FORM A: KMC UNIT ADMISSION FORM

Objective: To be filled at the time of admission to the KMC unit, before starting long-duration KMC. The form contains information on eligibility of the baby of KMC and detail required for follow-up.

Information to be collect by nurse on duty in KMC unit from the case sheet, health officials, mother and caregivers.

Hospital Reg. No.: 5510 **MCTS No.:** --

Baby of: Srimati

 $\textbf{Date of admission to KMC unit} \ (dd/mm/yyyy): 19/10/2018 \ \textbf{Time of admission} \ (am/pm): 06:32$

PM

1- BACKGROUND INFORMATION

1.1 Date of Birth (dd/mm/yyyy): 19/10/2018

1.2 Sex: Male

1.3 Time of Birth (am/pm): 09:23:00

1.4 Type of admission: Inborn/ Outborn

1.5 Weight at birth (in grams): 2340 grams

1.6 Place of birth: Hospital

1.6.1 Name and address of birth facility: CHC Maharajganj

1.7 Type of birth: Normal

1.8 Term of birth: Full Term/ Preterm

1.9 LMP (first day of last menstrual period - dd/mm/yyyy): 10/03/2018

1.10 Gestational age (in weeks): 32 Weeks

1.11 Weigth of baby at admission to KMC unit (in grams): 2340 grams

1.12

G	P	A	L
2	2	0	2

1.13 Is the Baby stable? Yes / No

Is the baby on medication at time of admission? (Specify name and dosage)

1.		
2.		
3		

2.1 Name of the mother: Srimati	
2.2 Name of the father: Ramlakhan	
2.3 Name & relation of accompanying family member(s)	
Srimati	Mother
2.4 Contact detail (At least 2 close contact numbers) Phone / Mobile Number	Relations
9375867852 9375867852	Srimati Ramlakhan
2.4.1 Name and Number of ASHA: Ramsree 78397262	35
2.5 Religion: Hindu	
2.6 Caste: OBC	
2.7 Address:	
Rural/Urban: Rural State/Country: Uttar Pradesh, India District: Rae Bareli Block/ Area/ Muhalla: 2056 Gram Sabha-Hamlet/ House NO.: Address: Ramnap/s Maharajganj RBL Pin Code: 229126 Near: Road	
Signature of Nurse at the time of admission.	Signature of Doctor
Sanno 15/01/2019 06:34 AM	

2- FAMILY DETAIL (For Follow Up)

FORM D: DAILY WEIGHT MONITORING FORM

Objective: To record the pre-feed weight of the baby admitted in the KMC unit, and compare it with the weight of the previous day and admission weight. To be filled by nurse on duty in the KMC room after weighing.

Hospital Registration Number: 5510

Mother Name: Srimati Date of Birth(dd/mm/yyyy): 19/10/2018

Birth Weight(in grams): 2340

Day	Date (dd/mm/yy)	Time of weighing	Weight of baby without clothes (in grams)	Todays weight- yesterdays weight (+,- or unchanged)	Net gain/loss since admission (Todays weight- Admission weight)	Remarks	Nurse Name	Signature or nurse talking weight
1	19/10/2018	6:34 PM	2340				Sanno	
2	20/10/2018	3:21 AM	2280	-60	60 loss		Mandakini	
3	21/10/2018	3:55 AM	2220	-60	120 loss		Swati	

Date of discharge(dd/mm/yy):21/10/2018 Weight of discharge(in grams): 2200

Net gain/loss since admission(in grams)(+/-): -140

FORM C: DAILY KMC COMPLIANCE FORM

Objective: To record the number of hour of KMC given to the baby admitted in the KMC unit in 24 hours (8AM - 8AM), the duration of each session and the reason for not giving continuous KMC. To be collected by nurse on duty in KMC room via direct observation or from mother/caregiver

Day: Friday Hospital Reg. No.: 5510

Date of Birth(dd/mm/yy): 19/10/2018 Mothers Name: Srimati

S.No	Starting time of KMC	Stopping time of KMC	Duration of KMC per episode (if KMC duration>=1hour then record in hours if <1 hour please record in minutes)	Reason for pausing KMC (Breast feeding,doctorcheckup,mothers mealtime,mothers personal care,family visit,discomfort,complications,etc.)	KMC Provider	Nurse Name	Nurse Signature
1	9:23 PM	10:29 PM	01:06		Mother	Mandakini	
2	11:47 PM	11:59 PM	00:12		Mother	Mandakini	
3							
4							
5							
6							
7							

8						
	Total KMC d	uration in 24	hours (8 am to 8 am)):		
	01:18					

FORM C: DAILY KMC COMPLIANCE FORM

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Day: Saturday Hospital Reg. No.: 5510

