PED-2		3402	21	22	Age at examination, exam 1 (hrs)
3925..PED-2		3402	23	24	Age at examination, exam 2 (hrs)

Data Items Referencing Form PEN-2, Neonatal Examination

DATA ITEM ID	ITEM JN FROM	CARD NUM	FROM	TO	DATA ITEM NAME
1926..PEN-2		3402	25	27	Age at examination, exam 3 (wks)
1927..PEN-2		3402	28	30	Age at examination, exam 4 (wks)
1928..PEN-2		3402	31	33	Age at examination, exam last (hrs)
1929..PEN-2		3402	34	35	Examinations, total number
1930..PEN-2	12	3402	36	36	Pulses; femoral
1931..PEN-2	13	3403	37	37	Abdomen
1932..PEN-2	14	3402	38	38	Genitalia
1933..PEN-2	15	3402	39	39	Spine
1934..PEN-2	16	3402	40	40	Extremities; colors
1935..PEN-2	17	3402	41	42	Suck
1936..PEN-2	18	3402	43	44	Grasp; palmar
1937..PEN-2	19	3402	45	46	Grasp; plantar
1938..PEN-2	46	3402	47	47	Moro response, exam 1
1939..PEN-2	47	3402	48	48	Moro response, exam 2
1940..PEN-2	48	3402	49	49	Moro response, exam 3
1941..PEN-2	49	3402	50	50	Moro response, exam 4
1942..PEN-2	41	3402	51	51	Moro response, arms, exam 1
1943..PEN-2	11	3402	52	52	Moro response, arms, exam 2
1944..PEN-2	41	3402	53	53	Moro response, arms, exam 3
1945..PEN-2	41	3402	54	54	Moro response, arms, exam 4
1946..PEN-2	42	3402	55	56	Moro response, legs
1947..PEN-2	43	3402	57	58	Cry
1948..PEN-2	45	3402	59	60	Motor activity; tremulous
1949..PEN-2	46	3402	61	62	Motor activity; movements; jerky, rapid
1950..PEN-2	45	3402	63	64	Motor activity; myoclonic
1951..PEN-2	46	3402	65	66	Motor activity; movements; writhing
1952..PEN-2	56	3402	67	68	Motor activity, asymmetrical
1953..PEN-2	46	3402	69	70	Motor activity; convulsions, local
1954..PEN-2	46	3402	71	72	Motor activity; convulsions, general
1955..PEN-2	46	3402	73	74	Motor activity, other
1956.....		3402	75	80	Blank
1957.....		4402	1	5	Card number (sequence, form type, form number, revision number)
1958.....		4402	6	14	NINDB case number
1959..PEN-2		4402	15	16	Birth date (mo)
1960..PEN-2		4402	17	18	Birth date (day)
1961..PEN-2		4402	19	20	Birth date (yr)
1962..PEN-2		4402	21	22	Age at exam, exam 1 (hrs)
1963..PEN-2		4402	23	24	Age at exam, exam 2 (hrs)
1964..PEN-2		4402	25	27	Age at exam, exam 3 (hrs)
1965..PEN-2		4402	28	30	Age at exam, exam 4 (hrs)
1966..PEN-2		4402	31	33	Age at exam, exam last (hrs)
1967..PEN-2		4402	34	35	Examinations, total number
1968..PEN-2	48	4402	36	36	Tone; extremity, upper, right, exam 1

Data Items Referencing Form PED-2, Neonatal Examination

DATA ITEM ID	ITEM IN FORM	CARD NUM	FROM	TO	DATA ITEM NAME
1969..PED-2	48	4402	37	37	Tone; extremity, upper, right, exam 2
1970..PED-2	48	4402	38	38	Tone; extremity, upper, right, exam 3
1971..PED-2	48	4402	39	39	Tone; extremity, upper, right, exam 4
1972..PED-2	48	4402	40	40	Tone; extremity, upper, left, exam 1
1973..PED-2	48	4402	41	41	Tone; extremity, upper, left, exam 2
1974..PED-2	48	4402	42	42	Tone; extremity, upper, left, exam 3
1975..PED-2	48	4402	43	43	Tone; extremity, upper, left, exam 4
1976..PED-2	49	4402	44	44	Tone; extremity, lower, right, exam 1
1977..PED-2	49	4402	45	45	Tone; extremity, lower, right, exam 2
1978..PED-2	49	4402	46	46	Tone; extremity, lower, right, exam 3
1979..PED-2	49	4402	47	47	Tone; extremity, lower, right, exam 4
1980..PED-2	49	4402	48	48	Tone; extremity, lower, left, exam 1
1981..PED-2	49	4402	49	49	Tone; extremity, lower, left, exam 2
1982..PED-2	49	4402	50	50	Tone; extremity, lower, left, exam 3
1983..PED-2	49	4402	51	51	Tone; extremity, lower, left, exam 4
1984..PED-2	50	4402	52	52	Tone; neck flexor, exam 1
1985..PED-2	50	4402	53	53	Tone; neck flexor, exam 2
1986..PED-2	50	4402	54	54	Tone; neck flexor, exam 3
1987..PED-2	50	4402	55	55	Tone; neck flexor, exam 4
1988..PED-2	51	4402	56	56	Tone; neck extensor, exam 1
1989..PED-2	51	4402	57	57	Tone; neck extensor, exam 2
1990..PED-2	51	4402	58	58	Tone; neck extensor, exam 3
1991..PED-2	51	4402	59	59	Tone; neck extensor, exam 4
1992..PED-2	52	4402	60	60	Tone; trunk, exam 1
1993..PED-2	52	4402	61	61	Tone; trunk, exam 2
1994..PED-2	52	4402	62	62	Tone; trunk, exam 3
1995..PED-2	52	4402	63	63	Tone; trunk, exam 4
1996..PED-2	54	4402	64	64	Dysmaturity, stage
1997..PED-2	55	4402	65	66	CNS defect or injury, clinical impression
1998..PED-2	56	4402	67	67	CNS defect or injury, last exam; clinical impression
1999..PED-2	57	4402	68	69	Malformation; congenital, other than CNS; clinical impression
4000..PED-2	58	4402	70	71	Clinical impression, other
4001.....		4402	72	80	Blank
4002.....		5402	1	5	Card number (sequence, form type, form number, revision number)
4003.....		5402	6	14	NINDB case number
4004..PED-2	1	5402	15	16	Birth date (mo)
4005..PED-2	1	5402	17	18	Birth date (day)
4006..PED-2	1	5402	19	20	Birth date (yr)
4007..PED-2	6	5402	21	22	Age at examination, exam 1 (hrs)
4008..PED-2	6	5402	23	24	Age at examination, exam 2 (hrs)
4009..PED-2	6	5402	25	27	Age at examination, exam 3 (hrs)
4010..PED-2	6	5402	28	30	Age at examination, exam 4 (hrs)
4011..PED-2	11	5402	31	33	Age at examination, exam last (hrs)

Data Items Referencing Form PED-2, Neonatal Examination

DATA ITEM ID	ITEM OR FORM	CARD NUM	FROM	TO	DATA ITEM NAME
4012..PED-2	1	5402	34	35	Cyanosis (rev 0 only)
4013..PED-2	1A	5402	36	37	Subcutaneous tissue, other (rev 0 only)
4014..PED-2	2A	5402	38	39	Respiration, irregular (rev 0 only)
4015..PED-2	2A	5402	40	41	Respiration, shallow (rev 0 only)
4016..PED-2	2A	5402	42	43	Respiration, grunting (rev 0 only)
4017..PED-2	2A	5402	44	45	Respiration, labored (rev 0 only)
4018..PED-2	2A	5402	46	47	Respiration, retractions (rev 0 only)
4019..PED-2	2A	5402	48	49	Respiration, other (rev 0 only)
4020..PED-2	31	5402	50	52	Heart rate, first (rev 0 only)
4021..PED-2	19	5402	53	53	Head; sutures, overriding (rev 0 only)
4022..PED-2	19	5402	54	54	Head; sutures, separated (rev 0 only)
4023..PED-2	19	5402	55	55	Head; molding severe (rev 0 only)
4024..PED-2	19	5402	56	56	Head; cephalhematoma (rev 0 only)
4025..PED-2	19	5402	57	57	Head, other (rev 0 only)
4026..PED-2	46	5402	58	59	Movements, body, other (rev 0 only)
4027..PED-2	47	5402	60	61	Moro response, less (rev 0 only)
4028..PED-2	50	5402	62	62	Tone; neck, exam 1 (rev 0 only)
4029..PED-2	50	5402	63	63	Tone; neck, exam 2 (rev 0 only)
4030..PED-2	50	5402	64	64	Tone; neck, exam 3 (rev 0 only)
4031..PED-2	50	5402	65	65	Tone; neck, exam 4 (rev 0 only)
4032..PED-2	20	5402	66	66	Tone; trunk, exam 1 (rev 0 only)
4033..PED-2	20	5402	67	67	Tone; trunk, exam 2 (rev 0 only)
4034..PED-2	20	5402	68	68	Tone; trunk, exam 3 (rev 0 only)
4035..PED-2	20	5402	69	69	Tone; trunk, exam 4 (rev 0 only)
4036..PED-2	20	5402	70	70	Tone; extremity, upper, exam 1 (rev 0 only)
4037..PED-2	20	5402	71	71	Tone; extremity, upper, exam 2 (rev 0 only)
4038..PED-2	20	5402	72	72	Tone; extremity, upper, exam 3 (rev 0 only)
4039..PED-2	20	5402	73	73	Tone; extremity, upper, exam 4 (rev 0 only)
4040..PED-2	20	5402	74	74	Tone; extremity, lower, exam 1 (rev 0 only)
4041..PED-2	20	5402	75	75	Tone; extremity, lower, exam 2 (rev 0 only)
4042..PED-2	20	5402	76	76	Tone; extremity, lower, exam 3 (rev 0 only)
4043..PED-2	20	5402	77	77	Tone; extremity, lower, exam 4 (rev 0 only)
4044..PED-2	23	5402	78	78	Maturity; dysmaturity (rev 0 only)
4045..PED-2	55	5402	79	79	Malformations; congenital (rev 0 only)
4046..PED-2	55	5402	80	80	Injury, signs of (rev 0 only)
5078....VAR	54		578	578	Dysmaturity, stage
5960....VAR	0		1157	1158	Chest circumference at birth (cms)
5961....VAR	0		1159	1160	Head circumference, neonatal (cms)
5962....VAR			1161	1161	Head circumference, neonatal (coded)
5976....VAR	7		1197	1198	Length; body, birth (cms)
5977....VAR	7		1199	1199	Length; body (coded)

NEONATAL EXAMINATION

2. NAME OF EXAMINER

3. DATE

4. DATE — MO. | DAY | YEAR | 5. TIME (Use 24 hr. clock) | 6. AGE

7. BODY LENGTH _____ Cms.

8. HEAD CIRCUMFERENCE _____ Cms.

9. CHEST CIRCUMFERENCE _____ Cms.

10. RESPIRATORY RATE (Baby in resting state) _____

11. EDEMA

- Absent
- Present
  - Slight
  - Moderate
  - Severe
- Other (specify)

12. JAUNDICE

- Absent
- Present
  - Slight
  - Moderate
  - Severe

13. RASH

- None (including congenital nevus and hemangioma)
- Petechiae
- Rash
- Petechiae or Ecchymosis
- Intertrigo
- Impetigo
- Vesicles (Herpes zoster)
- Other (specify)

14. NAILS

- Normal
- Shedding
- Excessive Length
- Other (specify)

15. SUBCUTANEOUS TISSUE

- Normal

	Slight	Moderate	Severe
Diminished			
Edema			
Consolidation			
Other (specify)			

16. COMMENTS

(PED-2)

NEONATAL EXAMINATION
(Continued)

DATE

FACIES

HEAD

FONTANELLES

EARS

NOSE

MOUTH AND PHARYNX

NECK

THORAX

RESPIRATIONS

29. COMMENTS

NEONATAL EXAMINATION
(Continued)

DATE

31. HEART

- ___ Normal
  - ___ Tachycardia (Over [illegible]. Specify rate) ________
  - ___ Bradycardia (Under [illegible]. Specify rate) ________
  - ___ Irregular Rhythm
  - ___ Murmur
  - ___ Thrill
  - ___ Other (Specify)

32. FEMORAL PULSES

- ___ Strong and Equal Bilaterally
  - ___ Weak or Asymmetrical

33. ABDOMEN

- ___ Normal
- ___ Other (Specify)

34. GENITALIA

- ___ Normal
- ___ Other (Specify)

35. SPINE

- ___ Normal
- ___ Other (Specify)

36. EXTREMITIES AND JOINTS

- ___ Normal
- ___ Other (Specify)

37. SUCK (Evaluate with finger)

- ___ Present
- ___ Absent

38. PALMAR GRASP

- ___ Present
- ___ Asymmetrical
- ___ Absent

39. PLANTAR GRASP

- ___ Present
- ___ Asymmetrical
- ___ Absent

MORO (Support child under back and head - LET child's head drop [illegible]. If pattern can be reproduced [illegible] a minimum of [illegible] attempts. If there is no [illegible] reproducible pattern check "No Constant pattern" and skip to Item 43.)

40. RESPONSE

- ___ Obtained with Ease
- ___ Obtained With Difficulty
- ___ No Constant Pattern (Skip to Item 43)
- ___ No Response (Skip to Item 43)

41. RESPONSE OF ARMS

- ___ Normal (Extension and flexion components symmetrically present)
  - ___ Flexion component absent with [illegible] extension
  - ___ Flexion component absent with [illegible] extension
  - ___ Asymmetrical
  - ___ Other (Specify)

42. RESPONSE OF LEGS

- ___ Movement
- ___ No Movement

43. CRY

- ___ Normal
- ___ None
- ___ Other (Specify)

44. COMMENTS

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

(PED-2)

NEONATAL EXAMINATION
(Continued)

DATE

46. MOTOR ACTIVITY

___ Normal

	Slight	Moderate	Marked
___ Tremulous or Jittery	___	___	___
___ Rapid Jerky Movements	___	___	___
___ Myoclonic Movements	___	___	___
___ Writhing Movements	___	___	___
___ Asymmetrical Movements	___	___	___

___ Convulsions

___ Focal

___ Generalized

___ Other (specify)

47. TONE. [illegible]

1. Hypotonic
2. Questionable hypotonicity
3. Normal
4. Questionable hypertonicity
5. Hypertonic

	Both	Right	Left
48. Upper Extremity	___	___	___
49. Lower Extremity	___	___	___
50. Neck Flexor	___		
51. Neck Extensor	___		
52. Trunk	___		

DIAGNOSIS BY

53. WEIGHT

___ Term infant (birth weight over 2500 gms.)

___ Premature (birth weight 2500 gms. or less)

54. IMMATURITY, STAGE OF

___ 0 – No sign of immaturity

___ 1 – Equivocal signs of immaturity

___ 2 – Stage [illegible] immaturity

___ 3 – Stage [illegible] immaturity

___ 4 – Stage [illegible] immaturity

55. CLINICAL IMPRESSION

___ Normal

___ Central Nervous System Defect or Injury

___ Congenital Malformations Other Than Central Nervous System

___ Other (specify)

56. UNSATISFACTORY EXAM CONDITIONS ___ Absent ___ Present

57. COMMENTS

[illegible]

PED-2

Form Item Numbers Linked to Data Items on PED-2, Neonatal Examination

ITEM ON FORM	DATA ITEM ID	CARD NUM	FROM	TO	DATA ITEM NAME
	1962..PED-2	4402	21	22	Age at exam, exam 1 (hrs)
	1963..PED-2	4402	23	24	Age at exam, exam 2 (hrs)
	1964..PED-2	4402	26	27	Age at exam, exam 3 (hrs)
	1965..PED-2	4402	28	30	Age at exam, exam 4 (hrs)
	1966..PED-2	4402	31	33	Age at exam, exam last (hrs)
	1924..PED-2	3402	21	22	Age at examination, exam 1 (hrs)
	1886..PED-2	2402	21	22	Age at examination, exam 1 (hrs)
	1846..PED-2	1402	21	22	Age at examination, exam 1 (hrs)
	1925..PED-2	3402	23	24	Age at examination, exam 2 (hrs)
	1887..PED-2	2402	23	24	Age at examination, exam 2 (hrs)
	1847..PED-2	1402	23	24	Age at examination, exam 2 (hrs)
	1848..PED-2	1402	26	27	Age at examination, exam 3 (hrs)
	1926..PED-2	3402	26	27	Age at examination, exam 3 (hrs)
	1888..PED-2	2402	26	27	Age at examination, exam 3 (hrs)
	1889..PED-2	2402	28	30	Age at examination, exam 4 (hrs)
	1927..PED-2	3402	28	30	Age at examination, exam 4 (hrs)
	1849..PED-2	1402	28	30	Age at examination, exam 4 (hrs)
	1928..PED-2	3402	31	33	Age at examination, exam last (hrs)
	1850..PED-2	1402	31	33	Age at examination, exam last (hrs)
	1890..PED-2	2402	31	33	Age at examination, exam last (hrs)
	1960..PED-2	4402	17	18	Birth date (day)
	1959..PED-2	4402	15	16	Birth date (mo)
	1961..PED-2	4402	19	20	Birth date (yr)
	1851..PED-2	1402	34	35	Examinations, total number
	1929..PED-2	3402	34	35	Examinations, total number
	1891..PED-2	2402	34	35	Examinations, total number
	1967..PED-2	4402	34	35	Examinations, total number
	1854..PED-2	1402	40	41	Head circumference, change (cm)
	5967....VAX		1161	1161	Head circumference, neonatal (cm)
1	4005..PED-2	5402	17	18	Birth date (day)
1	1884..PED-2	2402	17	18	Birth date (day)
1	1922..PED-2	3402	17	18	Birth date (day)
1	1844..PED-2	1402	17	18	Birth date (day)
1	1921..PED-2	3402	15	16	Birth date (mo)
1	1883..PED-2	2402	15	16	Birth date (mo)
1	4004..PED-2	5402	15	16	Birth date (mo)
1	1843..PED-2	1402	15	16	Birth date (mo)
1	4006..PED-2	5402	19	20	Birth date (yr)
1	1885..PED-2	2402	19	20	Birth date (yr)
1	1923..PED-2	3402	19	20	Birth date (yr)
1	1845..PED-2	1402	19	20	Birth date (yr)
1	4012..PED-2	5402	35	35	Cyanosis (Day 0 only)

