

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.: 42/4 **MCTS No.:** 092812705611800019

Baby of: Savita

Date of admission to KMC unit (dd/mm/yyyy): 05/09/2018 **Time of admission** (am/pm): 05:58 AM

1- BACKGROUND INFORMATION

1.1 Date of Birth (dd/mm/yyyy): 05/09/2018

1.2 Sex: Male

1.3 Time of Birth (am/pm): 05:07:00

1.4 Type of admission: Inborn/ Outborn

1.5 Weight at birth (in grams): 1930 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): 01/01/1970

1.10 Gestational age (in weeks): 2540 Weeks

1.11 Weigth 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: Savita

2.2 Name of the father: Rajjanlal

2.3 Name & relation of accompanying family member(s)

Savita

Mother

2.4 Contact detail (At least 2 close contact numbers)

Phone / Mobile Number

Relations

7982620183

Savita

7982620183

Rajjanlal

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: 2049

Gram Sabha-Hamlet/ House NO.: Barara Bujurg

Address: Bararabujurga

Pin Code: _____

Near: _____

Signature of Nurse at the time of admission.

Signature of Doctor

Poonam Gupta

14/01/2019 11:39 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: 42/4

Mother Name: Savita

Date of Birth(dd/mm/yyyy): 05/09/2018

Birth Weight(in grams): 1930

| 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 | 05/09/2018 | 6:00 AM | 1900 | | | | Poonam Gupta | |
| 2 | 06/09/2018 | 4:15 AM | 1860 | -40 | 40 loss | | Srimati Rajkumari | |
| 3 | 07/09/2018 | 4:25 AM | 1810 | -50 | 90 loss | | Poonam Gupta | |
| 4 | 08/09/2018 | 4:28 AM | 1820 | +10 | 80 loss | | Poonam Gupta | |
| 5 | 09/09/2018 | 5:44 AM | 1890 | +70 | 10 loss | | Srimati Rajkumari | |

Date of discharge(dd/mm/yy):11/09/2018 **Weight of discharge(in grams):** 1990

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

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: Wednesday **Hospital Reg. No.:** 42/4

Date of Birth(dd/mm/yy) : 05/09/2018 **Mothers Name:** Savita

| 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 | 5:10 AM | 6:15 AM | 01:05 | | Mother | Poonam Gupta | |
| 2 | 6:30 AM | 8:30 AM | 02:00 | | Mother | Poonam Gupta | |
| 3 | 10:00 AM | 11:30 AM | 01:30 | | Mother | Poonam Gupta | |

| | | | | | | | |
|---|----------|----------|-------|--|--------------|------------------------|--|
| 4 | 12:00 AM | 1:30 PM | 13:30 | | Mother | Poonam Gupta | |
| 5 | 1:45 PM | 3:45 PM | 02:00 | | Grand Mother | Srimati Basanti Kumari | |
| 6 | 4:00 PM | 6:30 PM | 02:30 | | Grand Mother | Srimati Basanti Kumari | |
| 7 | 6:40 PM | 7:40 PM | 01:00 | | Mother | Srimati Chintamani Pal | |
| 8 | 8:00 PM | 8:30 PM | 00:30 | | Grand Mother | Srimati Chintamani Pal | |
| 9 | 9:00 PM | 10:00 PM | 01:00 | | Mother | Srimati Chintamani Pal | |
| Total KMC duration in 24 hours (8 am to 8 am): 25:05 | | | | | | | |

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: Thursday **Hospital Reg. No.:** 42/4

Date of Birth(dd/mm/yy) : 05/09/2018 **Mothers Name:** Savita

| 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 | 12:00 AM | 1:00 AM | 01:00 | | Mother | Srimati Chintamani Pal | |
| 2 | 1:10 AM | 3:00 AM | 01:50 | | Mother | Srimati Chintamani Pal | |
| 3 | 4:00 AM | 5:30 AM | 01:30 | | Mother | Srimati Chintamani Pal | |
| 4 | 6:00 AM | 6:55 AM | 00:55 | | Mother | Srimati Chintamani Pal | |
| 5 | 7:10 AM | 8:15 AM | 01:05 | | Grand Mother | Srimati Rajkumari | |

| | | | | | | | |
|---|----------|----------|-------|--|--------|------------------------|--|
| 6 | 8:45 AM | 10:00 AM | 01:15 | | Mother | Srimati Rajkumari | |
| 7 | 10:15 AM | 11:45 AM | 01:30 | | Mother | Srimati Rajkumari | |
| 8 | 12:00 PM | 2:15 PM | 02:15 | | Mother | Srimati Rajkumari | |
| 9 | 2:45 PM | 3:45 PM | 01:00 | | Mother | Srimati Basanti Kumari | |
| 10 | 4:00 PM | 6:30 PM | 02:30 | | Mother | Srimati Basanti Kumari | |
| 11 | 7:00 PM | 9:00 PM | 02:00 | | Mother | Srimati Chintamani Pal | |
| 12 | 9:30 PM | 11:59 PM | 02:29 | | Mother | Poonam Gupta | |
| Total KMC duration in 24 hours (8 am to 8 am): 19:19 | | | | | | | |

