

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

Date: April 19, 2020 8 AM - April 20, 2020 8 AM **Hospital Reg. No.:** 11546

Date of Birth(dd/mm/yy) : 26/03/2020 **Mothers Name:** Kumari

S.No	Start DateTime of KMC	Stop DateTime 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							
2							
3							
4							
5							
6							
7							
8							
	Total KMC duration in 24 hours (2020-04-19 8 AM to 2020-04-20 8 AM): 00:00						

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Date: April 20, 2020 8 AM - April 21, 2020 8 AM **Hospital Reg. No.:** 11546

Date of Birth(dd/mm/yy) : 26/03/2020 **Mothers Name:** Kumari

S.No	Start Date Time of KMC	Stop Date Time of KMC	Duration of KMC per episode (if KMC duration >= 1 hour then record in hours if < 1 hour please record in minutes)	Reason for pausing KMC (Breast feeding, doctor checkup, mothers mealtime, mothers personal care, family visit, discomfort, complications, etc.)	KMC Provider	Nurse Name	Nurse Signature
1	April 20, 2020 11:00 AM	April 20, 2020 6:00 PM	07:00		Grand Mother	Vimla	
2							
3							
4							
5							
6							
7							
8							
	Total KMC duration in 24 hours (2020-04-20 8 AM to 2020-04-21 8 AM): 07:00						

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Date: April 21, 2020 8 AM - April 22, 2020 8 AM **Hospital Reg. No.:** 11546

Date of Birth(dd/mm/yy) : 26/03/2020 Mothers Name: Kumari

S.No	Start DateTime of KMC	Stop DateTime of KMC	Duration of KMC per episode (if KMC duration >= 1 hour then record in hours if < 1 hour please record in minutes)	Reason for pausing KMC (Breast feeding, doctor checkup, mothers mealtime, mothers personal care, family visit, discomfort, complications, etc.)	KMC Provider	Nurse Name	Nurse Signature
1							
2							
3							
4							
5							
6							
7							
8							
	Total KMC duration in 24 hours (2020-04-21 8 AM to 2020-04-22 8 AM): 00:00						

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Date: April 22, 2020 8 AM - April 23, 2020 8 AM **Hospital Reg. No.:** 11546

Date of Birth(dd/mm/yy) : 26/03/2020 Mothers Name: Kumari

S.No	Start DateTime of KMC	Stop DateTime 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	April 23, 2020 1:00 AM	April 23, 2020 7:59 AM	06:59		Mother	Vimla	
2							
3							
4							
5							
6							
7							
8							
	Total KMC duration in 24 hours (2020-04-22 8 AM to 2020-04-23 8 AM): 06:59						

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Date: April 23, 2020 8 AM - April 24, 2020 8 AM **Hospital Reg. No.:** 11546

Date of Birth(dd/mm/yy) : 26/03/2020 **Mothers Name:** Kumari

S.No	Start DateTime of KMC	Stop DateTime 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	April 23, 2020 3:00 PM	April 23, 2020 4:52 PM	01:52		Mother	Ayushi	
2	April 23, 2020 2:00 PM	April 23, 2020 3:00 PM	01:00		Grand Mother	Ayushi	
3	April 23, 2020 1:00 PM	April 23, 2020 3:00 PM	02:00		Grand Mother	Ayushi	
4							
5							
6							
7							
8							
	Total KMC duration in 24 hours (2020-04-23 8 AM to 2020-04-24 8 AM): 04:52						