Form Item Numbers Index: Data Items on PPU=2, Neonatal examination

ITEM ON FORM	DATA ITEM ID	CARD NUM	FROM	TO	DATA ITEM NAME
6	1007..PPU=2	5402	21	22	Age at examination, exam 1 (hrs)
6	4008..PPU=2	5402	23	24	Age at examination, exam 2 (hrs)
6	4009..PPU=2	5402	25	27	Age at examination, exam 3 (hrs)
6	4010..PPU=2	5402	28	30	Age at examination, exam 4 (hrs)
7	1052..PPU=2	1402	64	67	Length; body (cm)
7	5077....VAR		1101	1104	Length; body (cm)(1)
7	5078....VAR		1107	1110	Length; body, diff? (cm)
8	1051..PPU=2	1402	68	70	Head circumference (cm)
8	5081....VAR		1150	1153	Head circumference, abnormal (cm)
9	1055..PPU=2	1402	42	43	Chest circumference (cm)
9	5080....VAR		1154	1156	Chest circumference at birth (cm)
10	1050..PPU=2	1402	44	45	Respiratory rate, exam 1
10	1053..PPU=2	1402	46	47	Respiratory rate, exam 2
10	1054..PPU=2	1402	48	49	Respiratory rate, exam 3
10	1056..PPU=2	1402	50	51	Respiratory rate, exam 4
11	4011..PPU=2	5402	11	11	Age at examination, exam last (hrs)
11	1061..PPU=2	1402	54	55	Cyanosis, other
11	1060..PPU=2	1402	52	53	Cyanosis, peripheral/generalized
12	1062..PPU=2	1402	58	59	Jaundice
11	1063..PPU=2	1402	61	61	Skin, other
11	1066..PPU=2	1402	60	60	Skin; inflammation
13	1061..PPU=2	1402	57	57	Skin; petechiae
13	1065..PPU=2	1102	50	50	Skin; petechiae
13	1064..PPU=2	1402	58	58	Skin; rash
13	1067..PPU=2	1402	61	61	Skin; sclerema
13	1068..PPU=2	1402	62	62	Skin; staining
14	1070..PPU=2	1402	64	64	Nails
15	1074..PPU=2	1402	71	72	Subcutaneous tissue, other
15	4013..PPU=2	5402	16	17	Subcutaneous tissue, other (rev 0 only)
15	1071..PPU=2	1402	69	70	Subcutaneous tissue; induration
15	1073..PPU=2	1402	65	66	Subcutaneous tissue; diminished
15	1072..PPU=2	1402	67	68	Subcutaneous tissue; edema
16	1075..PPU=2	1402	73	73	Facies
17	1079..PPU=2	1402	77	77	Head, other
17	4025..PPU=2	5402	57	57	Head, other (rev 0 only)
17	1078..PPU=2	1402	76	76	Head; cephalohematoma
17	4024..PPU=2	5402	56	56	Head; cephalohematoma (rev 0 only)
17	1077..PPU=2	1402	75	75	Head; molding
17	4023..PPU=2	5402	55	55	Head; molding severe (rev 0 only)
17	1076..PPU=2	1402	74	74	Head; sutures separated
17	4021..PPU=2	5402	53	53	Head; sutures, overriding (rev 0 only)
17	4022..PPU=2	5402	54	54	Head; sutures, separated (rev 0 only)
20	4040..PPU=2	5402	71	71	Inner extremity, lower, exam 1 (rev 0 only)

Form Item Numbers linked to Data Items on PED-2, General Examination

ITEM ON FORM	DATA ITEM ID	CARD NUM	FROM	TO	DATA ITEM NAME
20	4041..PED-2	5402	75	75	Tone: extremity, lower, exam 2 (rev 0 only)
20	4042..PED-2	5402	76	76	Tone: extremity, lower, exam 3 (rev 0 only)
20	4043..PED-2	5402	77	77	Tone: extremity, lower, exam 4 (rev 0 only)
20	4036..PED-2	5402	70	70	Tone: extremity, upper, exam 1 (rev 0 only)
20	4037..PED-2	5402	71	71	Tone: extremity, upper, exam 2 (rev 0 only)
20	4038..PED-2	5402	72	72	Tone: extremity, upper, exam 3 (rev 0 only)
20	4039..PED-2	5402	73	73	Tone: extremity, upper, exam 4 (rev 0 only)
20	4032..PED-2	5402	66	66	Tone: trunk, exam 1 (rev 0 only)
20	4033..PED-2	5402	67	67	Tone: trunk, exam 2 (rev 0 only)
20	4034..PED-2	5402	68	68	Tone: trunk, exam 3 (rev 0 only)
20	4035..PED-2	5402	69	69	Tone: trunk, exam 4 (rev 0 only)
21	3893..PED-2	2402	37	38	Fontanelle, anterior a-p size (cm)
21	3892..PED-2	2402	36	36	Fontanelle, anterior closed/open
21	3894..PED-2	2402	39	40	Fontanelle, anterior lateral size (cm)
21	3896..PED-2	2402	42	43	Fontanelle, posterior a-p size (cm)
21	3895..PED-2	2402	41	41	Fontanelle, posterior closed/open
21	3897..PED-2	2402	44	45	Fontanelle, posterior lateral size (cm)
22	3898..PED-2	2402	45	46	Fontanelle, anterior, tension
22	3899..PED-2	2402	47	47	Fontanelle, posterior, tension
23	3900..PED-2	2402	48	48	Ears
23	4044..PED-2	5402	78	78	Maturity: dysmaturity (rev 0 only)
24	3901..PED-2	2402	49	49	Nose
25	3902..PED-2	2402	50	50	Mouth: pharynx
26	3903..PED-2	2402	51	51	Neck
27	3904..PED-2	2402	52	52	Thorax
28	4016..PED-2	5402	37	43	Respiration, grunting (rev 0 only)
28	4014..PED-2	5402	38	39	Respiration, irregular (rev 0 only)
28	4017..PED-2	5402	44	45	Respiration, labored (rev 0 only)
28	3912..PED-2	2402	67	68	Respiration, other
28	4019..PED-2	5402	48	49	Respiration, other (rev 0 only)
28	4018..PED-2	5402	46	47	Respiration, retractions (rev 0 only)
28	4015..PED-2	5402	40	41	Respiration, shallow (rev 0 only)
28	3911..PED-2	2402	65	66	Respiration: breath sounds altered
28	3907..PED-2	2402	57	58	Respiration: disorganized
28	3909 .PED-2	2402	61	62	Respiration: grunting
28	3905..PED-2	2402	53	54	Respiration: labored
28	3910..PED-2	2402	63	64	Respiration: rales
28	3906..PED-2	2402	55	56	Respiration: retractions
28	3908..PED-2	2402	59	60	Respiration: shallow
31	4020..PED-2	5402	50	52	Heart rate, first (rev 0 only)
31	3913..PED-2	2402	80	80	Heart, other
31	3914..PED-2	2402	73	76	Heart: bradycardia
31	3916..PED-2	2402	78	78	Heart: murmur

Form Item Numbers Linked to Data Items on PED-2, Neonatal Examination

ITEM ON FORM	DATA ITEM ID	CARD NUM	FROM	TO	DATA ITEM NAME
31	3915..PED-2	2402	77	77	Heart: rhythm, irregular
31	3913..PED-2	2402	69	72	Heart: tachycardia
31	3917..PED-2	2402	79	79	Heart: thrill
32	3930..PED-2	3402	36	36	Pulses: femoral
33	3931..PED-2	3402	37	37	Abdomen
34	3932..PED-2	3402	38	38	Genitalia
35	3933..PED-2	3402	39	39	Spine
36	3934..PED-2	3402	40	40	Extremities: infors
37	3935..PED-2	3402	41	42	Suck
38	3936..PED-2	3402	43	44	Grasp: palmar
39	3937..PED-2	3402	45	46	Grasp: plantar
40	3938..PED-2	3402	47	47	Moro response, exam 1
40	3939..PED-2	3402	48	48	Moro response, exam 2
40	3940..PED-2	3402	49	49	Moro response, exam 3
40	3941..PED-2	3402	50	50	Moro response, exam 4
41	3942..PED-2	3402	51	51	Moro response, arms, exam 1
41	3943..PED-2	3402	52	52	Moro response, arms, exam 2
41	3944..PED-2	3402	53	53	Moro response, arms, exam 3
41	3945..PED-2	3402	54	54	Moro response, arms, exam 4
42	3946..PED-2	3402	55	56	Moro response, legs
42	4027..PED-2	5402	60	61	Moro response, legs (rev 0 only)
43	3947..PED-2	3402	57	58	Cry
46	3952..PED-2	3402	67	68	Motor activity, asymmetrical
46	3955..PED-2	3402	73	74	Motor activity, other
46	3954..PED-2	3402	71	72	Motor activity: convulsions, general
46	3953..PED-2	3402	69	70	Motor activity: convulsions, local
46	3949..PED-2	3402	61	62	Motor activity: movements: jerky, rapid
46	3951..PED-2	3402	65	66	Motor activity: movements: writhing
46	3950..PED-2	3402	63	64	Motor activity: myoclonic
46	3948..PED-2	3402	59	60	Motor activity: tremulous
46	4026..PED-2	5402	58	59	Movements, body, other (rev 0 only)
48	3972..PED-2	4402	40	40	Tone: extremity, upper, left, exam 1
48	3973..PED-2	4402	41	41	Tone: extremity, upper, left, exam 2
48	3974..PED-2	4402	42	42	Tone: extremity, upper, left, exam 3
48	975..PED-2	4402	43	43	Tone: extremity, upper, left, exam 4
48	3968..PED-2	4402	36	36	Tone: extremity, upper, right, exam 1
48	3969..PED-2	4402	37	37	Tone: extremity, upper, right, exam 2
48	3970..PED-2	4402	38	38	Tone: extremity, upper, right, exam 3
48	3971..PED-2	4402	39	39	Tone: extremity, upper, right, exam 4
49	3980..PED-2	4402	48	48	Tone: extremity, lower, left, exam 1
49	3981..PED-2	4402	49	49	Tone: extremity, lower, left, exam 2
49	3982..PED-2	4402	50	50	Tone: extremity, lower, left, exam 3
49	3983..PED-2	4402	51	51	Tone: extremity, lower, left, exam 4

Form Item Numbers linked to Data Items on PED-2, Neonatal Examination

ITEM ON FORM	DATA ITEM ID	CARD NUM	FROM	TO	DATA ITEM NAME
49	3976..PED-2	4402	44	44	Tone: extremity, lower, right, exam 1
49	3977..PED-2	4402	45	45	Tone: extremity, lower, right, exam 2
49	3978..PED-2	4402	46	46	Tone: extremity, lower, right, exam 3
49	3979..PED-2	4402	47	47	Tone: extremity, lower, right, exam 4
50	3984..PED-2	4402	52	52	Tone: neck flexor, exam 1
50	3985..PED-2	4402	53	53	Tone: neck flexor, exam 2
50	3986..PED-2	4402	54	54	Tone: neck flexor, exam 3
50	3987..PED-2	4402	55	55	Tone: neck flexor, exam 4
50	4029..PED-2	5402	62	62	Tone: neck, exam 1 (rev 0 only)
50	4029..PED-2	5402	63	63	Tone: neck, exam 2 (rev 0 only)
50	4030..PED-2	5402	64	64	Tone: neck, exam 3 (rev 0 only)
50	4031..PED-2	5402	65	65	Tone: neck, exam 4 (rev 0 only)
51	3988..PED-2	4402	56	56	Tone: neck extensor, exam 1
51	3989..PED-2	4402	57	57	Tone: neck extensor, exam 2
51	3990..PED-2	4402	58	58	Tone: neck extensor, exam 3
51	3991..PED-2	4402	59	59	Tone: neck extensor, exam 4
52	3992..PED-2	4402	60	60	Tone: trunk, exam 1
52	3993..PED-2	4402	61	61	Tone: trunk, exam 2
52	3994..PED-2	4402	62	62	Tone: trunk, exam 3
52	3995..PED-2	4402	63	63	Tone: trunk, exam 4
54	3996..PED-2	4402	64	64	Dysmaturity, stage
54	5406....VAR		578	578	Dysmaturity, stage
55	4000..PED-2	4402	70	71	Clinical impression, other
55	3998..PED-2	4402	67	67	CNS defect or injury, last exam; clinical impression
55	3997..PED-2	4402	66	66	CNS defect or injury; clinical impression
55	4046..PED-2	5402	80	80	Injury, stuns of (rev 0 only)
55	3999..PED-2	4402	68	69	Malformation; congenital, other than CNS; clinical impression
55	4045..PED-2	5402	79	79	Malformations; congenital (rev 0 only)

DEFINITION OF CODES
NEONATAL EXAMINATION
FORM PED-2 CARD 1402

FIELD		CARD COLUMN
1.	Card Number Code: 1	1
2.	Form Number Code: 402	2-4
3.	Revision Number* Code: 0 - Form Dated: 1/59 1 - Form Dated: Rev. 5/60 or changed 2/63	5
4.	NNDB Number Item 1 Nine-digit number for Patient Identification Code: As given	6-14
5.	Date of Birth Item 1 Six-digit code for Month (cols. 15-16), Day (cols. 17-18), and Year (cols. 19-20) Code: As given	15-20
6.	Age Thirteen-digit code for: First Exam (cols. 21-22) Second Exam (cols. 23-24) Code for each two columns: 00 - Less than one hour 01-97 - As given in hours 98 - 98 hours or more 99 - Unknown, not applicable Third Exam (cols. 25-27) Fourth Exam (cols. 28-30) Last Exam (cols. 31-33) Code for each three columns: 000 - Less than one hour 001-997 - As given in hours 998 - 998 hours or more 999 - Unknown, not applicable	21-33
7.	Number of Examinations Code: As given	34-35

* Unless specified, Fields, Codes and Card Columns refer to Revision Number "0" and "1". Item numbers refer to Revision Number "1". Form Dated: changed 2/63.

FIELD		CARD COLUMN
8.	Body Length Item 7 Code: 15-60 - As given in cms. 99 - Not reported on any exam Additional codes reviewed and approved: 61, 63	36-37
9.	Head Circumference Item 8 Code: 15-42 - As given in cms. 99 - Not reported on any exam Additional codes reviewed and approved: 14, 43, 44, 46	38-39
10.	Head Circumference Change Code: 00 - No change, less than 1 cm. 01-10 - Increase as given in cms. 91-97 - Decrease of 1 to 7 cms. 98 - Decrease of 8 or more cms. 99 - Not reported on any exam Additional codes reviewed and approved: 11-14	40-41
11.	Chest Circumference Item 9 Code: Same as in Field 9 except: Additional codes reviewed and approved: 12, 43, 45, 48, 50	42-43
12.	Respiratory Rate Item 10 Eight-digit code for: First Exam (cols. 44-45) Second Exam (cols. 46-47) Third Exam (cols. 48-49) Fourth Exam (cols. 50-51) Code for each column: As given 98 - 98 and over 99 - No report	44-51

FIELD		CARD COLUMN
13.	Cyanosis (Revision "1" only) Item 11 Three-digit code for: Presence or Absence of Peripheral or Generalized Cyanosis (cols. 52-53)	52-54

Code:

Blank - Not on Rev. "0"
00 - peripheral and generalized absent on all exams
01 - peripheral on 1st only
02 - peripheral on 2nd only
03 - peripheral on 3rd only
04 - peripheral on 4th only
05 - peripheral on 1st and 2nd only
06 - peripheral on 1st and 3rd only
07 - peripheral on 1st and 4th only
08 - peripheral on 2nd and 3rd only
09 - peripheral on 2nd and 4th only
10 - peripheral on 3rd and 4th only
11 - peripheral on 1st, 2nd, and 3rd only
12 - peripheral on 1st, 2nd, and 4th only
13 - peripheral on 1st, 3rd, and 4th only
14 - peripheral on 2nd, 3rd, and 4th only
15 - peripheral on 1st, 2nd, 3rd, and 4th
16 - peripheral on more than 4
17 - generalized on 1st only
18 - generalized on 2nd only
19 - generalized on 3rd only
20 - generalized on 4th only
21 - generalized on 1st and 2nd only
22 - generalized on 1st and 3rd only
23 - generalized on 1st and 4th only
24 - generalized on 2nd and 3rd only
25 - generalized on 2nd and 4th only
26 - generalized on 3rd and 4th only
27 - generalized on 1st, 2nd, and 3rd only
28 - generalized on 1st, 2nd, and 4th only
29 - generalized on 1st, 3rd, and 4th only
30 - generalized on 2nd, 3rd, and 4th only
31 - generalized on 1st, 2nd, 3rd and 4th only
32 - generalized on more than 4
99 - Not reported on any

FIELD		CARD COLUMN
13.	Cyanosis (cont.) Presence or Absence of Other Cyanosis (col. 54) Code: Blank - Not on Rev. "C" 0 - Not reported on any exam 1 - Reported on at least one exam	
14.	Jaundice Item 12 Code: 00 - Absent on all exams 01 - Present on 1st only 02 - Present on 2nd only 03 - Present on 3rd only 04 - Present on 4th only 05 - Present on 1st and 2nd only 06 - Present on 1st and 3rd only 07 - Present on 1st and 4th only 08 - Present on 2nd and 3rd only 09 - Present on 2nd and 4th only 10 - Present on 3rd and 4th only 11 - Present on 1st, 2nd, and 3rd only 12 - Present on 1st, 2nd, and 4th only 13 - Present on 1st, 3rd, and 4th only 14 - Present on 2nd, 3rd, and 4th only 15 - Present on 1st, 2nd, 3rd, and 4th 16 - Present on more than 4 99 - Not reported on any exam	55-56
15.	Skin Item 13 Seven-digit code for: Parchment (col. 57) Code: 0 - Absent on all exams 1 - Present on at least one exam 2 - Not on Rev. "C" 9 - Not reported on any exam	57-63

FIELD		CARD COLUMN
15.	Skin (cont.)	57-63

Rash (col. 58)
Code: 0 - Absent on all exams
1 - Present on at least one exam
9 - Not reported on any exam

Petechiae or Ecchymosis (col. 59)
Code: 0 - Absent on all exams
1 - Present on at least one exam
2 - Reported as "petechiae" and not as "petechiae or ecchymosis" on at least one exam on Rev. "0" only
9 - Not reported on any exam

Inflammation (col. 60)
Code: Same as in col. 58

Sclerema (col. 61)
Code: Same as in col. 58

Staining (col. 62)
Code: Same as in col. 58

Other (col. 63)
Code: 0 - Absent on all exams
1 - Present on at least one exam
2 - "Other" on Rev. "0" includes "pallor" and "parchment"
9 - Not reported on any exam