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.:** 42/4

Date of Birth(dd/mm/yy) : 05/09/2018 **Mothers Name:** Savita

| 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 | 12:00 AM | 10:30 AM | 10:30 | | Mother | Poonam Gupta | |
| 2 | 12:20 AM | 2:00 AM | 01:40 | | Mother | Poonam Gupta | |
| 3 | 2:20 AM | 3:30 AM | 01:10 | | Mother | Poonam Gupta | |
| 4 | 3:45 AM | 5:00 AM | 01:15 | | Grand Mother | Poonam Gupta | |
| 5 | 5:20 AM | 7:00 AM | 01:40 | | Mother | Poonam Gupta | |
| 6 | 7:20 AM | 8:15 AM | 00:55 | | Mother | Poonam Gupta | |

| | | | | | | | |
|---|----------|----------|-------|--|--------|------------------------|--|
| 7 | 8:45 AM | 9:45 AM | 01:00 | | Mother | Poonam Gupta | |
| 8 | 10:00 AM | 11:45 AM | 01:45 | | Mother | Poonam Gupta | |
| 9 | 12:00 PM | 1:45 PM | 01:45 | | Mother | Poonam Gupta | |
| 10 | 2:00 PM | 3:45 PM | 01:45 | | Mother | Srimati Basanti Kumari | |
| 11 | 4:00 PM | 6:00 PM | 02:00 | | Aunty | Srimati Basanti Kumari | |
| 12 | 6:20 PM | 8:00 PM | 01:40 | | Mother | Srimati Chintamani Pal | |
| 13 | 8:05 PM | 10:30 PM | 02:25 | | Mother | Poonam Gupta | |
| 14 | 11:00 PM | 11:59 PM | 00:59 | | Mother | Poonam Gupta | |
| Total KMC duration in 24 hours (8 am to 8 am): 30:29 | | | | | | | |

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.:** 42/4

Date of Birth(dd/mm/yy) : 05/09/2018 **Mothers Name:** Savita

| 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 | 12:00 AM | 2:00 AM | 02:00 | | Mother | Poonam Gupta | |
| 2 | 2:10 AM | 3:15 AM | 01:05 | | Mother | Poonam Gupta | |
| 3 | 3:30 AM | 5:00 AM | 01:30 | | Mother | Poonam Gupta | |
| 4 | 5:15 AM | 7:30 AM | 02:15 | | Grand Mother | Poonam Gupta | |
| 5 | 7:45 AM | 8:15 AM | 00:30 | | Mother | Poonam Gupta | |

| | | | | | | | |
|---|----------|----------|-------|--|--------------|--------------|--|
| 6 | 9:00 AM | 11:00 AM | 02:00 | | Mother | Poonam Gupta | |
| 7 | 11:20 AM | 2:30 PM | 03:10 | | Grand Mother | Poonam Gupta | |
| 8 | 3:00 PM | 4:00 PM | 01:00 | | Mother | Poonam Gupta | |
| 9 | 4:30 PM | 6:30 PM | 02:00 | | Mother | Poonam Gupta | |
| Total KMC duration in 24 hours (8 am to 8 am): 15:30 | | | | | | | |

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.:** 42/4

Date of Birth(dd/mm/yy) : 05/09/2018 **Mothers Name:** Savita

| 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 | 1:30 AM | 2:00 AM | 00:30 | | Mother | Srimati Rajkumari | |
| 2 | 2:30 AM | 4:00 AM | 01:30 | | Mother | Srimati Rajkumari | |
| 3 | 4:20 AM | 5:20 AM | 01:00 | | Mother | Srimati Rajkumari | |
| 4 | 6:00 AM | 8:00 AM | 02:00 | | Grand Mother | Srimati Rajkumari | |
| 5 | 8:35 AM | 10:20 AM | 01:45 | | Grand Mother | Srimati Rajkumari | |
| 6 | 10:45 AM | 12:30 PM | 01:45 | | Mother | Srimati Basanti Kumari | |
| 7 | 1:00 PM | 2:30 PM | 01:30 | | Mother | Srimati Basanti Kumari | |
| 8 | 2:40 PM | 4:45 PM | 02:05 | | Grand Mother | Srimati Basanti Kumari | |
| 9 | 5:00 PM | 7:00 PM | 02:00 | | Mother | Srimati Basanti Kumari | |

| | | | | | | | |
|---|---------|----------|-------|--|--------|------------------------|--|
| 10 | 7:20 PM | 8:45 PM | 01:25 | | Mother | Srimati Chintamani Pal | |
| 11 | 9:00 PM | 10:35 PM | 01:35 | | Mother | Srimati Chintamani Pal | |
| Total KMC duration in 24 hours (8 am to 8 am): 17:05 | | | | | | | |