Date of Birth(dd/mm/yy): 19/10/2018 Mothers Name: Srimati

S.No	Starting time of KMC	Stopping time of KMC	Duration of KMC per episode (if KMC duration>=1hour then record in hours if <1 hour please record in minutes)	Reason for pausing KMC (Breast feeding,doctorcheckup,mothers mealtime,mothers personal care,family visit,discomfort,complications,etc.)	KMC Provider	Nurse Name	Nurse Signature
1	12:00 AM	12:49 AM	00:49		Mother	Mandakini	
2	12:54 AM	3:33 AM	02:39		Mother	Mandakini	
3	3:44 AM	7:31 AM	03:47		Mother	Mandakini	
4	7:50 AM	9:38 AM	01:48		Mother	Mandakini	
5	10:00 AM	11:35 AM	01:35		Grand Mother	Mandakini	
6	12:01 PM	2:14 PM	02:13		Mother	Mandakini	
7	2:33 PM	4:01 PM	01:28		Mother	Mandakini	
8	4:30 PM	6:01 PM	01:31		Mother	Mandakini	
9	6:10 PM	7:45 PM	01:35		Mother	Mandakini	
10	8:05 PM	9:05 PM	01:00		Mother	Swati	
	Total KMC d	luration in 24	hours (8 am to 8 am)	:			

FORM C: DAILY KMC COMPLIANCE FORM

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Day: Sunday Hospital Reg. No.: 5510

Date of Birth(dd/mm/yy): 19/10/2018 Mothers Name: Srimati

S.No	Starting time of KMC	Stopping time of KMC	Duration of KMC per episode (if KMC duration>=1hour then record in hours if <1 hour please record in minutes)	Reason for pausing KMC (Breast feeding,doctorcheckup,mothers mealtime,mothers personal care,family visit,discomfort,complications,etc.)	KMC Provider	Nurse Name	Nurse Signature
1	12:05 AM	2:15 AM	02:10		Mother	Swati	
2	2:30 AM	4:15 AM	01:45		Mother	Swati	
3	4:20 AM	5:25 AM	01:05		Mother	Swati	
4	5:36 AM	6:45 AM	01:09		Mother	Swati	
5	7:05 AM	8:05 AM	01:00		Mother	Swati	
6	8:22 AM	10:46 AM	02:24		Mother	Sanno	
7	10:51 AM	12:04 PM	01:13		Mother	Sanno	
	Total KMC d	uration in 24	hours (8 am to 8 am)):			

FORM B: DAILY INTAKE MONITORING RECORD

Objective: To record the quantity and frequency of feeding of the baby admitted in the KMC unit in 24 hours (8 AM - 8 Am), so as to compare the total quantity to the total feeding requirement. To be filled by nurse on duty in the KMC

Day: Tuesday Hospital Reg. No.: 5510 Date (dd/mm/yyyy): 01/01/1970

Mother Name : Srimati Baby age(in days): 88 days Total feeding requirement for

the day:

			Feeding n	in whe	l and measu ere applicab	le)			Supplements Received (name and dose)					Nurse Signature
S.No.	Time of feeding (From, to)	Direct breast feeding (in min)	Expressed breast feed (EBF) (in ml)		fixed Feedir Formula	g (in ml Other	In ml/hr	r:* IV Type In drop/min	Vi t D	Calciu m	HM F		Othe r	
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11							·	

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Mother Name : Srimati Baby age(in days): 88 days Total feeding requirement for

the day:

	Time of		Feeding r (fill	in whe	d and meast ere applicab	le)	Otho	r:* IV Type	Supplements Received (name and dose)					Nurse Signature
S.No.	feeding (From, to)	Direct breast feeding (in min)	Expressed breast feed (EBF) (in ml)		Iixed Feedir Formula	Other	In	In drop/min	Vi t D 3	Calciu m	HM F	Iro n	Othe r	
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	Time of			M	lixed Feedin	ıg (in ml)	Othe	r:* IV Type		(паше	anu	uose	,	Signature
S.No	feeding (From, to)	Direct breast feeding (in min)	Expressed breast feed (EBF) (in ml)	EBF	Formula	Other	Net	In ml/hr	In drop/min	Vi t D 3	Calciu m	HM F	Iro n	Othe r	
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DIS	CHARGE CHECKLIS	ST FOR KMC UNIT
Hospital Reg. No.: 5510	MCTS NO.:	
Name of mother: Srimati	Date of discharge :2	21/10/2018
Number of days spend in I weight on discharge(in gra	_	days spent in SNCU/ NBSU): 88 days
Net weight gain/loss since	admission(in grams):	-140
Type of discharge : Dischar	ged by facility staff	
In case of referral		
Name and address of facil	ity reffered to:	
Reason for referral:		
DIS	CHARGE CHECKLIS	ST FOR KMC UNIT
Signature of Nurse/Doctor		Signature of Family Member