DEFINITION OF CODES (Continued)

FORM PED-2
Card 1402

FIELD		CARD COLUMNS
16.	Nails (Revision "1" only) Item 14 Code: Blank - Not on Rev. "0" 0 - Normal on all exams 1 - Staining only on at least one exam 2 - Excessive length only on at least one exam 3 - Other only on at least one exam 4 - Staining and excessive length on at least one exam 5 - Staining and other on at least one exam 6 - Staining, excessive length, and other on at least one exam 7 - Excessive and other on at least one exam 9 - Not reported on any exam	64
17.	Subcutaneous Tissue: Diminished (Rev. "1" only) Item 15 Code: Blank - Not on Rev. "0" 00 - Normal on all exams 01 - present on 1st only 02 - present on 2nd only 03 - present on 3rd only 04 - present on 4th only 05 - present on 1st and 2nd only 06 - present on 1st and 3rd only 07 - present on 1st and 4th only 08 - present on 2nd and 3rd only 09 - present on 2nd and 4th only 10 - present on 3rd and 4th only 11 - present on 1st, 2nd, and 3rd only 12 - present on 1st, 2nd, and 4th only 13 - present on 1st, 3rd, and 4th only 14 - present on 2nd, 3rd, and 4th only 15 - present on 1st, 2nd, 3rd, and 4th 16 - present on more than 4 99 - not reported on any exam	65-66
18.	Subcutaneous Tissue: Edema Item 15 Code: Same as in Field 14	67-68
19.	Subcutaneous Tissue: Dehydration Item 15 Code: Same as in Field 14	69-70

DEFINITION OF CODES (Continued)

FORM PED-2
Card 1402

FIELD		CARD COLUMN
20.	Subcutaneous Tissue: Other (Rev. "1"only) Item 15 Code: Same as in Field 17	71-72
21.	Facies (Revision "1" only) Item 18 Code: Blank - Not on Rev. "0" 0 - Normal on all exams 1 - Asymmetrical on at least one 2 - Other only on at least one 3 - Asymmetrical and other on at least one 9 - Not reported on any exam	73
22.	Head (Revision "1" only) Item 19	74-77

Separated Sutures (col. 74)

Code: Blank - Not on Rev. "0"
0 - Normal on all exams
1 - Slight on at least one
2 - Marked or moderate on at least one
9 - Not reported on any exam

Molding (col. 75)
Code: Blank - Not on Rev. "0"
0 - Normal on all exams
1 - Slight on at least one
2 - Marked or moderate on at least one
9 - Not reported on any exam

Cephalhematoma (col. 76)
Code: Blank - Not on Rev. "0"

0 - Absent on all exams
1 - Right parietal only on at least one
2 - Left parietal only on at least one
3 - Occipital only on at least one
4 - Other only on at least one
5 - Combination of locations
9 - Not reported on any exam

FIELD		CARD COLUMN
22.	Head (Continued)	74-77

Other (col. 77)
Code: Blank - Not on Rev. "0"
0 - Absent on all exams
1 - Present on at least one exam
9 - Not reported on any exam

DEFINITION OF CODES (Continued)

FORM PED-2
Card 2402

FIELD		CARD COLUMNS
1.	Card Number Code: 2	1
2.	Basic Data * Code: Same as in columns 2-35 of Card 1	2-35
3.	Anterior Fontanelles (revision "1" only) Item 21 Open or Closed (column 36) Code: Blank - Not on Rev. "0" 0 - Closed 1 - Open 9 - Not reported AP Size (columns 37-38) Code: Blank - Not on Rev. "0" 00 - Palpable 01 - 10 - As given in cms. 99 - Unknown Additional codes revieved and approved: 11, 12, 15 Lat. Size (columns 39-40) Code: Same as in AP size except additional codes revieved and approved: 12	36-40
4.	Posterior Fontanelles (Revision "1" only) Item 21 Code: Same as in Field 3	41-45
5.	Tension (Revision "1" only) Item 22 Two-digit code for: Anterior (col. 46) Posterior (col. 47) Code for each column: Blank - Not on Rev. "0" 0 - Normal on all exams 1 - Other on at least one 9 - Not reported or not required on any	46-47
6.	Ears Item 23 Code: 0 - Normal on all exams 1 - Other on at least one exam 9 - Not reported on any exam	48

* Unless specified, Fields, Codes and Card Columns refer to Revision Number "0" and "1". Item numbers refer to Revision Number "1", Form Dated: Changed 2/63.

DEFINITION OF CODES (Continued)

FORM PED-2
Card 2 402

FIELD		CARD COLUMNS
7.	**Nose** Item 24 Code: same as in Field 6	49
8.	**Mouth and Pharynx** Item 25 Code: same as in Field 6	50
9.	**Neck** Item 26 Code: 0 - normal on all exams 1 - masses only on at least one 2 - restricted motion only on at least one 3 - other only on at least one 4 - masses and restricted motion on at least one 5 - masses and other on at least one 6 - masses, restricted motion, and other on at least one 7 - restricted motion and other on at least one 9 - not reported on any	51
10.	**Thorax** (Revision "1" only) Item 27 Code: Blank - Not on Revision "0" 0 - normal on all exams 1 - other on at least one 9 - not reported on any	52
11.	**Respiration: Labored** (Revision "1" only) Item 28 Code: Blank - Not on Revision "0" 00 - Normal on all exams 01 - highest value of slight on 1st only 02 - highest value of slight on 2nd only 03 - highest value of slight on 3rd only 04 - highest value of slight on 4th only	53-54

FIELD		CARD COLUMN
11.	Respiration: Labored (continued)	53-54

05 - highest value of slight on 1st and 2nd only
06 - highest value of slight on 1st and 3rd only
07 - highest value of slight on 1st and 4th only
08 - highest value of slight on 2nd and 3rd only
09 - highest value of slight on 2nd and 4th only
10 - highest value of slight on 3rd and 4th only
11 - highest value of slight on 1st, 2nd, and 3rd only
12 - highest value of slight on 1st, 2nd, and 4th only
13 - highest value of slight on 1st, 3rd, and 4th only
14 - highest value of slight on 2nd, 3rd, and 4th only
15 - highest value of slight on 1st, 2nd, 3rd and 4th
16 - highest value of slight on more than 4
17 - highest value of moderate on 1st only
18 - highest value of moderate on 2nd only
19 - highest value of moderate on 3rd only
20 - highest value of moderate on 4th only
21 - highest value of moderate on 1st and 2nd only
22 - highest value of moderate on 1st and 3rd only
23 - highest value of moderate on 1st and 4th only
24 - highest value of moderate on 2nd and 3rd only
25 - highest value of moderate on 2nd and 4th only
26 - highest value of moderate on 3rd and 4th only
27 - highest value of moderate on 1st, 2nd, and 3rd only
28 - highest value of moderate on 1st, 2nd, and 4th only
29 - highest value of moderate on 1st, 3rd, and 4th only
30 - highest value of moderate on 2nd, 3rd, and 4th only
31 - highest value of moderate on 1st, 2nd, 3rd and 4th
32 - highest value of moderate on more than 4
33 - highest value of marked on 1st only
34 - highest value of marked on 2nd only
35 - highest value of marked on 3rd only
36 - highest value of marked on 4th only
37 - highest value of marked on 1st and 2nd only
38 - highest value of marked on 1st and 3rd only
39 - highest value of marked on 1st and 4th only
40 - highest value of marked on 2nd and 3rd only
41 - highest value of marked on 2nd and 4th only
42 - highest value of marked on 3rd and 4th only
43 - highest value of marked on 1st, 2nd, and 3rd only
44 - highest value of marked on 1st, 2nd, and 4th only
45 - highest value of marked on 1st, 3rd, and 4th only
46 - highest value of marked on 2nd, 3rd, and 4th only
47 - highest value of marked on 1st, 2nd, 3rd, and 4th
48 - highest value of marked on more than 4
99 - not reported on any exam

FIELD		CARD COLUMN
12.	Respiration: Retractions (Rev. "1" only) Item 28 Code: Same as in Field 11	55-56
13.	Respiration: Disorganized (Rev. "1" only) Item 28 Code: Same as in Field 11	57-58
14.	Respiration: Shallow (Revision "1" only) Item 28 Code: Same as in Field 11	59-60
15.	Respiration : Grunting (Revision "1" only) Item 28 Code: Same as in Field 11	61-62
16.	Respiration: Rales (Revision "1" only) Item 28 Blank - Not on Rev. "0" 00 - normal on all exams 01 - present on 1st only 02 - present on 2nd only 03 - present on 3rd only 04 - present on 4th only 05 - present on 1st and 2nd only 06 - present on 1st and 3rd only 07 present on 1st and 4th only 08 - present on 2nd and 3rd only 09 - present on 2nd and 4th only 10 - present on 3rd and 4th only 11 - present on 1st, 2nd, and 3rd only 12 - present on 1st, 2nd, and 4th only 13 - present on 1st, 3rd, and 4th only 14 - present on 2nd, 3rd, and 4th only 15 - present on 1st, 2nd, 3rd, and 4th 16 - present on more than 4 99 - not reported on any exam	63-64

FIELD		CARD COLUMN
17.	Respiration: Altered Breath Sounds (Rev. "1" only) Item 28 Code: Same as in Field 16	65-66
18.	Respiration: Other (Rev. "1" only) Item 28 Code: Same as in Field 16	67-68
19.	Heart: Tachycardia Item 31 Four-digit code for: Abnormality (col. 69) Code: 0 - Normal on all exams 1 - Abnormal on one exam 2 - Abnormal on two or more (Rev. "1" only) 9 - Not reported on any Highest Rate Reported on Any Exam (cols. 70-72) Code: 100-250 - As given 999 - Not reported on any exam	69-72
20.	Heart: Bradycardia Item 31 Four-digit code for: Abnormality (col. 73) Code: Same as in Field 19 col. 69 Lowest Heart Rate on Any Exam (cols. 74-76) Code: 000 - None 001-099 - As given 999 - Not reported on any exam	73-76
21.	Heart: Irregular Rhythm Item 31 Code: 0 - Normal on all exams 1 - Abnormal on one exam 2 - Abnormal on two or more exams 9 - Not reported on any	77
22.	Heart: Murmur Item 31 Code: Same as in Field 21	78

DEFINITION OF CODES (Continued)

FORM PED-2
Card 24C2

FIELD		CARD COLUMN
23.	Heart: Thrill Item 31. Code: Same as in Field 21	79
24.	Heart: Other Item 31. Code: Same as in Field 21	80

DEFINITION OF CODES (Continued)

FORM PED-2
Card 3402

FIELD		CARD COLUMN
1.	Card Number Code: 3	1
2.	Basic Data * Code: Same as in columns 2-35 of Card 1	2-35
3.	Femoral Pulses (Revision "1" only) Item 32 Code: Blank - Not on Revision "0" 0 - Strong and equal bilaterally on all exams 1 - Weak, asymmetrical, or absent on at least one exam 9 - Not reported on any exam	36
4.	Abdomen Item 33 Code: 0 - Normal on all exams 1 - Other on at least one exam 9 - Not reported on any exam	37
5.	Genitalia Item 34 Code: Same as in Field 4	38
6.	Spine Item 35 Code: Same as in Field 4	39
7.	Extremities and Joints (Revision "1" only) Item 36 Code: Same as in Field 4 except Blank - Not on Revision "0"	40

* Unless specified, Fields, Codes and Card Columns refer to Revision Number "0" and "1". Item numbers refer to Revision "1", Form Dated: changed 2/63.

DEFINITION OF CODES (Continued)

FORM PED-2
Card 3402

FIELD		CARD COLUMN
8.	Suck	41-42

Item 37.
Code: 00 - present on all exams
01 - absent on 1st only
02 - absent on 2nd only
03 - absent on 3rd only
04 - absent on 4th only
05 - absent on 1st and 2nd only
06 - absent on 1st and 3rd only
07 - absent on 1st and 4th only
08 - absent on 2nd and 3rd only
09 - absent on 2nd and 4th only
10 - absent on 3rd and 4th only
11 - absent on 1st, 2nd, and 3rd only
12 - absent on 1st, 2nd, and 4th only
13 - absent on 1st, 3rd, and 4th only
14 - absent on 2nd, 3rd, and 4th only
15 - absent on 1st, 2nd, 3rd, and 4th
16 - absent on more than 4
99 - not reported on any exams.

9.	Palmar Grasp	43-44

Item 38
Code: 00 - present on all exams
01 - asymmetrical on 1st only
02 - asymmetrical on 2nd only
03 - asymmetrical on 3rd only
04 - asymmetrical on 4th only
05 - asymmetrical on 1st and 2nd only
06 - asymmetrical on 1st and 3rd only
07 - asymmetrical on 1st and 4th only
08 - asymmetrical on 2nd and 3rd only
09 - asymmetrical on 2nd and 4th only
10 - asymmetrical on 3rd and 4th only
11 - asymmetrical on 1st, 2nd, and 3rd only
12 - asymmetrical on 1st, 2nd, and 4th only
13 - asymmetrical on 1st, 3rd, and 4th only
14 - asymmetrical on 2nd, 3rd, and 4th only
15 - asymmetrical on 1st, 2nd, 3rd and 4th
16 - asymmetrical on more than 4

FIELD		CARD COLUMN
9.	Palmar Grasp (continued)	43-44

Code:
17 - absent on 1st only
18 - absent on 2nd only
19 - absent on 3rd only
20 - absent on 4th only
21 - absent on 1st and 2nd only
22 - absent on 1st and 3rd only
23 - absent on 1st and 4th only
24 - absent on 2nd and 3rd only
25 - absent on 2nd and 4th only
26 - absent on 3rd and 4th only
27 - absent on 1st, 2nd, and 3rd only
28 - absent on 1st, 2nd, and 4th only
29 - absent on 1st, 3rd, and 4th only
30 - absent on 2nd, 3rd, and 4th only
31 - absent on 1st, 2nd, 3rd and 4th
32 - absent on more than 4
99 - not reported on any

10. Plantar Grasp — 45-46

Item 39
Code: same as in Field 9

11. Moro: Response — 47-50

Item 40.
Four-digit code for:
1st Exam (col. 47)
2nd Exam (col. 48)
3rd Exam (col. 49)
4th Exam (col. 50)

Code for each column:
1 - obtained with ease
2 - obtained with difficulty
3 - no constant pattern
4 - no response (Revision "1" only)
9 - no report

FIELD		CARD COLUMN
12.	**Moro: Response of Arms** Item 41. Four-digit code for: 1st exam (column 51) 2nd exam (column 52) 3rd exam (column 53) 4th exam (column 54) Code for each column: 0 - normal 1 - flexor component absent with anterior extension (Revision "1" only) 2 - flexor component absent with lateral extension (Revision "1" only) 3 - asymmetrical 4 - other 5 - flexor component absent (Revision "0" only) 9 - not reported	51-54
13.	**Moro: Response of Legs** Item 42 Code: Blank - Not on Rev. "0" 00 - movement on all exams 01 - no movement on 1st only 02 - no movement on 2nd only 03 - no movement on 3rd only 04 - no movement on 4th only 05 - no movement on 1st and 2nd only 06 - no movement on 1st and 3rd only 07 - no movement on 1st and 4th only 08 - no movement on 2nd and 3rd only 09 - no movement on 2nd and 4th only 10 - no movement on 3rd and 4th only 11 - no movement on 1st, 2nd, and 3rd only 12 - no movement on 1st, 2nd, and 4th only 13 - no movement on 1st, 3rd, and 4th only 14 - no movement on 2nd, 3rd, and 4th only 15 - no movement on 1st, 2nd, 3rd, and 4th 16 - no movement on more than - 99 - not reported on any	55-56

FIELD		CARD COLUMN
14.	Cry (Revision "1" only) Item 43 Code: Blank - Not on Rev. "0" 00 - normal on all exams 01 - none on 1st only 02 - none on 2nd only 03 - none on 3rd only 04 - none on 4th only 05 - none on 1st and 2nd only 06 - none on 1st and 3rd only 07 - none on 1st and 4th only 08 - none on 2nd and 3rd only 09 - none on 2nd and 4th only 10 - none on 3rd and 4th only 11 - none on 1st, 2nd, and 3rd only 12 - none on 1st, 2nd, and 4th only 13 - none on 1st, 3rd, and 4th only 14 - none on 2nd, 3rd, and 4th only 15 - none on 1st, 2nd, 3rd, and 4th 16 - none on more than 4 17 - other on 1st only 18 - other on 2nd only 19 - other on 3rd only 20 - other on 4th only 21 - other on 1st and 2nd only 22 - other on 1st and 3rd only 23 - other on 1st and 4th only 24 - other on 2nd and 3rd only 25 - other on 2nd and 4th only 26 - other on 3rd and 4th only 27 - other on 1st, 2nd, and 3rd only 28 - other on 1st, 2nd, and 4th only 29 - other on 1st, 3rd, and 4th only 30 - other on 2nd, 3rd, and 4th only 31 - other on 1st, 2nd, 3rd, and 4th 32 - other on more than 4 99 - no report on any exam	57-58
15.	Motor Activity: Tremulous Item 46. Code: 00 - normal on all exams 01 - abnormal on 1st only 02 - abnormal on 2nd only 03 - abnormal on 3rd only 04 - abnormal on 4th only	59-60

FIELD		CARD COLUMN
15.	Motor Activity: Tremulous (continued) Code: 05 - abnormal on 1st and 2nd only 06 - abnormal on 1st and 3rd only 07 - abnormal on 1st and 4th only 08 - abnormal on 2nd and 3rd only 09 - abnormal on 2nd and 4th only 10 - abnormal on 3rd and 4th only 11 - abnormal on 1st, 2nd, and 3rd only 12 - abnormal on 1st, 2nd, and 4th only 13 - abnormal on 1st, 3rd, and 4th only 14 - abnormal on 2nd, 3rd, and 4th only 15 - abnormal on 1st, 2nd, 3rd, and 4th 16 - abnormal on more than 4 99 - not reported on any exam	59-60
16.	Motor Activity: Rapid Jerky Item 46. Code: same as in Field 15	61-62
17.	Motor Activity: Myoclonic (Revision "1" only) Item 46 Code: Same as in Field 15, except Blank - Not on Revision "0"	63-64
18.	Motor Activity: Writhing Item 46. Code: same as in Field 15	65-66
19.	Motor Activity: Asymmetrical (Revision "1" only) Item 46 Code: Same as in Field 15 except Blank - Not on Revision "0"	67-68
20.	Motor Activity: Local Convulsions Item 46. Code: same as in Field 15	69-70