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.:** 42/4

Date of Birth(dd/mm/yy) : 05/09/2018 **Mothers Name:** Savita

| 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 | 12:10 AM | 2:00 AM | 01:50 | | Mother | Ku.Pratibha | |
| 2 | 4:00 AM | 6:00 AM | 02:00 | | Mother | Ku.Pratibha | |
| 3 | 6:20 AM | 7:20 AM | 01:00 | | Mother | Ku.Pratibha | |
| 4 | 7:40 AM | 9:30 AM | 01:50 | | Mother | Ku.Pratibha | |
| 5 | 10:30 AM | 11:30 AM | 01:00 | | Grand Mother | Ku.Pratibha | |
| 6 | 11:45 AM | 12:20 PM | 00:35 | | Mother | Ku.Pratibha | |
| 7 | 7:40 AM | 9:30 AM | 01:50 | | Mother | Srimati Basanti Kumari | |
| 8 | 10:30 AM | 11:30 AM | 01:00 | | Mother | Srimati Basanti Kumari | |
| 9 | 10:30 AM | 11:30 AM | 01:00 | | Mother | Srimati Basanti Kumari | |
| 10 | 11:45 PM | 12:20 PM | 12:35 | | Mother | Srimati Basanti Kumari | |
| 11 | 6:30 PM | 9:00 PM | 02:30 | | Mother | Srimati Chintamani Pal | |

| | |
|--|--|
| Total KMC duration in 24 hours (8 am to 8 am): | |
| 27:10 | |

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: Tuesday **Hospital Reg. No.:** 42/4

Date of Birth(dd/mm/yy) : 05/09/2018 **Mothers Name:** Savita

| 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 | 12:10 AM | 2:30 AM | 02:20 | | Mother | Srimati Chintamani Pal | |
| 2 | 3:00 AM | 4:00 AM | 01:00 | | Mother | Srimati Chintamani Pal | |
| 3 | 4:05 AM | 5:05 AM | 01:00 | | Mother | Srimati Chintamani Pal | |
| 4 | 6:30 AM | 8:15 AM | 01:45 | | Mother | Poonam Gupta | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| Total KMC duration in 24 hours (8 am to 8 am): | | | | | | | |
| 06:05 | | | | | | | |

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 : Monday **Hospital Reg. No.:** 42/4 **Date (dd/mm/yyyy):** 01/01/1970

Total feeding requirement for

[illegible]

Total feeding requirement for

[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

Day : Monday **Hospital Reg. No.:** 42/4 **Date (dd/mm/yyyy):** 01/01/1970

Mother Name : Savita **Baby age(in days):** 132 days **Total feeding requirement for the day:** _____

[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

Day : Monday Hospital Reg. No.: 42/4 Date (dd/mm/yyyy): 01/01/1970

Mother Name : Savita **Baby age(in days):** 132 days **Total feeding requirement for the day:**

[illegible]

| | | | | | | | | | | | | | | | |
|----|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 6 | | | | | | | | | | | | | | | |
| 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 : Monday **Hospital Reg. No.:** 42/4 **Date (dd/mm/yyyy):** 01/01/1970

Mother Name : Savita **Baby age(in days):** 132 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 t 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 | | | | | | | | | | | | | | | |

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 : Monday **Hospital Reg. No.:** 42/4 **Date (dd/mm/yyyy):** 01/01/1970

Mother Name : Savita **Baby age(in days):** 132 days **Total feeding requirement for the day:** _____

DISCHARGE CHECKLIST FOR KMC UNIT

Hospital Reg. No.: 42/4 **MCTS NO.:** 092812705611800019

Name of mother: Savita **Date of discharge :** 11/09/2018

Number of days spend in KMC room (excluding days spent in SNCU/ NBSU): 131 days
weight on discharge(in grams): 1990 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

1. Stable and not on parenteral medication, the baby's general health is good and there is no concurrent disease such as apnoea or infection
2. Maintaining temperature in the KMC position and mother's bed for 3 consecutive days at room temperature
3. Gaining 15-20 grams per day for at least 3 consecutive days
4. Accepting feeds directly from breast (preferable) or by spoon, paladai or cup, he is feeding well, and is exclusively or predominantly breastfed

Signature of Nurse/Doctor

Signature of Family Member