

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.: 74/1895 **MCTS No.:** --

Baby of: Lata

Date of admission to KMC unit (dd/mm/yyyy): 14/12/2018 **Time of admission** (am/pm): 11:09 AM

1- BACKGROUND INFORMATION

1.1 Date of Birth (dd/mm/yyyy): 14/12/2018

1.2 Sex: Male

1.3 Time of Birth (am/pm): 12:50:00

1.4 Type of admission: Inborn/ Outborn

1.5 Weight at birth (in grams): 2130 grams

1.6 Place of birth: Hospital

1.6.1 Name and address of birth facility: CHC Dalmau

1.7 Type of birth: Normal With Episiotomy

1.8 Term of birth: Full Term/ Preterm

1.9 LMP (first day of last menstrual period - dd/mm/yyyy): 12/04/2018

1.10 Gestational age (in weeks): 35 Weeks

1.11 Weigth of baby at admission to KMC unit (in grams): 2125 grams

1.12

G	P	A	L
1	1	0	1

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- FAMILY DETAIL (For Follow Up)

2.1 Name of the mother: Lata

2.2 Name of the father: Kamal Gupta

2.3 Name & relation of accompanying family member(s)

Lata

Mother

2.4 Contact detail (At least 2 close contact numbers)

Phone / Mobile Number

Relations

9888803258

Lata

9888803258

Kamal Gupta

2.4.1 Name and Number of ASHA: Sakuntala 7839726632

2.5 Religion: Hindu

2.6 Caste: General

2.7 Address:

Rural/Urban: Rural

State/Country: Uttar Pradesh, India

District: Rae Bareli

Block/ Area/ Muhalla: 2049

Gram Sabha-Hamlet/ House NO.: Makhdumpur Urf Sekhanpur

Address: Pureshekhan Makdoompur

Pin Code: _____

Near: _____

Signature of Nurse at the time of admission.

Signature of Doctor

Poonam Gupta

16/12/2018 05:34 AM

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: 74/1895

Mother Name: Lata

Date of Birth(dd/mm/yyyy): 14/12/2018

Birth Weight(in grams): 2130

Day	Date (dd/mm/yy)	Time of weighing	Weight of baby without clothes (in grams)	Today's weight-yesterday's weight (+, - or unchanged)	Net gain/loss since admission (Today's weight-Admission weight)	Remarks	Nurse Name	Signature or nurse talking weight
1	14/12/2018	11:15 AM	2125				Poonam Gupta	
2	15/12/2018	3:45 AM	2015	-110	110 loss		Poonam Gupta	
3	16/12/2018	4:43 AM	2070	+55	55 loss		Srimati Basanti Kumari	

Date of discharge(dd/mm/yy): 16/12/2018 **Weight of discharge(in grams):**

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

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.:** 74/1895

Date of Birth(dd/mm/yy) : 14/12/2018 **Mothers Name:** Lata

S.No	Starting time of KMC	Stopping 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	3:30 PM	4:30 PM	01:00		Mother	Poonam Gupta	
2	4:55 PM	5:10 PM	00:15		Mother	Ku. Anju Kamlaani	
3	6:00 PM	7:25 PM	01:25		Mother	Ku. Anju Kamlaani	
4	8:00 PM	9:00 PM	01:00		Mother	Ku. Anju Kamlaani	

5							
6							
7							
8							
Total KMC duration in 24 hours (8 am to 8 am):							
03:40							

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: Saturday **Hospital Reg. No.:** 74/1895

Date of Birth(dd/mm/yy) : 14/12/2018 **Mothers Name:** Lata

S.No	Starting time of KMC	Stopping 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	2:01 AM	2:30 AM	00:29		Mother	Ku.Anju Kamlaani	
2	5:01 AM	6:01 AM	01:00		Mother	Ku.Anju Kamlaani	
3	7:15 AM	8:20 AM	01:05		Mother	Poonam Gupta	
4	9:00 AM	9:30 AM	00:30		Mother	Poonam Gupta	
5	10:00 AM	11:30 AM	01:30		Mother	Poonam Gupta	
6	12:00 PM	1:00 PM	01:00		Mother	Poonam Gupta	
7	1:45 PM	2:30 PM	00:45		Mother	Poonam Gupta	
8	3:01 PM	5:30 PM	02:29		Mother	Poonam Gupta	
9	6:01 PM	7:30 PM	01:29		Mother	Poonam Gupta	
10	8:30 PM	10:01 PM	01:31		Mother	Poonam Gupta	
11	10:20 PM	11:30 PM	01:10		Mother	Srimati Basanti Kumari	

Total KMC duration in 24 hours (8 am to 8 am):	
12:58	

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: Sunday **Hospital Reg. No.:** 74/1895

Date of Birth(dd/mm/yy) : 14/12/2018 **Mothers Name:** Lata

S.No	Starting time of KMC	Stopping 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	12:01 AM	1:01 AM	01:00		Mother	Srimati Basanti Kumari	
2	2:30 AM	3:30 AM	01:00		Mother	Srimati Basanti Kumari	
3	4:01 AM	6:01 AM	02:00		Mother	Srimati Basanti Kumari	
4	6:30 AM	7:30 AM	01:00		Mother	Srimati Basanti Kumari	
5	8:01 AM	10:30 AM	02:29		Mother	Srimati Basanti Kumari	
6							
7							
8							
Total KMC duration in 24 hours (8 am to 8 am):							
07:29							

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

Date (dd/mm/yyyy): 01/01/1970

Total feeding requirement for the

[illegible]

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

Date (dd/mm/yyyy): 01/01/1970

Total feeding requirement for the

[illegible]

11														
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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 : Sunday **Hospital Reg. No.:** 74/1895 **Date (dd/mm/yyyy):** 01/01/1970

Mother Name : Lata **Baby age(in days):** 2 days **Total feeding requirement for the day:** _____

S.No.	Time of feeding (From, to)	Feeding method and measurement (fill in where applicable)								Supplements Received (name and dose)					Nurse Signature
		Direct breast feeding (in min)	Expressed breast feed (EBF) (in ml)	Mixed Feeding (in ml)				Other:* IV Type		Vit D 3	Calciu m	HM F	Iro n	Othe r	
				EBF	Formula	Other	Net	In ml/hr	In drop/min						
1															
2															
3															
4															
5															
6															
7															
8															
9															
10															
11															

DISCHARGE CHECKLIST FOR KMC UNIT

Hospital Reg. No.: 74/1895 **MCTS NO.:**

Name of mother: Lata **Date of discharge :** 16/12/2018

Number of days spend in KMC room (excluding days spent in SNCU/ NBSU): 2 days
weight on discharge(in grams): 2070 grams

Net weight gain/loss since admission(in grams): -60

Type of discharge : Discharged by facility staff

In case of referral

Name and address of facility reffered to:

Reason for referral: _____

DISCHARGE CHECKLIST FOR KMC UNIT

Signature of Nurse/Doctor

Signature of Family Member