FIELD		CARD COLUMN
21.	Motor Activity: Generalized Convulsions Item 46. Code: same as in Field 15	71-72
22.	Motor Activity: Other (Rev. "1" only) Item 46 Code: Same as in Field 15, except Blank - Not on Revision "0"	73-74

DEFINITION OF CODES (Continued)

FORM PED-2
Card 4402

FIELD		CARD COLUMN
1.	Card Number Code: 4	1
2.	Basic Data* Code: Same as in cols. 2-35 of Card 1, except, col. 5 is Rev. "1" only	2-35
3.	Tone: Upper Extremity Item 48 Eight-digit code for: Right Upper Extremity, 1st Exam (col. 36) Right Upper Extremity, 2nd Exam (col. 37) Right Upper Extremity, 3rd Exam (col. 38) Right Upper Extremity, 4th Exam (col. 39) Left Upper Extremity, 1st Exam (col. 40) Left Upper Extremity, 2nd Exam (col. 41) Left Upper Extremity, 3rd Exam (col. 42) Left Upper Extremity, 4th Exam (col. 43) Code for each column: 1 - Hypotonic 2 - Questionable hypotonicity 3 - Normal 4 - Questionable hypertonicity 5 - Hypertonic 9 - Not reported	36-43
4.	Tone: Lower Extremity Item 49 Eight-digit code for: Right Lower Extremity, 1st Exam (col. 44) Right Lower Extremity, 2nd Exam (col. 45) Right Lower Extremity, 3rd Exam (col. 46) Right Lower Extremity, 4th Exam (col. 47) Left Lower Extremity, 1st Exam (col. 48) Left Lower Extremity, 2nd Exam (col. 49) Left Lower Extremity, 3rd Exam (col. 50) Left Lower Extremity, 4th Exam (col. 51) Code for each column: Same as in Field 3	44-51
5.	Tone: Neck Flexor Item 50 Four-digit code for: 1st Exam (col. 52) 2nd Exam (col. 53) 3rd Exam (col. 54) 4th Exam (col. 55) Code: Same as in Field 3	52-55

* Item numbers, Fields, Codes and Card Columns refer to Rev. "1"

FIELD		CARD COLUMN
6.	**Tone: Neck Extensor** Item 51 Four-digit code for: 1st Exam (col. 56) 2nd Exam (col. 57) 3rd Exam (col. 58) 4th Exam (col. 59) Code for each column: Same as in Field 3	56-59
7.	**Tone: Trunk** Item 52 Four-digit code for: 1st Exam (col. 60) 2nd Exam (col. 61) 3rd Exam (col. 62) 4th Exam (col. 63) Code for each column: Same as in Field 3	60-63
8.	**Dysmaturity** Item 54 Code: 0 - None on all reports 1 - Stage 1 dysmaturity on at least one 2 - Stage 2 dysmaturity on at least one 3 - Stage 3 dysmaturity on at least one 4 - Equivocal signs of dysmaturity on at least one 9 - Not reported on any exam	64
9.	**Clinical Impression** Item 55 Seven-digit code for: **Presence or Absence of Central Nervous System Defect or Injury** (cols. 65-66) Code: 00 - Normal on all exams 01 - Abnormal on 1st only 02 - Abnormal on 2nd only 03 - Abnormal on 3rd only 04 - Abnormal on 4th only 05 - Abnormal on 1st and 2nd only 06 - Abnormal on 1st and 3rd only 07 - Abnormal on 1st and 4th only 08 - Abnormal on 2nd and 3rd only 09 - Abnormal on 2nd and 4th only 10 - Abnormal on 3rd and 4th only	65-71

DEFINITION OF CODES (Continued)

FORM PED-2
Card 4402

FIELD		CARD COLUMN
9.	Presence or Absence of Central Nervous System Defect or Injury (continued) 11 - Abnormal on 1st, 2nd and 3rd only 12 - Abnormal on 1st, 2nd and 4th only 13 - Abnormal on 1st, 3rd and 4th only 14 - Abnormal on 2nd, 3rd and 4th only 15 - Abnormal on 1st, 2nd, 3rd and 4th 16 - Abnormal on more than 4 17 - Normal on first 4, abnormal later 99 - Not reported on any exam Report of Central Nervous System Defect or Injury - Last Exam (col. 67) Code: 0 - Normal CNS 1 - Abnormal CNS 9 - Not reported Congenital Malformations Other Than Central Nervous System (cols. 68-69) Code: Same as in cols. 65-66 Other Clinical Impressions (cols. 70-71) Code: Same as in cols. 65-66	65-71

DEFINITION OF CODES (Continued)

FORM PED-2
Card 5402

NOTE: This card should not be used in Tabulations.

FIELD		CARD COLUMN
1.	Card Number Code: 5	1
2.	Basic Data * Code: Same as in columns 2-33 of Card 1 except column 5 is Rev. "0" only.	2-33
3.	Cyanosis Item 1 Code: 00 - Absent on all exams 01 - Present on 1st only 02 - Present on 2nd only 03 - Present on 3rd only 04 - Present on 4th only 05 - Present on 1st and 2nd only 06 - Present on 1st and 3rd only 07 - Present on 1st and 4th only 08 - Present on 2nd and 3rd only 09 - Present on 2nd and 4th only 10 - Present on 3rd and 4th only 11 - Present on 1st, 2nd, and 3rd only 12 - Present on 1st, 2nd, and 4th only 13 - Present on 1st, 3rd, and 4th only 14 - Present on 2nd, 3rd, and 4th only 15 - Present on 1st, 2nd, 3rd, and 4th only 16 - Present on more than 4 99 - Not reported on any exam	34-35
4.	Subcutaneous Tissue: Other Item 4 Code: Same as in Field 3, except 00 - Normal on all exams	36-37
5.	Respiration: Irregular Item 6 Code: Same as in Field 4	38-39

* Item numbers, Fields, Codes and Card Columns refer to Revision "0".

DEFINITION OF CODES (Continued)

FORM PED-2
Card 5402

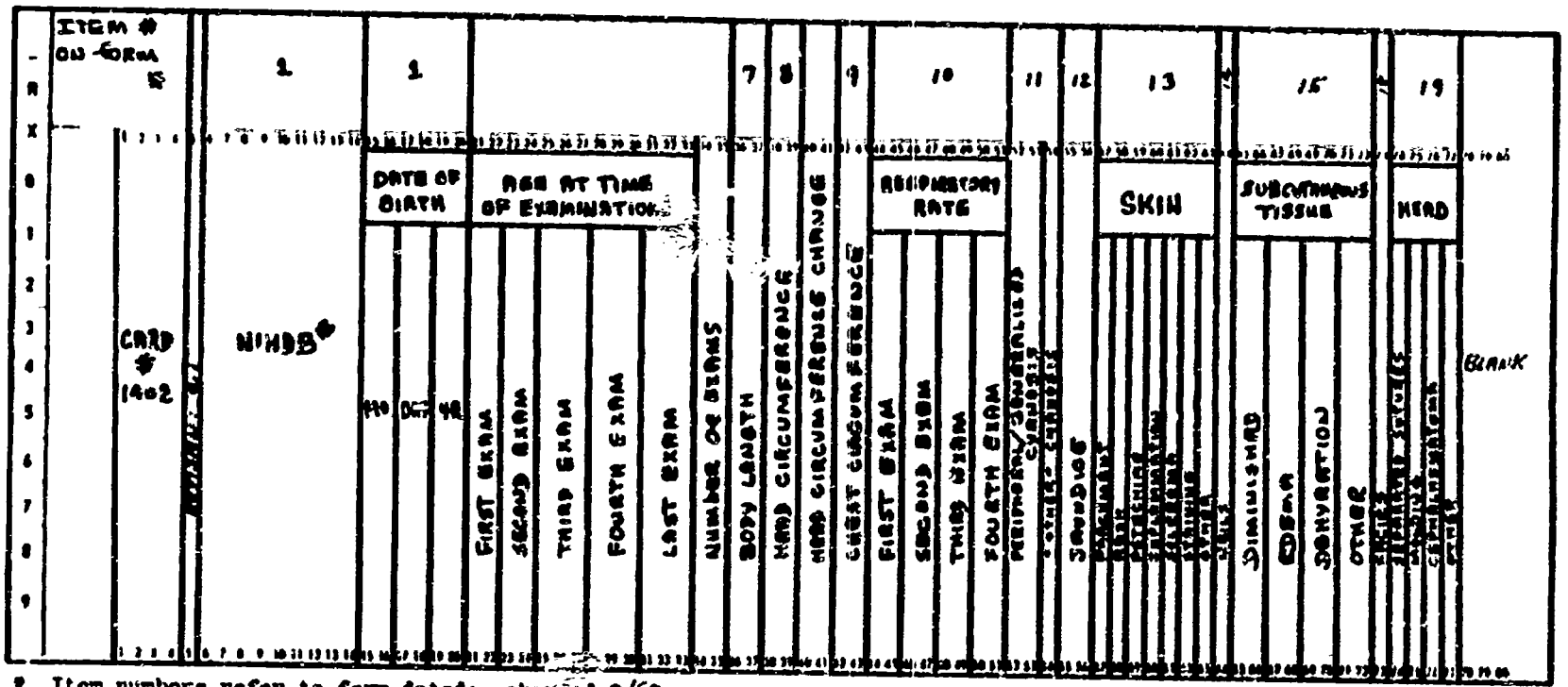
FIELD		CARD COLUMN
6.	Respiration: Shallow Item 6 Code: Same as in Field 4	40-41
7.	Respiration: Grunting Item 6 Code: Same as in Field 4	42-43
8.	Respiration: Labored Item 6 Code: Same as in Field 4	44-45
9.	Respiration: Retractions Item 6 Code: Same as in Field 4	46-47
10.	Respiration: Other Item 6 Includes "Disorganized, Rales, and Altered Breath Sounds" Code: Same as in Field 4	48-49
11.	Heart Rate: First Rate Item 7 Code: 000 - None 001-250 - As given 999 - Not reported	50-52
12.	Head Item 11 Five-digit code for: Over-riding sutures (col. 53) Separated sutures (col. 54) Severe molding (col. 55) Cephalhematoma (col. 56) Other (col. 57) Code for each column: 0 - Normal on all exams 1 - Abnormal on at least one exam 9 - Not reported on any	53-57

FIELD		CARD COLUMN
13.	Body Movements: Other Item 18 Code: 00 - normal on all exams 01 - abnormal on 1st only 02 - abnormal on 2nd only 03 - abnormal on 3rd only 04 - abnormal on 4th only 05 - abnormal on 1st and 2nd only 06 - abnormal on 1st and 3rd only 07 - abnormal on 1st and 4th only 08 - abnormal on 2nd and 3rd only 09 - abnormal on 2nd and 4th only 10 - abnormal on 3rd and 4th only 11 - abnormal on 1st, 2nd, and 3rd only 12 - abnormal on 1st, 2nd, and 4th only 13 - abnormal on 1st, 3rd, and 4th only 14 - abnormal on 2nd, 3rd, and 4th only 15 - abnormal on 1st, 2nd, 3rd, and 4th 16 - abnormal on more than 4 99 - not reported on any exam	58-59
14.	Moro: Response of Legs Item 19 Code: 00 - Flexor on all exams 01 - other on 1st only 02 - other on 2nd only 03 - other on 3rd only 04 - other on 4th only 05 - other on 1st and 2nd only 06 - other on 1st and 3rd only 07 - other on 1st and 4th only 08 - other on 2nd and 3rd only 09 - other on 2nd and 4th only 10 - other on 3rd and 4th only 11 - other on 1st, 2nd, and 3rd only 12 - other on 1st, 2nd, and 4th only 13 - other on 1st, 3rd, and 4th only 14 - other on 2nd, 3rd, and 4th only 15 - other on 1st, 2nd, 3rd, and 4th only 16 - other on more than 4 exams 99 - not reported on any exams.	60-61

FIELD		CARD COLUMN
15.	Tone: Neck Item 20 Four-digit code for: 1st Exam (col. 62) 2nd Exam (col. 63) 3rd Exam (col. 64) 4th Exam (col. 65) Code for each column: 0 - Normal 1 - Flaccid (limp) 2 - Hypertonic (rigid) 9 - No report	62-65
16.	Tone: Trunk Item 20 Four-digit code for: 1st Exam (col. 66) 2nd Exam (col. 67) 3rd Exam (col. 68) 4th Exam (col. 69) Code for each column: Same as in Field 15	66-69
17.	Tone: Upper Extremity Item 20 Four-digit code for: 1st Exam (col. 70) 2nd Exam (col. 71) 3rd Exam (col. 72) 4th Exam (col. 73) Code for each column: Same as in Field 15	70-73
18.	Tone: Lower Extremity Item 20 Four-digit code for: 1st Exam (col. 74) 2nd Exam (col. 75) 3rd Exam (col. 76) 4th Exam (col. 77) Code for each column: Same as in Field 15	74-77
19.	Maturity Item 23 Code: 0 - Normal on all exams 1 - Premature on at least one 2 - Post mature on at least one 9 - Not reported on any	78

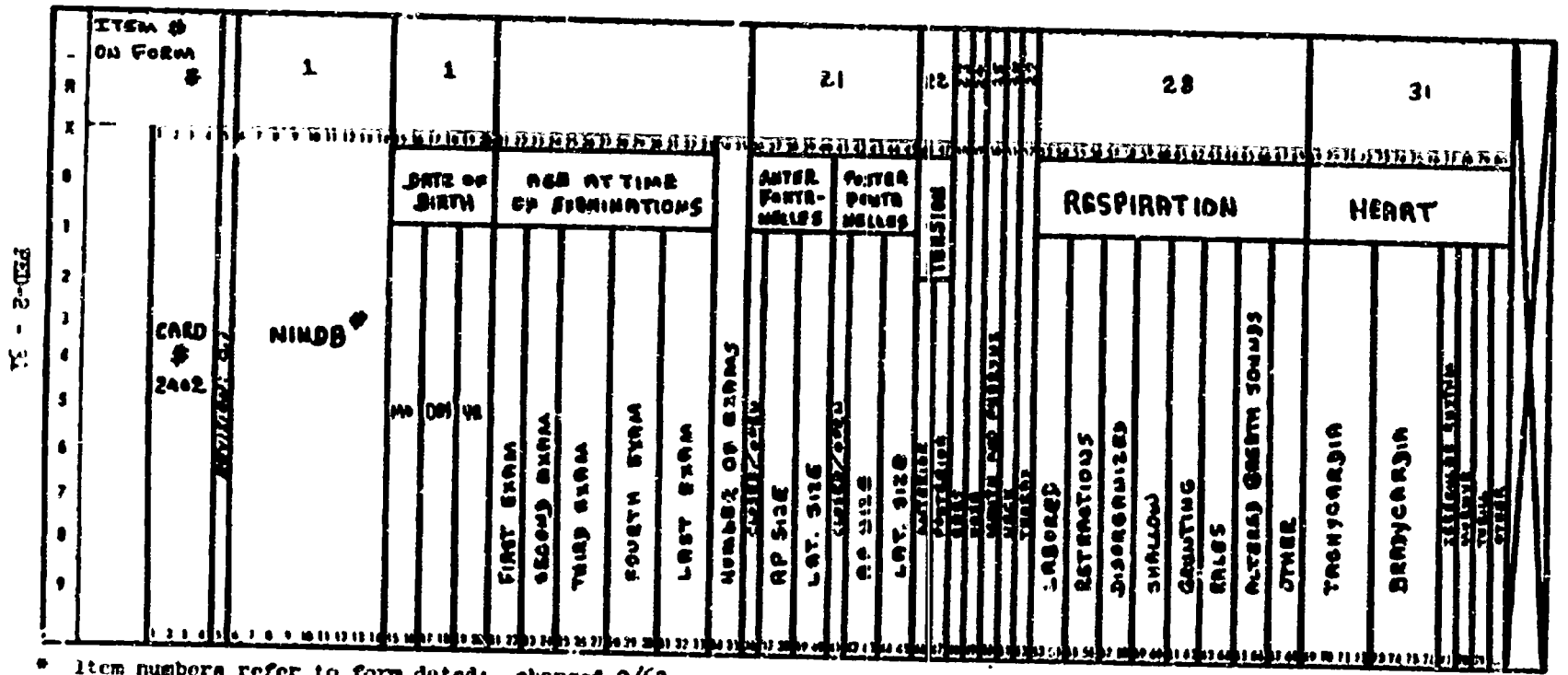
FIELD		CARD COLUMN
20.	Obvious Congenital Malformations Item 27 Code: 0 - No obvious congenital malformations 1 - Obvious congenital malformations 9 - Not reported	79
21.	Obvious Signs of Injury Item 28 Code: 0 - No obvious signs of injury 1 - Obvious signs of injury 9 - Not reported	80

NEONATAL EXAMINATION
FORM PED-2



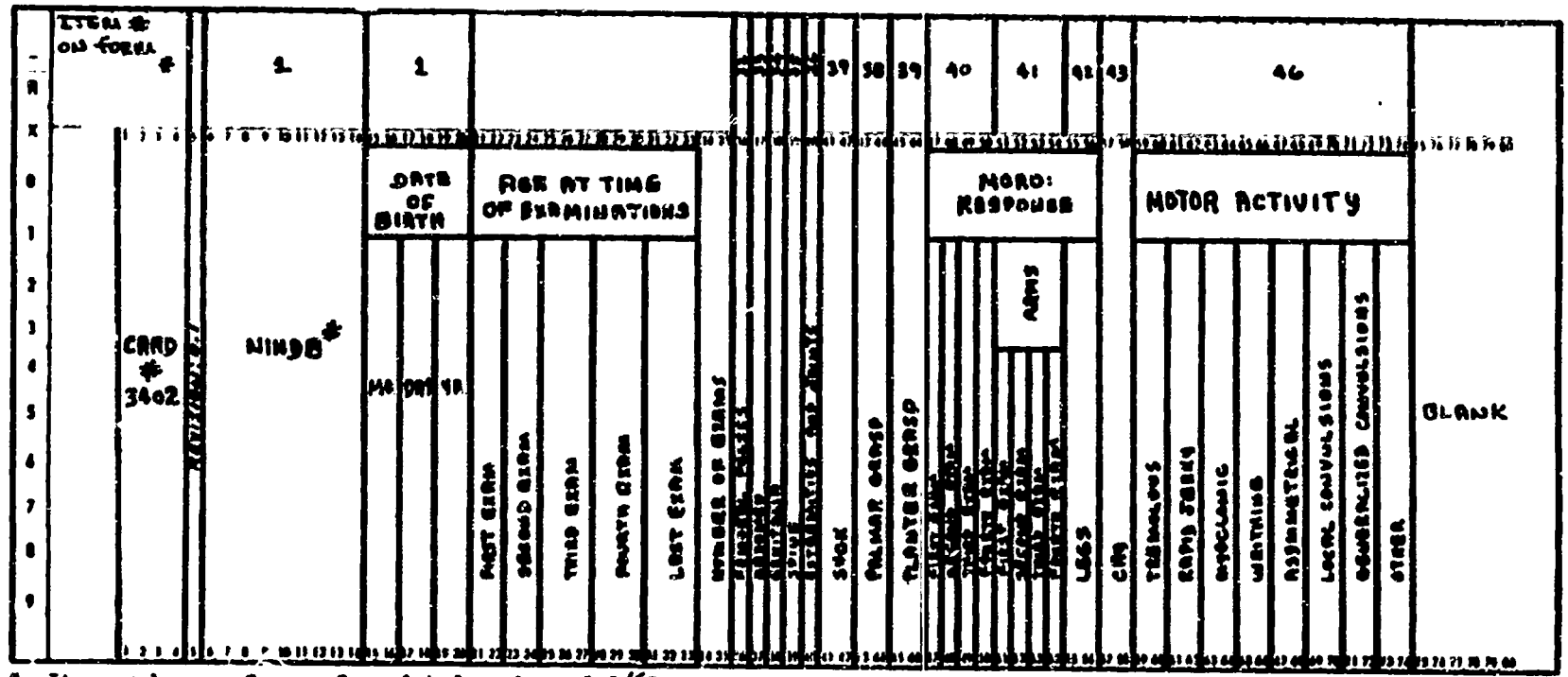
* Item numbers refer to form dated: changed 2/63

