

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.: 5550 **MCTS No.:** --

Baby of: रेनू

Date of admission to KMC unit (dd/mm/yyyy): 22/10/2018 **Time of admission** (am/pm): 04:11 AM

1- BACKGROUND INFORMATION

1.1 Date of Birth (dd/mm/yyyy): 21/10/2018

1.2 Sex: Female

1.3 Time of Birth (am/pm): 09:07:00

1.4 Type of admission: Inborn/ Outborn

1.5 Weight at birth (in grams): 1900 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): 05/03/2018

1.10 Gestational age (in weeks): 33 Weeks

1.11 Weight of baby at admission to KMC unit (in grams): 1900 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: रेनू

2.2 Name of the father: रामराज

2.3 Name & relation of accompanying family member(s)

रेनू

Mother

2.4 Contact detail (At least 2 close contact numbers)

Phone / Mobile Number

Relations

8874191082

रेनू

9838345973

रामराज

2.4.1 Name and Number of ASHA: _____

2.5 Religion: Hindu

2.6 Caste: SC

2.7 Address:

Rural/Urban: Rural

State/Country: Uttar Pradesh, India

District: Rae Bareli

Block/ Area/ Muhalla: 2056

Gram Sabha-Hamlet/ House NO.: Kotwa Madaniya

Address: कैलाश पुर

Pin Code: 229103

Near: कैलाश पुर

Signature of Nurse at the time of admission.

Signature of Doctor

Mandakini

15/01/2019 06:33 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: 5550

Mother Name: रेनू

Date of Birth(dd/mm/yyyy): 21/10/2018

Birth Weight(in grams): 1900

Day	Date (dd/mm/yy)	Time of weighing	Weight of baby without clothes (in grams)	Todays weight- yesterday's weight (+, - or unchanged)	Net gain/loss since admission (Todays weight- Admission weight)	Remarks	Nurse Name	Signature or nurse talking weight
1	22/10/2018	4:14 AM	1900				Mandakini	
2	23/10/2018	3:41 AM	1870	-30	30 loss		Mandakini	
3	24/10/2018	3:21 AM	1900	+30	0 gain		Mandakini	
4	25/10/2018	3:27 AM	1940	+40	40 gain		Mansa	

Date of discharge(dd/mm/yy): 25/10/2018 **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: Monday **Hospital Reg. No.:** 5550

Date of Birth(dd/mm/yy) : 21/10/2018 **Mothers Name:** रेनू

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	2:01 AM	02:00		Mother	Mandakini	
2	2:30 AM	4:01 AM	01:31		Mother	Mandakini	
3	4:15 AM	6:10 AM	01:55		Mother	Mandakini	
4	6:30 AM	7:30 AM	01:00		Mother	Swati	
5	7:45 AM	9:15 AM	01:30		Mother	Swati	
6	9:30 AM	10:30 AM	01:00		Mother	Swati	

7	11:01 AM	12:40 PM	01:39		Grand Mother	Swati	
8	12:50 PM	1:50 PM	01:00		Mother	Swati	
9	2:15 PM	4:01 PM	01:46		Mother	Sanno	
10	4:30 PM	6:01 PM	01:31		Mother	Mandakini	
Total KMC duration in 24 hours (8 am to 8 am):							
14:52							

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Day: Tuesday **Hospital Reg. No.:** 5550

Date of Birth(dd/mm/yy) : 21/10/2018 **Mothers Name:** रेनू

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	2:01 AM	02:00		Mother	Mandakini	
2	2:15 AM	4:01 AM	01:46		Mother	Mandakini	
3	4:15 AM	6:01 AM	01:46		Mother	Mandakini	
4	6:15 AM	8:01 AM	01:46		Mother	Swati	
5	8:20 AM	10:55 AM	02:35		Mother	Swati	
6	11:01 AM	12:30 PM	01:29		Grand Mother	Swati	
7	12:32 PM	2:35 PM	02:03		Mother	Sanno	
8	3:01 PM	5:01 PM	02:00		Mother	Sanno	
9	5:10 PM	7:17 PM	02:07		Mother	Sanno	
10	7:45 PM	9:01 PM	01:16		Mother	Mandakini	
11	9:30 PM	11:01 PM	01:31		Mother	Mandakini	
Total KMC duration in 24 hours (8 am to 8 am):							
20:19							

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Day: Wednesday **Hospital Reg. No.:** 5550

Date of Birth(dd/mm/yy) : 21/10/2018 **Mothers Name:** रेनू

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		Grand Mother	Mandakini	
2	1:15 AM	3:15 AM	02:00		Mother	Mandakini	
3	3:30 AM	5:30 AM	02:00		Mother	Mandakini	
4	5:45 AM	6:30 AM	00:45		Mother	Mandakini	
5	6:50 AM	8:14 AM	01:24		Mother	Mandakini	
6	8:30 AM	9:30 AM	01:00		Mother	Mandakini	
7	9:35 AM	10:50 AM	01:15		Mother	Mandakini	
8	11:10 AM	11:55 AM	00:45		Mother	Mandakini	
9	12:01 PM	1:01 PM	01:00		Grand Mother	Sanno	
10	1:10 PM	3:01 PM	01:51		Mother	Sanno	
11	3:14 PM	6:32 PM	03:18		Mother	Sanno	
12	6:35 PM	7:31 PM	00:56		Mother	Sanno	
13	9:00 PM	9:46 PM	00:46		Mother	Mansa	
Total KMC duration in 24 hours (8 am to 8 am):							
18:00							

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Day: Thursday **Hospital Reg. No.:** 5550

Date of Birth(dd/mm/yy) : 21/10/2018 **Mothers Name:** रेनू

7															
8															
9															
10															
11															

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.:** 5550 **Date (dd/mm/yyyy):** 01/01/1970

Mother Name : रेनू **Baby age(in days):** 86 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															

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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.:** 5550 **Date (dd/mm/yyyy):** 01/01/1970

Mother Name : रेनू **Baby age(in days):** 86 days **Total feeding requirement for the day:** _____

DISCHARGE CHECKLIST FOR KMC UNIT

Hospital Reg. No.: 5550 **MCTS NO.:**

Name of mother: रेनू **Date of discharge :** 25/10/2018

Number of days spend in KMC room (excluding days spent in SNCU/ NBSU): 85 days
weight on discharge(in grams): 1980 grams

Net weight gain/loss since admission(in grams): 80

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