NEONATAL EXAMINATION
FORM PED-2



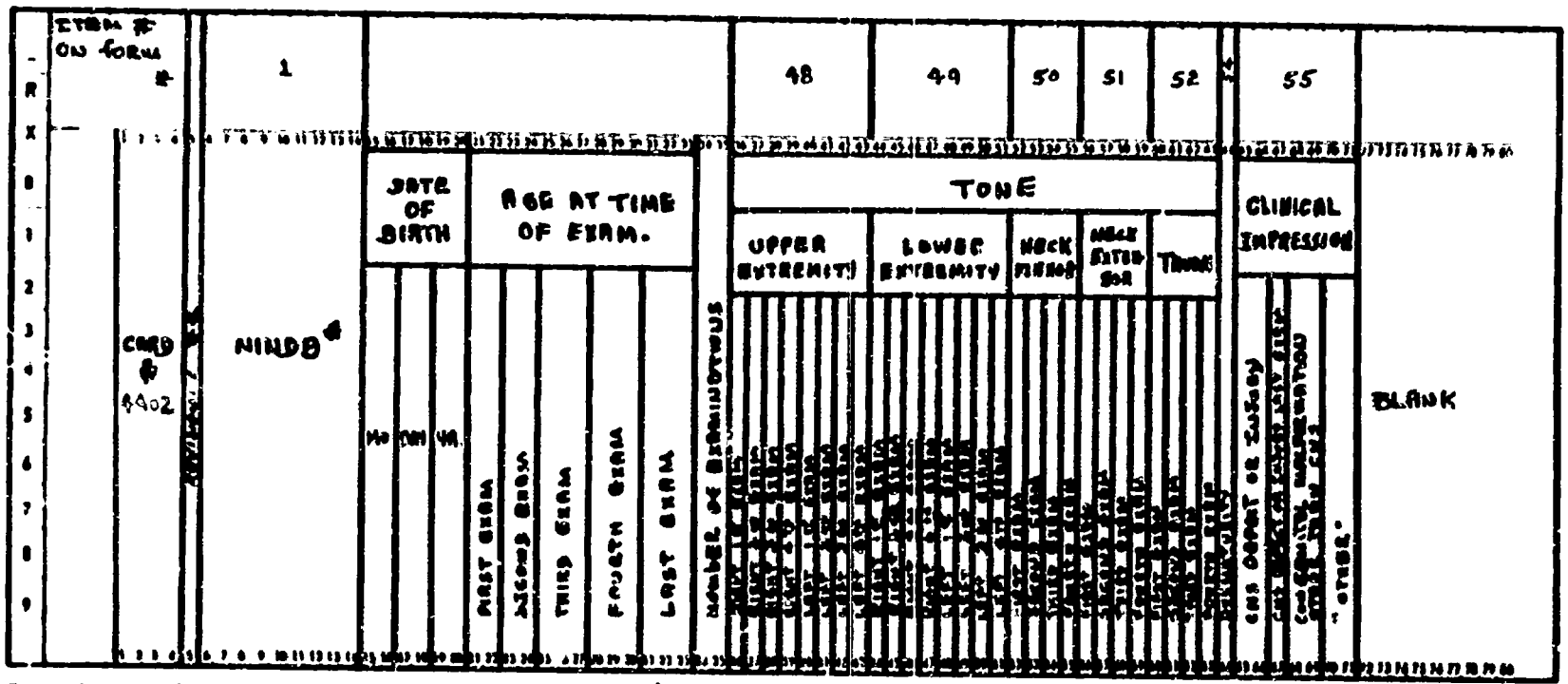
* Item numbers refer to form dated: changed 2/63

NEONATAL EXAMINATION
FORM PED-2



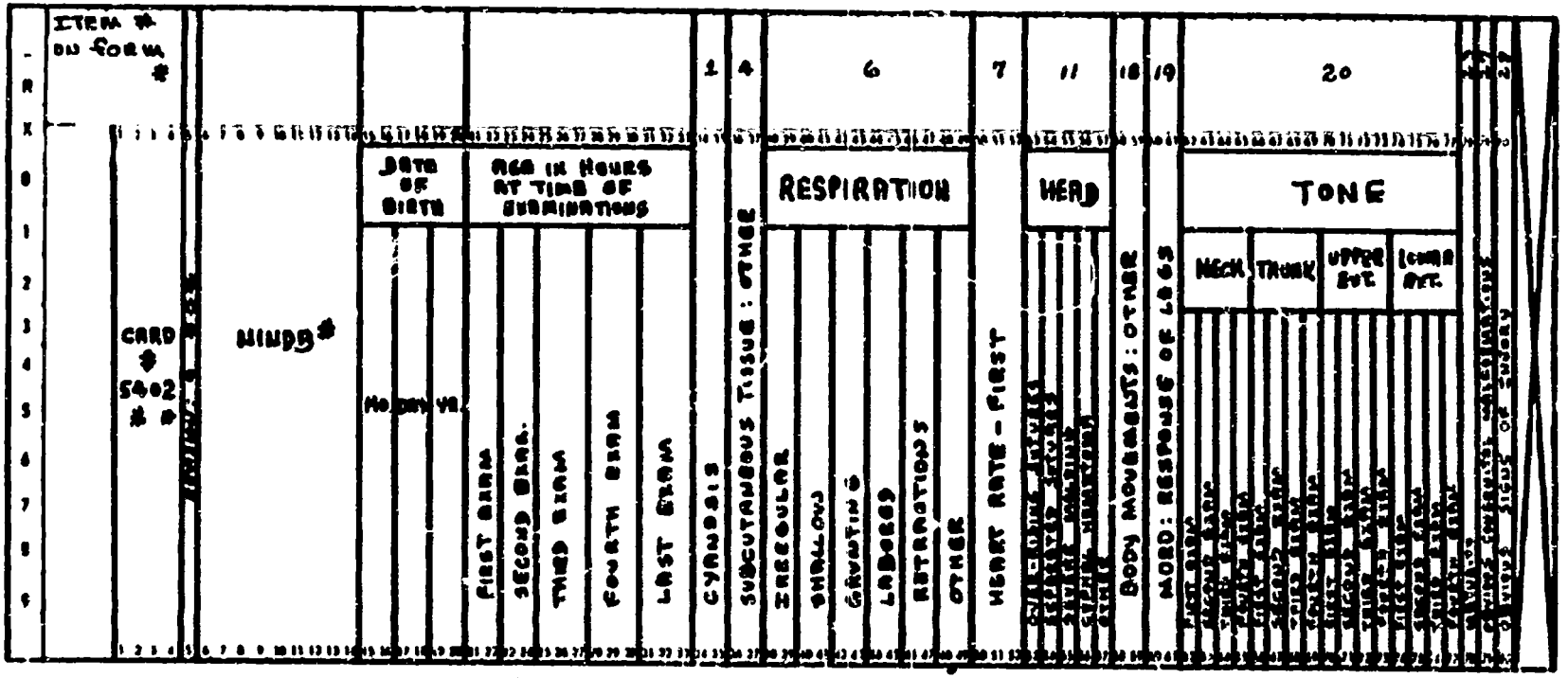
* Item numbers refer to form dated: changed 2/63

NEONATAL EXAMINATION
FORM PED-2



* Item numbers refer to form dated: changed 2/63
** Card exists for Rev. "1" only.

NEONATAL EXAMINATION
FORM PED-2



* Item numbers refer to form dated: 1/59
** This card should not be used in tabulations.
*** This card exists for Rev. "0" only.

PHS-3004-2: Manual for Neonatal Examinations

INTRODUCTION. The purpose of the Neonatal Examinations is to detect and record evidences of stress, injury, congenital malformation and disease in the infant in the first few days subsequent to birth. In addition to this, measurements and other pertinent observations will be recorded as baseline information against which subsequent observations and measurements can be compared. In areas where established norms are not available for evaluating the above, data will be collected to aid in establishing such norms.

A data transmittal sheet PED-2 has been created to facilitate the recording and coding of information obtained on these Neonatal Examinations. This manual has been prepared for use as a guide in performing the examinations and also to assist in the proper recording of the information obtained.

GENERAL INSTRUCTIONS

A. The Examiner. The examiner performing the neonatal examinations should be a pediatrician.

B. Timing of the Examination. The first Neonatal Examination should be performed between zero and twenty-four hours subsequent to birth with the hope that most examinations will center about 12 hours subsequent to birth. The second neonatal examination should be done between 36 and 60 hours of age centering around 48 hours. If an infant remains in the hospital more than 24 hours subsequent to the second examination, a third is to be done prior to discharge. Infants who have a prolonged hospital stay should have an examination weekly. Occasionally, because of severe illness, extreme prematurity, etc., the examination scheduled as described may not be accomplished. If such is the case, the examinations should be done as closely as possible to the prescribed schedule and a full explanation made in the right hand column of the form.

C. Elimination of Bias. Ideally, the examiner performing the neonatal examinations should be unaware of all events in the child's history, including pregnancy and previous physical findings so that the possibility of such knowledge biasing his evaluation can be avoided. It is obviously impossible to avoid all such information but every effort should be made to prevent the examiners access to information which could be an unnecessary source of bias for him.

D. Construction of the Form. The left hand side of the neonatal examination contains a list of numbered items. These items represent specific systems or areas which must be evaluated. "Normal" or its equivalent, if applicable is listed first for each item; variable or abnormal categories follow. Some variable or abnormal categories have three boxes labelled "slight," "moderate" and "marked"

following them. These are provided as a simple and standard way to record intensity of variable findings.

On the right-hand side of the page there is a large blank column which is provided for comments concerning the numbered items.

E. Recording Instructions. All items on this form are to be completed. If an item cannot be performed completely or if the results of a particular test cannot be satisfactorily evaluated a full explanation of such a failure must accompany this item or a group of items in the right-hand column.

If an item other than normal is checked ordinarily a description should accompany this item in the large blank space at the right. However, some items are constructed so that abnormal findings properly recorded require no further comment. For example "jaundice," "generalized cyanosis" and similar findings, ordinarily cannot be more thoroughly expressed other than to add the degree of intensity. Since items expressing "jaundice" and "generalized cyanosis" have boxes to record the degree usually no comment is necessary.

To insure identification of comments each should bear the number of the item it concerns. For items having "slight," "moderate" and "marked" boxes, the box to the left should be checked to signify that the item is present and then the proper qualifying box checked.

SPECIFIC INSTRUCTIONS

Item 1, Patient Identification. This item is to be completed using the patient's name plate.

Item 2, Examiners Name. Here the examiner will record his name.

Item 3, Examiners Status. Here the examiner will record his status (intern, pediatrician, neurologist, etc.).

Item 4, Date. The date of the examination as recorded using the sequence—month, day, year.

Item 5, Time Examination Started. This should be recorded using a 24-hour clock.

Item 6, Age. Record the child's age to the nearest hour for the first week; after that to the nearest day.

Item 7, Body Length. The body length is measured with the child in supine position on a flat surface. Record in centimeters.

PHS-3004-2: Manual for Neonatal Examinations

Item 8, Head Circumference. The measurement of head circumference is done using a flexible measuring tape which is applied firmly over the glabella and supraorbital ridges anteriorly and that part of the occiput posteriorly which gives the maximum circumference. The measurement should be recorded in centimeters.

Item 9, Chest Circumference. The girth of the thorax is measured at the level of the nipples in a plane at right angles to the vertebral column. The measurement is to be recorded in centimeters.

Item 10, Respiratory Rate. The respiratory rate should be counted for 30 seconds with the child in as close to a resting state as possible. If child cannot be put in resting state do not count rate, record as "N.A." (not applicable).

Item 11, Cyanosis. Cyanosis must be distinguished as to type. Generalized cyanosis is considered cyanosis which involves the entire body. Peripheral cyanosis (acrocyanosis) refers to cyanosis involving only the hands and feet. Cyanosis which is neither peripheral nor generalized (circumoral cyanosis, regional cyanosis other than hands and feet, harlequin cyanosis, etc.) is to be recorded as "other" and a full description made in the right-hand column. In recording "generalized cyanosis" the degree should be expressed as "slight," "moderate" or "marked" in the boxes provided. Generalized cyanosis so recorded needs no comment in the right-hand column.

Item 12, Jaundice. The presence or absence of jaundice should be noted. If present, jaundice should be quantitated by checking the appropriate box "slight," "moderate" or "marked." No comment is required in the right-hand column concerning jaundice.

Item 13, Skin. This item calls for an observation of the color and texture of the skin as well as a search for specific lesions. Stork bites and Mongolian spots are to be considered normal findings. Stork bites are defined as those capillary clusters or nonelevated hemangiomas found frequently on the nape of the neck, the bridge of the nose or the eyelids. All findings other than "normal," "Mongolian spots" and "stork bites" should be described.

Item 14, Nails. The examination of the child's nails is important because it is related to the staging of dysmaturity. Both the configuration and the color should be noted. No comment is required if "excessive length" is checked. "Staining" and "other" require comments.

Item 15, Subcutaneous Tissue. The examiner's impression of the child's subcutaneous tissue as determined by observation and palpation is to be recorded under this Item. The findings of "diminished subcutaneous tissue," "edema" and "dehydration" are to be quantitated by checking the

appropriate "slight," "moderate" or "marked" box opposite the finding. No comment is required for these categories. If "other" is checked, however, a description should be made in the right-hand column.

Item 16, Comments. Here record comments, remarks or descriptions concerning the numbered items. Be careful to identify the comment with the number of the item it concerns.

Item 17, Patient Identification. Same as Item 1.

Item 18, Facies. This item provides the examiner with an opportunity to indicate unusual facial appearances of the child. If the facies definitely fits a diagnostic category such as Mongoloid facies, the observation should be recorded as such. However, if the facies is unusual but not categorically diagnostic it should be described as fully as possible in the right-hand column and it would be desirable if a photograph could taken in full face and both lateral views. The photos should be stamped on the back using the patient's name plate and attached to PED-2.

Item 19, Head. This item represents the examiner's impression of the child's head as obtained from inspection and palpation. If "separated sutures" or "molding" are found quantitate them by checking the appropriate "slight," "moderate" or "marked" box. If a cephalhematoma is found specify location.

Items 20 - 22, Fontanelles. Both size and tension of the fontanelles is to be evaluated. Record size of anterior and posterior fontanelles in appropriate spaces, giving both AP and lateral measurements. If fontanelle is closed check the appropriate box. If tension is other than normal, check appropriate "other" box and describe in right-hand column.

Items 23 - 25, Ears, Nose, Mouth and Pharynx. This examination should include a search for specific lesions, discharges or malformations. The eardrums need not be visualized. In examining the oropharynx a tongue blade or similar instrument should be used.

Item 26, Neck. This is the examiner's impression of the child's neck as obtained through inspection, palpation and manipulation.

Item 27, Thorax. This represents the examiner's impression of the thorax as obtained by inspection and palpation. Do not include abnormal respiratory movements.

Item 28, Respirations. This examination requires an observation of the child's respiration and also includes the examination of the chest and lungs by inspection, palpation, percussion and auscultation. If "labored," "retractions," "disorganized," "shallow" or "grunting" are checked, quantitate the observation by checking the appropriate "slight."

"moderate" or "marked" box. Ordinarily no comment is necessary for these categories. "Rales," "altered breath sounds" and "other" require comments in the right-hand column.

Item 29, Comments. Same as Item 16.

Item 30, Patient Identification. Same as Item 1.

Item 31, Heart. The examination of the heart consists of an evaluation of the cardiac rate and rhythm together with palpation and an auscultation. In evaluating the rate it is not absolutely necessary for the examiner to count the rate. If as the examiner listens to the child's heart he feels the rate excessively fast or slow he should then count the rate. If over 180 or under 100 it should be recorded as either tachycardia or bradycardia and the exact rate specified. Rates between 100 and 180 are not to be recorded as tachycardia or bradycardia.

Item 32, Femoral Pulses. Determine by palpation the strength and symmetry of the femoral pulse.

Item 33, Abdomen. The abdomen is examined using inspection, palpation and percussion.

Item 34, Genitalia. This represents the examiner's impressions of the child's external genitalia as determined from inspection and palpation.

Item 35, Spine. The child's spine is evaluated by inspection, palpation and manipulation.

Item 36, Extremities and Joints. The extremities are evaluated using inspection, palpation and manipulation. The extremity joints and joints contiguous to the extremities are to be included under this item.

Item 37, Suck. The child's sucking reflex should be evaluated with a finger covered with a sterile finger cot or a rubber nipple inserted into the child's mouth. Sometimes to induce this reflex it is desirable to press the finger or nipple against the roof of the child's mouth.

Item 38, Palmar Grasp. This represents the grasp response of the neonate's hand elicited by a stimulus applied to the palm. The suggested stimulus is the examiner's finger applied to the palm of the infant's hand from the ulnar side. It may be necessary to move the finger gently back and forth to elicit the response. If the response is not obtained, the finger should be inserted from the radial side. Many attempts using both methods should be made before the response is considered absent.

Item 39, Plantar Grasp. This represents the grasp response of the neonate's foot elicited by stimulation applied to the sole. The response is elicited

by the application of the examiner's finger to the medial side of the child's foot. It may be necessary to move the finger gently back and forth several times to produce the desired response. If the response is not readily obtained, several attempts should be made by the examiner before the reflex is considered absent.

Items 40 - 42, Moro Reflex. This represents the neonate's response to a specific sudden movement. There are numerous ways of eliciting the Moro response. The one to be used for the purposes of this study is as follows: The child is supported under the back and head. The head is allowed suddenly to drop backwards through approximately 30 degrees and the pattern of the arm and leg responses are noted. A minimum of three attempts should be made before recording.

The recording of this item is complex and requires careful attention. If the child's arms and legs fail to respond during all attempts "no response" should be checked under Item 40 and no further recording made. If a response is obtained but this response is not reproduced in at least two out of three attempts, the box "no constant pattern" should be checked under Item 40 and no further recording made. If a response is obtained which is reproduced in at least two out of three attempts, the box pertaining to the degree of ease with which the response was obtained should be checked under Item 40, and the character of the response should be recorded under Items 41 and 42. The response would be considered to be "obtained with ease" if all the attempts to elicit this reflex resulted in the same response. If the response was reproducible but not consistently reproducible, "obtained with difficulty" should be checked in Item 40. Care should be taken to note whether the extension is anterior or lateral.

This reflex is somewhat difficult to elicit and great care must be taken that the technique is performed in exactly the manner prescribed. The examiner may repeat the reflex as often as necessary to determine the true character of the response. If there is doubt as to whether a normal response is present, a normal type response probably should be checked.

Item 43, Cry. This represents the examiners impression of the child's cry. If the cry is considered abnormal the box "other" should be checked and if possible the specific abnormal quality of the cry described. If the cry is not present after maximum stimulation the box "none" should be checked. Considerable effort should be put forth in stimulating the child before the examiner terms the cry absent.

Item 44, Comments. Same as Item 16.

Item 45, Patient Identification. Same as Item 1.

Item 46, Motor Activity. The examiner should observe the spontaneous body movements of the neonate. This observation should not be limited to a

specific time but should be a general observation throughout the entire examination. For the purpose of this examination the following definitions are to be used:

1. Tremulousness or jittery movements—These represent tremorous movements occurring spontaneously or in response to a stimulus. They appear principally in the arms and are to be distinguished from the more coarse myoclonic movements.

2. Rapid, jerky movements—These are sudden, non-repetitive, purposeless twitches or jerks.

3. Myoclonic movements—These represent slow, gross, rhythmic movements usually symmetrical and usually triggered by a stimulus.

4. Writhing movements—These are sinuous, asymmetric, stretching movements independent of stimuli, commonly seen in small premature.

5. Asymmetrical movements—These are movements, which differ in degree of quality when one side of the body is compared to the other. This category is designed to elucidate conditions manifested by differences in body tone or paralyses.

6. Convulsions—These are usually clonic or tonic movements which are spontaneous in nature but this term also includes unconscious or atonic spells. Generalized clonic or tonic movements or unconscious or tonic spells are to be termed a generalized convulsion. If the convulsive movement is localized to a defineable area it is to be termed a localized convulsion.

Items 47 - 52, Tone. Muscle tone should be evaluated in each of four areas—the neck, trunk, upper and lower extremities. Tone is to be expressed using a gradient of one through five, each gradient defined in the code as it appears on the examination form.

Diagnosis by. Diagnosis has been divided in three distinct categories: weight, stage or dysmaturity, and clinical expression. The categories are defined and explained as follows:

Item 53, Weight. The first category, weight, asks for the classification of the infant as a term or premature infant based on birth weight only. This is done to separate the classification of "full term" or "premature" from the judgments below.

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Item 54, Dysmaturity. The dysmaturity category asks that the child be classified as to stage of dysmaturity. The stages as defined below:

"O" - No signs of dysmaturity.

"?" - Equivocal signs of dysmaturity.

"Stage 1" - The general appearance of the infants suggest the failure of the placenta to provide for normal growth and development and the infant's condition may suggest some malnutrition and loss of weight. The skin is unstained and generally is cracked, parchment-like and peeling. These signs are also combined with prolonged gestation, the infant may appear much older than the usual newborn and be open eyed and alert.

"Stage 2" - The infant exhibits the characteristics noted for Stage 1, but in addition the infant has liberated quantities of meconium sufficient to stain the skin, umbilical cord, nails, amniotic fluid and the placental membranes. The infant may give evidence of having aspirated meconium.

"Stage 3" - The infant is assumed to have passed through the earlier stages in utero. At birth the infant's desquamating skin is stained a golden yellow and the child exhibits all of the preceding findings but to a more marked degree.

Item 55, Clinical Impression. The item "clinical impression" is designed to record the examiner's impression of the child independent of the factors of weight and dysmaturity. Thus the baby exhibiting normal findings other than prematurity or dysmaturity can be checked "normal" under clinical impressions. Do not classify an infant as other than normal if prematurity or dysmaturity are the only findings.

Item 56, Unsatisfactory Examination Conditions. This provides the examiner with the opportunity to express any unsatisfactory conditions which may have existed during the examinations such as unusually irritable child, interfering maternal hostility, etc. If "present" is checked, state whether condition might have altered the results significantly.

Item 57, Comments. Same as Item 16.

COLR-3009-2
REV. 5-60 (?)

NEONATAL EXAMINATION

green

1. PATIENT'S IDENTIFICATION

superseded by
black & white printing
COLR-3009-2
rev. 5-60 (changed 2-65)

2. NAME OF EXAMINER

3. STATUS

4. DATE MO.	DAY	YEAR	5. TIME (Use 24 hr. clock)	6. AGE

16. COMMENTS

7. BODY LENGTH ______ Cm.

8. HEAD CIRCUMFERENCE ______ Cm.

9. CHEST CIRCUMFERENCE ______ Cm.

10. RESPIRATORY RATE ______
(Baby in resting state)

11. CYANOSIS
- ☐ Absent
- ☐ Peripheral Only
- ☐ Generalized
  - ☐ Slight ☐ Moderate ☐ Severe
- ☐ Other (Specify)

12. JAUNDICE
- ☐ Absent
- ☐ Present
  - ☐ Slight ☐ Moderate ☐ Severe

13. SKIN
- ☐ Normal (Including Mongolian Spots and Stork Bites)
- ☐ Parchment
- ☐ Rash
- ☐ Petechiae or Ecchymosis
- ☐ Inflammation
- ☐ Scleroma
- ☐ Staining (Describe color)
- ☐ Other (Specify)

14. NAILS
- ☐ Normal
- ☐ Staining
- ☐ Excessive Length
- ☐ Other (Specify)

15. SUBCUTANEOUS TISSUE
- ☐ Normal

	Slight	Moderate	Marked
☐ Diminished	☐	☐	☐
☐ Edema	☐	☐	☐
☐ Dehydration	☐	☐	☐
☐ Other (Specify)			

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COLR-0004
REV. 5-60 (3)

NEONATAL EXAMINATION (Continued)

DATE

17. PATIENT'S IDENTIFICATION

Superseded by COLR-3004-2 REV. 5-60 (changed 2-65)

18. FACIES
- Normal
- Asymmetrical
- Other (Specify)

19. HEAD
- Normal
- Separated Sutures — Slight / Moderate / Marked
- Molding — Slight / Moderate / Marked
- Caput/Hematoma (Specify location)
  - R. Parietal
  - L. Parietal
  - Occipital
  - Other (Specify)
- Other (Specify)

20. FONTANELLES

21. Size (In cms.)

	AP	Lat.	Closed
Anterior			
Posterior			

22. Tension

	Normal	Other
Anterior		
Posterior		

23. EARS
- Normal
- Other (Specify)

24. NOSE
- Normal
- Other (Specify)

25. MOUTH AND PHARYNX
- Normal
- Other (Specify)

26. NECK
- Normal
- Restricted Motion
- Masses
- Other (Specify)

27. THORAX
- Normal
- Other (Specify)

28. RESPIRATIONS
- Normal
- Labored — Slight / Moderate / Marked
- Retractions — Slight / Moderate / Marked
- Grunting — Slight / Moderate / Marked
- Stridor — Slight / Moderate / Marked
- Cyanosis — Slight / Moderate / Marked
- Rales — Slight / Moderate / Marked
- Altered Breath Sounds — Slight / Moderate / Marked
- Other (Specify) — Slight / Moderate / Marked

29. COMMENTS

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COLR-3304
REV. 6-63 (1)

NEONATAL EXAMINATION
(Continued)

DATE

30. PATIENT'S IDENTIFICATION

superseded by COLR-3304.2 rev. 5-66 (changed 2-63)

31. HEART
- ☐ Normal
- ☐ Tachycardia (Over 180. Specify rate) _____
- ☐ Bradycardia (Under 100. Specify rate) _____
- ☐ Irregular Rhythm
- ☐ Murmur
- ☐ Thrill
- ☐ Other (Specify)

32. FEMORAL PULSES
- ☐ Strong and Equal Bilaterally
- ☐ Weak or Asymmetrical

33. ABDOMEN
- ☐ Normal
- ☐ Other (Specify)

34. GENITALIA
- ☐ Normal
- ☐ Other (Specify)

35. SPINE
- ☐ Normal
- ☐ Other (Specify)

36. EXTREMITIES AND JOINTS
- ☐ Normal
- ☐ Other (Specify)

37. SUCK (Evaluate with finger)
- ☐ Present
- ☐ Absent

38. PALMAR GRASP
- ☐ Present
- ☐ Asymmetrical
- ☐ Absent

39. PLANTAR GRASP
- ☐ Present
- ☐ Asymmetrical
- ☐ Absent

MORO (Support child under back and head — LET child's head drop back about 30° and note pattern of response. If pattern can be reproduced record in appropriate boxes after a minimum of 3 attempts. If there is no definite or reproducible pattern check "No consistent pattern" and skip to item 43.)

40. RESPONSE
- ☐ Obtained With Ease
- ☐ Obtained With Difficulty
- ☐ No Consistent Pattern (Skip to item 43)
- ☐ No Response (Skip to item 43)

41. RESPONSE OF ARMS
- ☐ Normal (Extensor and flexor components symmetrically present)
- ☐ Flexor component absent with extensor extension
- ☐ Flexor component absent with lateral extension
- ☐ Asymmetrical
- ☐ Other (Specify)

42. RESPONSE OF LEGS
- ☐ Movement
- ☐ No Movement

43. CRY
- ☐ Normal
- ☐ Hoarse
- ☐ Other (Specify)

44. COMMENTS

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COLR-1500-6
REV. 8-80 (2)

NEONATAL EXAMINATION
(Continued)

DATE

45. PATIENT'S IDENTIFICATION

Deferred by COLR-3001-2 pp. 5-60 (changed 2-83)

46. MOTOR ACTIVITY

- 0 Normal
- Tremulous or Jittery — 1 Slight, 2 Moderate, 3 Marked
- Rapid Jerky Movements — 4 Slight, 5 Moderate, 6 Marked
- Myoclonic Movements — 7 Slight, 8 Moderate, 9 Marked
- Writhing Movements — 10 Slight, 11 Moderate, 12 Marked
- Asymmetrical Movements — 13 Slight, 14 Moderate, 15 Marked
- Convulsions
  - 16 Local
  - 17 Generalized
- 18 Other (Specify)

47. TONE. Use the following code which will indicate a gradation from flaccid to rigid. Describe any asymmetry in right hand column.

1. Hypotonic
2. Questionable hypotonicity
3. Normal
4. Questionable hypertonicity
5. Hypertonic

	Both	Right	Left
48. Upper Extremity			
49. Lower Extremity			
50. Neck Flexor			
51. Neck Extensor			
52. Trunk			

DIAGNOSIS BY

53. WEIGHT

- 0 Term Infant (Birth weight over 2500 gms.)
- 1 Premature (Birth weight over 2500 gms. or Less)

54. DYSMATURITY, STAGE OF

- 0 – No sign of dysmaturity
- 7 – Equivocal signs of dysmaturity
- 1 – Stage 1 dysmaturity
- 2 – Stage 2 dysmaturity
- 3 – Stage 3 dysmaturity

55. CLINICAL IMPRESSION

- 0 Normal
- 1 Central Nervous System Defect or Injury
- 2 Congenital Malformations Other Than Central Nervous System
- 3 Other (Specify)

56. UNSATISFACTORY EXAM CONDITIONS — 0 Absent, 1 Present

57. COMMENTS

6

PHS-3950-2
1-60

NEONATAL EXAMINATION

Superseded by COLR-5001-2 rev. 5-60

1. Every numbered item should be checked (✓). If not normal, findings should be checked (✓) and described in margin at right.
2. Bold face items need only be recorded once.

IDENTIFY REMARKS BY DATE AND NUMBER OF ITEM. EVERY ABNORMALITY WHICH IS CHECKED (✓) SHOULD HAVE SOME DESCRIPTION. GIVE REASON FOR NOT EVALUATING ANY ITEM.

EXAMINER'S INITIALS				
STATUS				
DATE				
TIME				
1. CYANOSIS – ABSENT				
PRESENT				
2. JAUNDICE – ABSENT				
PRESENT				
3. SKIN – NORMAL (Appearance and color)				
ABNORMAL Pallor				
Rash				
Petechiae				
Inflammation				
Sclerema				
[illegible]				
Other				
4. SUBCUTANEOUS TISSUE – NORMAL				
ABNORMAL Edema				
Dehydration				
Other				
5. RESPIRATORY RATE (Baby in resting state)				
6. RESPIRATIONS – NORMAL				
ABNORMAL Irregular				
Shallow				
Grunting				
Labored				
Retractions				
Other				
7. HEART RATE (Baby in resting state)				
8. HEART – NORMAL				
ABNORMAL Irregular Rhythm				
Murmur				
Thrill				
Other				

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Public Health Service

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NEONATAL EXAMINATION

1. Every numbered item should be checked (√). If not normal, findings should be checked (√) and described on margin at right.
2. Solid face items need only be recorded once.

9. ABDOMEN – NORMAL					IDENTIFY REMARKS BY DATE AND NUMBER OF ITEM. EVERY ABNORMALITY WHICH IS CHECKED (√) SHOULD HAVE SOME DESCRIPTION. GIVE REASON FOR NOT EVALUATING ANY ITEM.
ABNORMAL					
Distension					
Abnormal Liver					
Abnormal Spleen					
Abnormal Kidneys					
Other					
10. GENITALIA – NORMAL					
ABNORMAL – Male					
ABNORMAL – Female					
Other					
11. HEAD – NORMAL					
ABNORMAL					
Over-Riding Sutures					
Separated Sutures					
Severe Molding					
Cephalhematoma					
Other					
12. EARS – NORMAL					
ABNORMAL					
13. NOSE – NORMAL					
ABNORMAL					
14. MOUTH AND PHARYNX – NORMAL					
ABNORMAL					
15. SUCK (Evaluate with finger)					
STRONG					
WEAK					
ABSENT					
16. PALMAR GRASP (Stimulate – finger applied to ulnar side of palm)					
PRESENT – Right					
PRESENT – Left					
ABSENT – Right					
ABSENT – Left					
ASYMMETRICAL					

1-69

NEONATAL EXAMINATION

1. Every numbered item should be checked (✓). If not normal, findings should be checked (✓) and described in margin at right.
2. Bold face items need only be recorded once.

IDENTIFY REMARKS BY DATE AND NUMBER OF ITEM. EVERY ABNORMALITY WHICH IS CHECKED (✓) SHOULD HAVE SOME DESCRIPTION. GIVE REASON FOR NOT EVALUATING ANY ITEM.

17. PLANTAR GRASP *(Examiner – finger applied to medial side of sole)*					
PRESENT	Right				
	Left				
ABSENT	Right				
	Left				
ASYMMETRICAL					
18. BODY MOVEMENTS – NORMAL					
ABNORMAL					
Tremulous					
Rapid, Jerky Movements					
Writhing Movements					
Convulsions					
Local					
Generalized					
Other					
19. MORO *(Support child under back and head – Let child's head drop back ____ cm)*					
RESPONSE OF ARMS – NORMAL *(Flexor and extensor components symmetrically present)*					
FLEXOR COMPONENT ABSENT					
ASYMMETRICAL					
OTHER					
RESPONSE OF LEGS – Flexor					
Other					
RESPONSE – Obtained with ease					
Obtained with Difficulty					
No Consistent Pattern					
20. TONE – NECK – NORMAL					
Flaccid (Limp)					
Hypertonic (Rigid)					
TRUNK – NORMAL					
Flaccid (Limp)					
Hypertonic (Rigid)					
UPPER EXTREMITY – NORMAL					
Flaccid (Limp)					
Hypertonic (Rigid)					
LOWER EXTREMITY – NORMAL					
Flaccid (Limp)					
Hypertonic (Rigid)					

NEONATAL EXAMINATION

1. Every numbered item should be checked (✓). If not normal, findings should be checked (✓) and described in margin at right.
2. Bold face items need only be recorded once.

21. **NECK** – NORMAL					IDENTIFY REMARKS BY DATE AND NUMBER OF ITEM. EVERY ABNORMALITY WHICH IS CHECKED (✓) SHOULD HAVE SOME DESCRIPTION. GIVE REASON FOR NOT EVALUATING ANY ITEM.
ABNORMAL Restricted Range of Motion					
Masses					
Other					
22. **SPINE** – NORMAL					
ABNORMAL					
23. **MATURITY** – NORMAL					
PREMATURE					
POSTMATURE					
24. **BODY LENGTH**					
25. **HEAD CIRCUMFERENCE**					
26. **CHEST CIRCUMFERENCE**					
27. **OBVIOUS CONGENITAL MALFORMATIONS**					
28. **OBVIOUS SIGNS OF INJURY**					
29. CONDITIONS DURING EXAMINATION					
SATISFACTORY					
OTHER					

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PED-3 Nursery History

Form PED-3 was used to record events in the newborn nursery that might signify effects of stress, injury, or diseases not observed in an examination. First implemented in January 1959, the form was revised in May of 1960. Items were altered in revision and some wording was changed, though the information requested remained essentially the same. The title of the form changed from Interval History to Nursery History. Data from PED-3 were recorded on three cards in the master file (Table PED-3.1).

TABLE PED-3.1 Cards and Data Records by Revision for Form PED-3

CARD NAME	CARD NUMBER	REV. NO.	NUMBER RECORDS
PED-3: Conditions, Weight, Temperature and Activity	1403		
		0	5,885
		1	47,060
			52,945
PED-3: Medications and Procedures	2403		
		0	2,103
		1	22,937
			25,040
PED-3: Medications and Procedures	3403		
		1	1
			1
	total for form		77,986

Data Items Referencing Form PED-3, Nursery History

DATA ITEM ID	ITEM IN FORM	CARD NUM	FROM	TO	DATA ITEM NAME
4047.....		1403	1	5	Card number (sequence, form type, form number, revision number)
4048..		1403	6	14	NINDB case number
4049..PED-3	1	1403	15	16	Birth date (mo)
4050..PED-3	1	1403	17	18	Birth date (day)
4051..PED-3	1	1403	19	20	Birth date (yr)
4052..PED-3		1403	21	22	Nursery histories, number
4053..PED-3		1403	23	23	Nursery histories in first week
4054..PED-3	5	1403	24	24	Incubator used
4055..PED-3	5	1403	25	25	Incubator; humidity
4056..PED-3	5	1403	26	26	Incubator; mist administered
4057..PED-3	5	1403	27	27	Oxygen administered; nursery
4058..PED-3	5	1403	28	29	Oxygen administered; nursery, maximum concentration
4059..PED-3	5	1403	30	30	Conditions, nursery (lbs), other special treatment/procedures
4060..PED-3	6	1403	31	32	Weight, nursery, maximum (lbs)
4061..PED-3	6	1403	33	34	Weight, nursery, maximum (oz)
4062..PED-3	6	1403	35	36	Weight, nursery, minimum (lbs)
4063..PED-3	6	1403	37	38	Weight, nursery, minimum (oz)
4064..PED-3	7	1403	39	39	Temperature; nursery, within normal range, number
4065..PED-3	7	1403	40	40	Temperature; nursery, below 95 axillary, 96 rectal, number
4066..PED-3	7	1403	41	42	Temperature; nursery, minimum
4067..PED-3	7	1403	43	43	Temperature; nursery, minimum zone
4068..PED-3	7	1403	44	44	Temperature; nursery, above 98.9 axillary, 99.9 rectal, number
4069..PED-.	7	1403	45	47	Temperature; nursery, maximum
4070..PED-3	7	1403	48	48	Temperature; nursery, maximum zone
4071..PED-3	8	1403	49	49	Feeding method; nursery, bottle (days)
4072..PED-3	8	1403	50	50	Feeding method; nursery, breast (days)
4073..PED-3	8	1403	51	51	Feeding method; nursery, gavage (days)
4074..PED-3	8	1403	52	52	Feeding method; nursery, tube (days)
4075..PED-3	8	1403	53	53	Feeding method; nursery, other (days)
4076..PED-3	9	1403	54	54	Activity, nursery, excessive (days)
4077..PED-3	9	1403	55	55	Activity, nursery, diminished (days)
4078..PED-3	10	1403	56	56	Cry, nursery, excessive (days)
4079..PED-3	10	1403	57	57	Cry, nursery, diminished (days)
4080..PED-3	11	1403	58	58	Respiratory abnormalities; nursery, apnea (days)
4081..PED-3	11	1403	59	59	Respiratory abnormalities; nursery, grunting (days)
4082..PED-3	11	1403	60	60	Respiratory abnormalities; nursery, retractions (days)
4083..PED-3	11	1403	61	61	Respiratory abnormalities; nursery, other (days)
4084..PED-3	15	1403	62	62	Cyanosis, nursery, peripheral (days)
4085..PED-3	15	1403	63	63	Cyanosis, nursery, generalized (days)
4086..PED-3	16	1403	64	64	Skin; nursery, pallor (days)
4087..PED-3	17	1403	65	65	Bleeding; nursery, [hemorrhage] (days)
4088..PED-3	18	1403	66	66	Seizures; nursery (days)

Data [illegible], Referencing Form PED-3, Nursery History

DATA ITEM ID	ITEM ON FORM	CARD NUM	FROM	TO	DATA ITEM NAME
4089..PED-3	19	1403	67	67	Twitching: nursery (days)
4090..PED-3	20	1403	68	68	Vomiting: nursery (days)
4091..PED-3	21	1403	69	69	Feeding problems: nursery (days)
4092..PED-3	23	1403	70	70	Vitamin K: nursery
4093..PED-3	24	1403	71	71	Antibiotics: nursery
4094..PED-3	25	1403	72	72	Medication, nursery, other
4095..PED-3	26	1403	73	73	Procedures, nursery
4096..PED-3	27	1403	74	74	Nursery history, other
4097.....		1403	75	80	Blank
4098.....		2403	1	5	Card number (sequence, form type, form number, revision number)
4099.....		2403	6	14	NINDB case number
4100..PED-3	1	2403	15	16	Birth date (mo)
4101..PED-3	1	2403	17	18	Birth date (day)
4102..PED-3	1	2403	19	20	Birth date (yr)
4103..PED-3		2403	21	24	Medications; procedures; nursery; specific, nth (where max n = 30)
4104..PED-3		2403	25	80	Medications; procedures; nursery; specific, repeat of colums 2 1-24 for possible medications 2 - 15
4105..PED-3		3403	1	80	Medications; procedures; nursery; specific, repeat of card 2403 for possible medications 16 - 30
5407....VAR			577	577	Nursery exam, PED-3, present (yes, no)
5409....VAR	24		579	579	Antibiotics; nursery
5410....VAR	8		580	580	Feeding method; nursery, bottle (days)
5411....VAR	8		581	581	Feeding method; nursery, breast (days)
5412....VAR	8		582	582	Feeding method; nursery, gavage (days)
5413....VAR	8		583	583	Feeding method; nursery, tube (days)
5414....VAR	8		584	584	Feeding method; nursery, other (days)
5415....VAR	23		585	585	Vitamin ; nursery
5[illegible]....VAR	6		1173	1178	Weight; nursery; maximum (gms)

COLLABORATIVE PERINATAL RESEARCH BRANCH, NINDS, NIH
BETHESDA 4, MARYLAND

1. PATIENT'S IDENTIFICATION

NURSERY HISTORY

This history is to be a summary of all available information about the infant's course and condition (except urine studies) since the previous NURSERY HISTORY was completed.

Every item should have an entry. Unusual or abnormal conditions should be reported in detail.

2. EXAMINER'S NAME AND STATUS	DO NOT USE THIS SPACE	(1)	(2)	(3)	(4)	(5)	(6)	12. COMMENTS
3. DATE (Month, day)								
4. TIME (Use 24-hour clock)								
5. SPECIAL CONDITIONS – None								
Incubator								
Humidity								
Mist								
Oxygen (Give max. conc.)								
Other (Describe)								
6. WEIGHT								
7. TEMPERATURE								
ALL (95.0 to 98.9 Axillary; 95.0 to 99.9 Rectal)								
ANY OF LOW (95.0 Axillary; 96.0 Rectal)								
ANY ABOVE (99.0 Axillary; 100.0 Rectal)								
8. FEEDING METHOD – Bottle								
Breast								
Other (Specify)								
9. ACTIVITY – Normal Amount								
Excessive								
Diminished								
10. CRY – Normal Amount								
Excessive								
Diminished								
11. RESPIRATORY ABNORMALITIES –								
None								
Apnea								
Grunting Respirations								
Retractions								
Other (Specify)								

REV. 5-63

(PED-3) PAGE 1 OF 1

COLR-... REV. ...

NURSERY HISTORY
(Continued)

13. PATIENT'S IDENTIFICATION

	(1)	(2)	(3)	(4)	(5)	(6)	28. COMMENTS
14. DATE (Month, day)							
15. CYANOSIS – Absent							
Present, Peripheral							
Present, Generalized							
16. PALLOR – Absent							
Present							
17. BLEEDING – Absent							
Present							
18. SEIZURES – Absent							
Present							
19. TWITCHING – Absent							
Present							
20. VOMITING – Absent							
Present							
21. FEEDING PROBLEMS – None							
Yes (Describe)							
22. MEDICATIONS – None							
23. VITAMIN K							
24. ANTIBIOTICS (Specify)							
25. OTHER MED. (Specify)							
26. PROCEDURES – None							
Yes (Describe)							
27. OTHER (Describe)							

Form Item Numbers linked to Data Items on PED-3, Nursery History

ITEM ON FORM	DATA ITEM ID		CARD NUM	FROM	TO	DATA ITEM NAME
	4103	PED-3	2403	21	24	Medications; procedures; nursery; specific, nth (where max n = 30)
	4105	PED-3	2403	1	90	Medications; procedures; nursery; specific, repeat of card 2403 for possible medications 16 - 30
	4104	PED-3	2403	25	90	Medications; procedures; nursery; specific, repeat of columns 2 1-24 for possible medications 2 - 15
	5467	VAR		577	577	Nursery exam, PED-3, present (yes, no)
	4053	PED-3	1403	23	23	Nursery histories in first week
	4052	PED-3	1403	21	22	Nursery histories, number
1	4101	PED-3	2403	17	18	Birth date (day)
1	4050	PED-3	1403	17	18	Birth date (day)
1	4049	PED-3	1403	15	16	Birth date (mo)
1	4100	PED-3	2403	15	16	Birth date (mo)
1	4102	PED-3	2403	19	20	Birth date (yr)
1	4051	PED-3	1403	19	20	Birth date (yr)
5	4059	PED-3	1403	30	30	Conditions, nursery (ibs), other special treatment/procedures
5	4054	PED-3	1403	24	24	Incubator used
5	4055	PED-3	1403	25	25	Incubator; humidity
5	4056	PED-3	1403	26	26	Incubator; mist administered
5	4057	PED-3	1403	27	27	Oxygen administered; nursery
5	4058	PED-3	1403	28	29	Oxygen administered; nursery, maximum concentration
6	4060	PED-3	1403	31	32	Weight, nursery, maximum (lbs)
6	4061	PED-3	1403	33	34	Weight, nursery, maximum (oz)
6	4062	PED-3	1403	35	36	Weight, nursery, minimum (lbs)
6	4063	PED-3	1403	37	38	Weight, nursery, minimum (oz)
6	5969	VAR		1173	1176	Weight; nursery; maximum (gms)
7	4068	PED-3	1403	44	44	Temperature; nursery, above 98.9 axillary, 99.9 rectal, number
7	4065	PED-3	1403	40	40	Temperature; nursery, below 95 axillary, 96 rectal, number
7	4069	PED-3	1403	45	47	Temperature; nursery, maximum
7	4070	PED-3	1403	48	48	Temperature; nursery, maximum zone
7	4066	PED-3	1403	41	42	Temperature; nursery, minimum
7	4067	PED-3	1403	43	43	Temperature; nursery, minimum zone
7	4064	PED-3	1403	39	39	Temperature; nursery, within normal range, number
8	4071	PED-3	1403	49	49	Feeding method; nursery, bottle (days)
8	5410	VAR		580	580	Feeding method; nursery, bottle (days)
8	5411	VAR		581	581	Feeding method; nursery, breast (days)
8	4072	PED-3	1403	50	50	Feeding method; nursery, breast (days)
8	4073	PED-3	1403	51	51	Feeding method; nursery, gavage (days)
8	5412	VAR		582	582	Feeding method; nursery, gavage (days)
8	5414	VAR		584	584	Feeding method; nursery, other (days)
8	4075	PED-3	1403	53	53	Feeding method; nursery, other (days)
8	4074	PED-3	1403	52	52	Feeding method; nursery, tube (days)
8	5413	VAR		583	583	Feeding method; nursery, tube (days)

Form Item Numbers linked to Data Items on PED-3, Nursery History

ITEM ON FORM	DATA ITEM ID	CARD NUM	FROM	TO	DATA ITEM NAME
9	4077..PED-3	1403	55	55	Activity, nursery, diminished (days)
9	4076..PED-3	1403	54	54	Activity, nursery, excessive (days)
10	4079..PED-3	1403	57	57	Cry, nursery, diminished (days)
10	4078..PED-3	1403	56	56	Cry, nursery, excessive (days)
11	4080..PED-3	1403	58	58	Respiratory abnormalities; nursery, apnea (days)
11	4081..PED-3	1403	59	59	Respiratory abnormalities; nursery, grunting (days)
11	4083..PED-3	1403	61	61	Respiratory abnormalities; nursery, other (days)
11	4082..PED-3	1403	60	60	Respiratory abnormalities; nursery, retractions (days)
15	4085..PED-3	1403	63	63	Cyanosis, nursery, generalized (days)
15	4084..PED-3	1403	62	62	Cyanosis, nursery, peripheral (days)
16	4086..PED-3	1403	64	64	Skin; nursery, pallor (days)
17	4087..PED-3	1403	65	65	Bleeding; nursery, (hemorrhage) (days)
18	4088..PED-3	1403	66	66	Seizures; nursery (days)
19	4089..PED-3	1403	67	67	Twitching; nursery (days)
20	4090..PED-3	1403	68	68	Vomiting; nursery (days)
21	4091..PED-3	1403	69	69	Feeding problems; nursery (days)
23	5415....VAR		585	585	Vitamin ; nursery
23	4092..PED-3	1403	70	70	Vitamin K; nursery
24	4093..PED-3	1403	71	71	Antibiotics; nursery
24	5409....VAR		579	579	Antibiotics; nursery
25	4094..PED-3	1403	72	72	Medication, nursery, other
26	4095..PED-3	1403	73	73	Procedures, nursery
27	4096..PED-3	1403	74	74	Nursery history, other

DEFINITION OF CODES
NURSERY HISTORY
PED-3 CARD 1403

FIELD		CARD COLUMN
1.	**Card Number** Code: 1	1
2.	**Form Number** Code: 403	2-4
3.	**Revision Number** * Code: 0 - Form Dated: 1/59 1 - Form Dated: 5/60	5
4.	**NIHDB Number** Item 1 Nine digit number for Patient Identification Code: As given	6-14
5.	**Date of Birth** Item 1 Six digit number for month (cols. 15-16), day (cols. 17-18) and year (cols. 19-20). Code: As given	15-20
6.	**Number of Histories Recorded** Code: As given	21-22
7.	**Number of Histories in First Week** Code: 1-7 - As given 8 - 8 or more 0 - None	23
8.	**Incubator** Item 5 Code: 0 - Not used 1-7 - Days as given 8 - 8 or more days 9 - Unknown	24
9.	**Humidity** Item 5 Code: Same as in Field 8	25
10.	**Mist** Item 5 Code: Same as in Field 8	26

* Unless specified, Fields, Codes and Card Columns refer to Revisions "0" and "1". Item numbers refer to Form Dated: 5/60.

FIELD		CARD COLUMN
11.	Oxygen Item 5 Code: Same as in Field 8	27
12.	Oxygen: Maximum Concentration Item 5 Code: 00 - Not used 01-97 - As given in percent 98 - 98% or more 99 - Unknown	28-29
13.	Other (Revision "1" only) Item 5 Code: Same as in Field 8 except 9 - Unknown, not on Rev. "0"	30
14.	Maximum Weight Item 6 Four digit code for pounds (cols. 31-32) and ounces (cols. 33-34) Code: As given 9999 - Unknown	31-34
15.	Minimum Weight Item 6 Four digit code for pounds (cols. 35-36) and ounces (cols. 37-38) Code: Same as in Field 14	35-38
16.	Temperature: Between 95.0-98.9 Axillary or 96.0-99.9 Rectal Item 7 Code: 0 - None 1-7 - Number of times as given 8 - 8 or more 9 - Unknown	39
17.	Temperature: Any below 95.0 Axillary or 96.0 Rectal Item 7 Code: Same as Field 16	40

FIELD		CARD COLUMN
18.	Temperature: Minimum Item 7 Three digit code for: Temperature (cols. 41-42) Code: As given 00 - No temperature below 95° Axillary or 96.0 Rectal 99 - Unknown Zone (col. 43) Code: 0 - Not applicable 1 - Axillary 2 - Rectal 9 - Unknown	41-43
19.	Temperature: Any above 98.9 Axillary or 99.9 Rectal Item 7 Code: Same as in Field 16	44
20.	Temperature: Maximum Item 7 Four digit code for: Temperature (cols. 45-47) Code: 000 - No temperature above 98.9 Axillary or 99.9 Rectal 099-108 - As given in degrees 999 - Unknown Zone (col. 48) Code: 0 - Not applicable 1 - Axillary 2 - Rectal 9 - Unknown	45-48

FIELD		CARD COLUMN
21.	Feeding Method (Revision "1" only) Item 8 Five-digit code for: Bottle (col. 49) Breast (col. 50) Gavage (col. 51) Tube (col. 52) Other (col. 53) Code for each column: 0 - None reported 1-7 - Days as given 8 - 8 or more 9 - Unknown, not on Rev. "0"	49-53
22.	Activity Item 9 Two-digit code for: Excessive (col. 54) Diminished (col. 55) Code for each column: 0 - None reported 1-7 - Days as given 8 - 8 or more 9 - Unknown	54-55
23.	Cry (Revision "1" only) Item 10 Two-digit code for: Excessive (col. 56) Diminished (col. 57) Code for each column: Same as in Field 21	56-57
24.	Respiratory Abnormalities Item 11 Four-digit code for: Apnea (col. 58) Grunting (col. 59) Code for each column: Same as in Field 22 Retractions (Rev. "1" only) (col. 60) Code: Same as in Field 21 Other (col. 61) Code: Same as in Field 22	58-61

FIELD		CARD COLUMN
25.	Cyanosis Item 15 Two-digit code for: Peripheral (col. 62) Generalized (col. 63) Code for each column: Same as in Field 22	62-63

DEFINITION OF CODES (Continued)

FORM PED-3
Card 1403

FIELD		CARD COLUMN
26.	**Pallor** Item 16 Code: Same as in Field 22	64
27.	**Bleeding** Item 17 Code: Same as in Field 22	65
28.	**Seizures** Item 18 Code: Same as in Field 22	66
29.	**Twitching** (Revision "1" only) Item 19 Code: Same as in Field 21	67
30.	**Vomiting** (Revision "1" only) Item 20 Code: Same as in Field 21	68
31.	**Feeding Problems** Item 21 Code: Same as in Field 22	69
32.	**Vitamin K** Item 23 Code: 0 - None reported 1 - Yes (one or more times) 9 - Unknown	70
33.	**Antibiotics** Item 24 Code: Same as in Field 32	71
34.	**Other Medication** Item 25 Code: Same as in Field 32	72
35.	**Procedures** Item 26 Code: Same as in Field 32	73
36.	**Other** Item 27 Code: Same as in Field 32	74

DEFINITION OF CODES (Continued)

FORM PED-3
Card 2403

FIELD		CARD COLUMN
1.	Card Number Code: 2	1
2.	Basic Data Code: Same as in cols. 2-20 of Card 1	2-20
3.	First Medication or Procedure Reported Code: See "Drugs in Pregnancy" 0315 card, pages 4-17 and Attachment "Additional Codes and Medications or Procedures", page PED-3 - 8.	21-24
4.	Two Through Fifteen Medications and/or Procedures Code: Same as in Field 3 if needed.	25-80

Note: Card 3 is required if 16-30 Medications and/or Procedures reported. Codes same as Card 2 except card col. 1 is "3".

ATTACHMENT

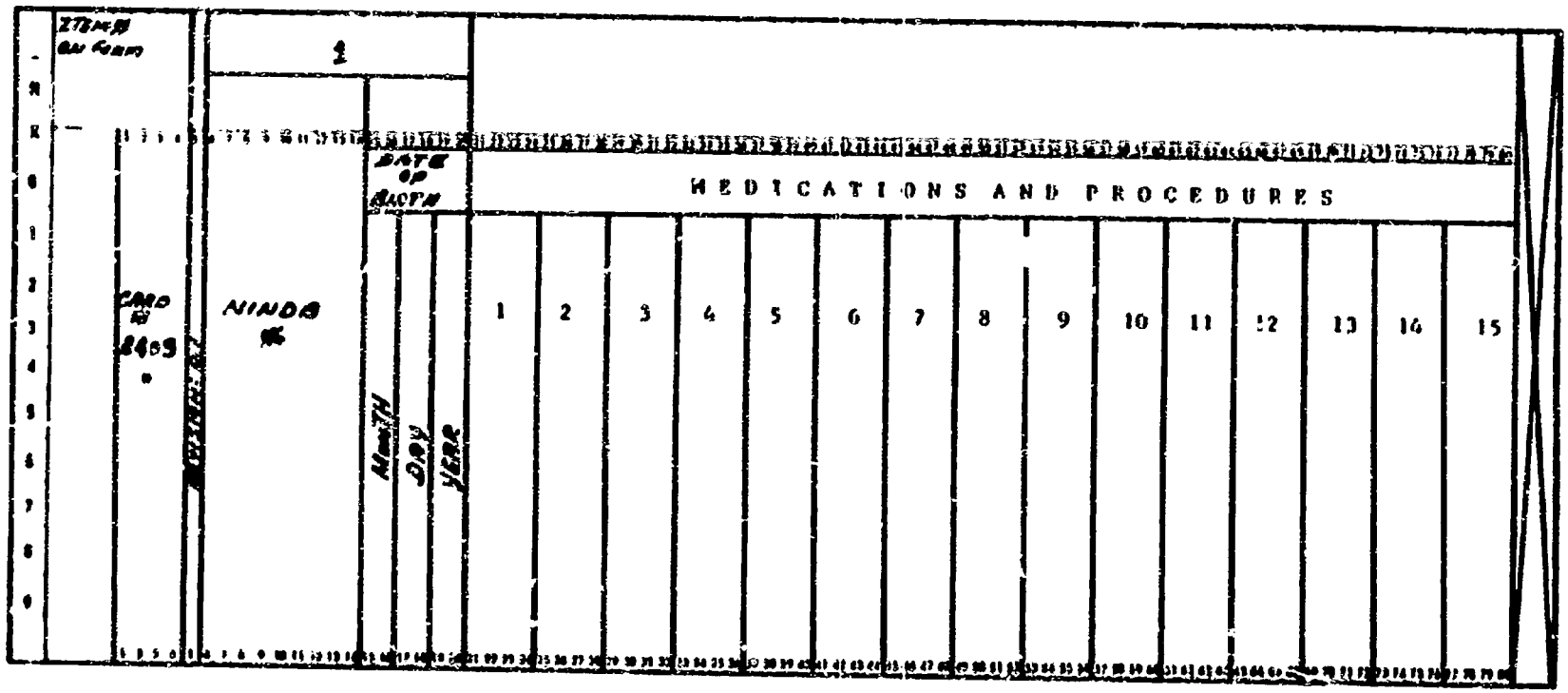
Additional Codes and Medications or Procedures

0700 - Calcium
0710 - Whiskey
0711 - Lactose
0712 - Charcoal
0715 - Growth Hormone
0730 - Plasmanate
0741 - Lyuren
0742 - Ringers Lactate
0751 - Phenylalanine
0752 - Trytophan
0771 - Maltsupex
0772 - Colace
0791 - Aluminum Hydroxide
0792 - Citralka
0800 - Aquamephyton
0801 - Aquanephyton
0802 - Hykinone
0803 - Synkovite
0804 - [illegible]
0805 - Kanokion
0806 - Vitamin K
0807 - Vitamin K_1
0808 - Mephyton
0811 - Cecon
0821 - Nicotinamide
0822 - Pyridoxine
0831 - Folic Acid
0850 - Simple blood transfusion
0851 - Exchange transfusion
0852 - Paenteral fluids
0853 - Spinal puncture
0854 - Subdural puncture
0855 - Ventricular puncture
0856 - General anesthesia
0857 - Surgery
0858 - Chromosome studies
0859 - X-rays
0860 - EEG
0861 - EKG
0862 - Resuscitation
0863 - Umbilical catheterization
0891 - Albumin in saline

NURSERY HISTORY
FORM PED-3

PED-1 - 9

NURSERY HISTORY
FORM PED-3



* Additional card(s) required for more than 15 medications and procedures.

11.E.11B

PED-3

PHS-3004-3: Nursery History

The purpose of the nursery history is to record events occurring during the neonate's nursery stay which may signify or effect stress, injury, or disease and which are not obtainable by examination.

The form PED-3 is a transmittal sheet on which all available information (except other Study records) about the infant course and condition is to be summarized. This manual has been prepared as a guide for extracting information from the hospital records and recording it on the transmittal sheet PED-3.

GENERAL INSTRUCTIONS

A. Source of information to be summarized on PED-3. All information about the infant's course and condition which is recorded on the hospital records or nurses' notes, and any information obtained by word of mouth from physicians or nurses regarding the infant should be reported on this form. Other pediatric study records (PED-1, PED-2, and PED-6) should not be used as sources of information for this summary. Information about the mother is not to be considered in this summary of the infant's course and condition.

B. The Examiner Until further notice, local policy shall determine what type of person does the summary PED-3. It is desirable that a standard procedure for doing the summaries be used within each institution.

C. Timing of the Examination. It is recommended that a summary of the infant's course and condition be done at approximately the same intervals as the pediatrician's examination (PED-2). A daily summary is acceptable, but in many cases will exceed the minimum requirements. The minimum requirements for frequency and timing of the summary (PED-3) are the same as for the pediatrician's examination, and are:

   a. Sometime during the first 24 hours of life.
   b. Sometime between 36 and 60 hours of age centering about 48 hours of age.
   c. Prior to discharge if the infant remains more than 24 hours after the previous summary.
   d. Weekly for infants who have a prolonged hospital stay.
   e. In case the infant died in the nursery, a summary should be made covering the time from the previous summary up to the time of death.

D. Elimination of bias. Ideally, the person who completes the summary should be unaware of the events of pregnancy, including labor and delivery, and of the subsequent course of the mother. In no case shall any records or information concerning these events be considered in completing the summary PED-3. Since several summaries will be recorded on the same form, it is important that the examiner avoid as much as possible reference to previous recordings when completing the summary.

PHS-3004-3: Nursery History

E. Completeness of Recording. Every item should contain an entry each time the summary is completed. If there is no information available about a particular item, the letters N.A. (not applicable) or UNK (unknown) should be put in the appropriate box and an explanation recorded on the right hand side of the page. Every item which is recorded as unusual or abnormal should have an explanation written on the right hand side of the page unless the manual specifically states "no comment necessary." Every comment should be clearly identified by the number of the item to which it relates. Comments need not be written directly opposite the item to which they apply, but rather should be grouped together each day, starting at the top of the space provided. Thus, comments made on different days will be clearly separated. If more space is needed for comments, use form CP-5, Continuation Sheet.

SPECIFIC INSTRUCTIONS AND DEFINITIONS

Item 1. Patient Identification. This item is to be completed using the patient's name plate.

Item 2. Name and Status. Here the person completing the form will record his name and status (pediatrician, nurse, etc.).

Item 3. Date. Record the month and day for the first summary. The day of the month is adequate for subsequent summaries on the same sheet.

Item 4. Time. Record the time of day (24 hour clock) which ends the period covered by the summary.

Item 5. Special Conditions. Record any special environmental situations the child has been subject to during the period since the last summary. Three conditions of importance are listed, and a space is provided for "other." If the infant was in an incubator for any reason, simply check the box "incubator," and no comment is necessary. (Other portions of the History and Physical Examination will identify the indications for its use.) Record the humidity percentage if it is used. If the infant was given added humidity in the form of mist, check the box "Mist." No comment is necessary unless a drug or chemical was added to the mist. If the infant was given added oxygen at any time since the previous summary, indicate how, the approximate time, and the approximate concentration used. Other special conditions might be such things as "rocking bed," or "isolation for infectious disease."

Item 6. Weight. If the infant was weighed since the previous summary, record the weight in the appropriate space (no comment necessary). The value reported on the first summary may be either birth weight or the nursery admission weight. If the weight was taken since the last summary but on a day previous to the day on which the summary is being done, record this value in the same column as the rest of the summary but under "comments" indicate the date on which this weight value was obtained. If

PHS-3004-3: Nursery History

the child has not been weighed since the previous summary write "N.A." in the appropriate box and comment "not weighed."

It is desirable that a metric system scale be used and the weight be recorded in grams. However, if an English system scale is used, report the weight in pounds and ounces rather than converting to grams. There is no need to specify "pounds" and "ounces" in the box, simply express ounces as fractions (-/16) of a pound (7 pounds 6 ounces record as 7 6/16).

Item 7. Temperature. It is assumed that local policy will establish whether routine temperatures are axillary or rectal. Since there is a difference in the normal range as recorded in these two sites, the spaces on the form are labeled with the values for both sites. If all of the temperatures taken during the period since the previous summary fall within the limits of 95.0° - 98.9° F. axillary or 96.0° - 99.9° F. rectal, the first box should be checked, and no comment is necessary. If any of the temperatures recorded during the period are below 95.0° F. axillary or 96.0° F. rectal, check the second box and list the time, value, and site ("A" [Axillary] or "R" [Rectal]) of all temperature recordings taken during the period. If any of the temperatures recorded during the period are above 98.9° F. axillary or 99.9° F. rectal, check the third box and list the time, value, and site of all temperatures taken during the period. A comment is requested only if there is some clear environmental reason for the temperature being above or below the range for box 1.

Item 8. Feeding Method. If the infant is being fed by breast or bottle exclusively, check the appropriate box. If the infant is being breast fed and is also given a supplemental bottle, check both boxes. If the infant is being fed by nasogastric tube, medicine dropper, or other device, check "other" and identify the device. No other comment is necessary.

Item 9. Activity. This item is intended to classify the infant's activity only as to amount. It is difficult to define what a normal amount of activity is, so the decision on this must be left to the judgment of the individuals who see the infants and make the initial records. Only extremes of excessive or diminished activity are desired here. "Excessive" shall include the hyper-active, jittery baby and the baby who seems to be never still. "Diminished" shall include the very quiet baby who moves very little. If the activity is described as abnormal in quality, report this under Item 27.

Item 10. Cry. This item is intended to classify the child's cry only as to amount. It is difficult to define what a normal amount of crying is, so the decision on this must be left to the judgment of the individuals who see the infants and make the initial records. It is only the extremes of excessive or diminished amount of cry that are desired here, such as an infant who seems to cry incessantly without apparent reason, or an infant who cries unusually little or none at all. If the infant's cry is described

PHS-3004-3: Nursery History

as abnormal in character, such as being high pitched, whining, or grunting, report this under Item 27.

Item 11, Respiratory Abnormalities. If the infant had apneic spells (ceased breathing for a notable period--approximately 20 seconds or more), grunting respiration, retraction, or other difficulty in breathing, check and describe. Other unusual respiratory activity including excessively fast or slow, the cyclic (Cheyne-Stokes) breathing should be noted as "other" and described. Include upper-airway problems such as excessive mucus or "runny nose."

Item 12, Comments. Record comments concerning numbered items.

Item 13, Patient Identification. This item is to be completed using the patient's name plate.

Item 14, Date. Record the month and day, for the first summary. The day of the month is adequate for subsequent summaries on the same sheet.

Item 15, Cyanosis. It is important to make a careful distinction between "generalized cyanosis" and "peripheral cyanosis." "Generalized cyanosis" is cyanosis (dusky gray or blue color) over the entire body or major portion of the body. (The entire head, an upper or lower quarter, or one side should be considered as "major portion of the body.") If "generalized" is checked, a description of the distribution and duration is desired. "Peripheral cyanosis" is cyanosis of the hands, feet or perioral region. If this box is checked, indicate the extent and duration of the cyanosis.

Item 16, Pallor. The box "present" should be checked if any of the observers thought the baby was unusually pale. Describe the extent and duration.

Item 17, Bleeding. "Present" shall include bleeding from the cord, from the nose, mouth or other orifice, and unusually prolonged oozing from forceps marks, needle punctures or laceration.

Item 18, Seizures. "Present" shall include what may be described as recurrent tonic or clonic movements, and unconscious or atonic spells as well as "convulsions" or "fits." Spells described as simply hyperactivity or jitteryness should be recorded under Item 9 rather than Item 18.

Item 19, Twitching. "Present" shall be sudden non-rhythmic movements which are usually confined to one extremity or one muscle group and not associated with evidence of unconsciousness.

Item 20, Vomiting. "Present" shall include forceful, excessive or prolonged vomiting, but not the common spitting up with a burp after each feeding. If the infant regurgitates ("drools" or "spits up") to such an extent that remedial measures (propping up, smaller and more frequent feeding,

etc.) are employed, report this under Item 21. Do not report regurgitation which is neither dynamic enough to be called vomiting, nor copious enough to be considered a feeding problem.

Item 21, Feeding Problems. Only problems arising with the present method of feeding as reported in Item 8 are to be recorded here. If a nasogastric tube, medicine dropper, or other device is being used successfully, this information will be reported in Item 8, and need not be repeated here. However, if any difficulty is encountered with the use of such a device, or if the infant who is being breast or bottle fed has unusual difficulty sucking, swallowing, or retaining feedings, this should be reported. If "yes" is checked, describe the type and severity of the problem.

Item 22, Medications. "None" should be checked if there is nothing to record in the following three categories 23 through 25. For the purpose of this study intravenous fluids and subcutaneous (clysis) fluids, whether or not they contain additional drugs, are to be considered medications, and reported under Item 25, "Other Medications." Silver Nitrate prophylactic eye treatment should not be reported.

Item 23, Vitamin K. If Vitamin K was given, specify the trade name of the drug and the amount given. Do not report here Vitamin K given in the delivery room.

Item 24, Antibiotics. If any antibiotics have been given, indicate trade name, dose schedule, and method of administration.

Item 25, Other Medications. If any other drugs or parenteral fluids have been given, list these by trade name or pharmacologic name whichever is in common use, and give dose schedule and method of administration.

Item 26, Procedures. Procedures to be recorded are such things as exchange transfusion, lumbar puncture, cut-down for intravenous infusion, X-ray, operation, etc. Also record blood or other specimens taken for special tests which are done in a research laboratory and probably will not be recorded on the child's laboratory sheet. Do not include under this item circumcision, blood drawn for tests which will be reported from the regular laboratory, or any specimens taken for culture which will be reported from the regular laboratory. Comments should include time of day and brief description of the procedure.

Item 27, Other. Indicate and describe anything unusual about the child which had not been recorded elsewhere, such as abnormal quality of cry, paralysis of arm, unusual bowel movements, etc. No notation for "none" is necessary for this item.

Item 28.—Same as Item 12.

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7-60

superseded by
GOER-3004-3
rev. 5-66

give

INTERVAL HISTORY

INSTRUCTIONS:

1. Every numbered item should be checked (✓). If not normal, findings should be checked (✓) and described on margin at right.

						IDENTIFY REMARKS BY DATE AND NUMBER OF ITEM. EVERY ABNORMALITY SHOULD HAVE SOME DESCRIPTION. Give reason for not evaluating any item.
OBSERVER'S INITIALS						
STATUS						
DATE						
TIME						
CONDITION						
1. INCUBATOR – Not Used						
Used						
2. HUMIDITY – Not Used						
Used – 80% to Saturated						
Supersaturated (Mist)						
3. OXYGEN – Not Used						
20% – 39%						
40% – 79%						
80% plus						
INFANT						
4. WEIGHT						
5. TEMPERATURE (Circle one) A or R						
Normal (96.0 – 101.0)						
101.1 – 104.0						
Over 104°						
Under 96°						
6. RESPIRATORY ABNORMALITIES – None						
APNEA (Cessation of breath for more than 20 sec.)						
Grunting Respirations						
Labored Breathing						
Other						
7. FEEDING PROBLEMS – None						
Other						
8. CYANOSIS – Absent						
Present						
9. JAUNDICE – Absent						
Present						
10. PALLOR – Absent						
Present						

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1-60

INTERVAL HISTORY
(Continued)

superseded by CDCR-3004-3 rev. 5-60

INSTRUCTIONS:
1. Every numbered item should be checked (✓). If not normal, findings should be checked (✓) and described in margin at right.

IDENTIFY REMARKS BY DATE AND NUMBER OF ITEM. EVERY ABNORMALITY SHOULD HAVE SOME DESCRIPTION. *Give reason for not evaluating any item.*

11. BLEEDING – Absent						
Present						
12. BODY MOVEMENTS – Normal						
Convulsions						
Other						
13. SENSORIUM – Normal						
Abnormally Drowsy						
Abnormally Wakeful						
14. MEDICATIONS – None						
Antibiotics (*Last of given*)						
Stimulants (*Last of given*)						
Depressants (*Last of given*)						
Other (*Last*)						
15. PROCEDURES – None						
(*Last*)						
16. OTHER (*Last*)						

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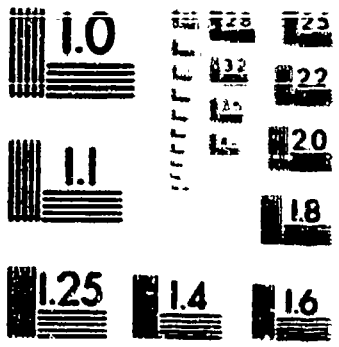

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