

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.: 981/3296 **MCTS No.:** --

Baby of: Ganga Dei

Date of admission to KMC unit (dd/mm/yyyy): 24/12/2018 **Time of admission** (am/pm): 10:55 AM

1- BACKGROUND INFORMATION

1.1 Date of Birth (dd/mm/yyyy): 24/12/2018

1.2 Sex: Female

1.3 Time of Birth (am/pm): 03:14:00

1.4 Type of admission: Inborn/ Outborn

1.5 Weight at birth (in grams): 2105 grams

1.6 Place of birth: Hospital

1.6.1 Name and address of birth facility: CHC Kheero

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): 01/04/2018

1.10 Gestational age (in weeks): 38 Weeks

1.11 Weigth of baby at admission to KMC unit (in grams): 2105 grams

1.12

G	P	A	L
3	3	0	3

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: Ganga Dei

2.2 Name of the father: Kalir

2.3 Name & relation of accompanying family member(s)

Ganga Dei

Mother

2.4 Contact detail (At least 2 close contact numbers)

Phone / Mobile Number

Relations

9193792305

Ganga Dei

9193792305

Kalir

2.4.1 Name and Number of ASHA: Renu Devi 7839725515

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: 2054

Gram Sabha-Hamlet/ House NO.: Bhitari Gaon

Address: Mau

Pin Code: 229205

Near: Bijli Ka Khanmbha

Signature of Nurse at the time of admission.

Signature of Doctor

Kirti

27/12/2018 09:17 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: 981/3296

Mother Name: Ganga Dei

Date of Birth(dd/mm/yyyy): 24/12/2018

Birth Weight(in grams): 2105

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	24/12/2018	10:57 AM	2105				Kirti	
2	25/12/2018	3:20 AM	1970	-135	135 loss		Kirti	
3	26/12/2018	2:36 AM	1930	-40	175 loss		Poornima	
4	27/12/2018	2:39 AM	2000	+70	105 loss		Poornima	

Date of discharge(dd/mm/yy): 27/12/2018 **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: Monday **Hospital Reg. No.:** 981/3296

Date of Birth(dd/mm/yy) : 24/12/2018 **Mothers Name:** Ganga Dei

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	3:14 PM	4:15 PM	01:01		Mother	Kirti	
2	4:25 PM	6:05 PM	01:40		Mother	Kirti	
3	6:26 PM	7:57 PM	01:31		Mother	Kirti	
4	8:11 PM	10:20 PM	02:09		Mother	Poornima	
5							
6							

7							
8							
	Total KMC duration in 24 hours (8 am to 8 am):						
	06:21						

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Day: Tuesday **Hospital Reg. No.:** 981/3296

Date of Birth(dd/mm/yy) : 24/12/2018 **Mothers Name:** Ganga Dei

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	1:01 AM	3:01 AM	02:00		Mother	Kirti	
2	3:17 AM	5:05 AM	01:48		Mother	Kirti	
3	5:21 AM	7:05 AM	01:44		Mother	Kirti	
4	7:20 AM	8:45 AM	01:25		Grand Mother	Kirti	
5	9:11 AM	10:30 AM	01:19		Mother	Kirti	
6	10:45 AM	12:40 PM	01:55		Mother	Kirti	
7	1:10 PM	2:56 PM	01:46		Mother	Kirti	
8	3:15 PM	4:50 PM	01:35		Mother	Kirti	
9	5:08 PM	6:55 PM	01:47		Mother	Kirti	
10	7:10 PM	7:46 PM	00:36		Mother	Kirti	
11	8:05 PM	9:17 PM	01:12		Mother	Poornima	
12	9:40 PM	11:36 PM	01:56		Mother	Poornima	
	Total KMC duration in 24 hours (8 am to 8 am):						
	19:03						

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Day: Wednesday **Hospital Reg. No.:** 981/3296

Date of Birth(dd/mm/yy) : 24/12/2018 **Mothers Name:** Ganga Dei

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	12:15 AM	2:18 AM	02:03		Mother	Poornima	
2	2:25 AM	4:10 AM	01:45		Mother	Poornima	
3	4:21 AM	5:45 AM	01:24		Mother	Poornima	
4	6:01 AM	7:46 AM	01:45		Mother	Poornima	
5	7:57 AM	9:50 AM	01:53		Mother	Kirti	
6	10:01 AM	10:57 AM	00:56		Mother	Kirti	
7	11:15 AM	1:01 PM	01:46		Mother	Kirti	
8	1:19 PM	3:05 PM	01:46		Mother	Kirti	
9	3:25 PM	5:10 PM	01:45		Mother	Poornima	
10	5:35 PM	7:17 PM	01:42		Mother	Poornima	
11	7:45 PM	9:23 PM	01:38		Mother	Poornima	
12	10:01 PM	11:10 PM	01:09		Mother	Poornima	
Total KMC duration in 24 hours (8 am to 8 am): 19:32							

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Day: Thursday **Hospital Reg. No.:** 981/3296

Date of Birth(dd/mm/yy) : 24/12/2018 **Mothers Name:** Ganga Dei

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	1:32 AM	01:31		Mother	Poornima	

2	2:01 AM	4:28 AM	02:27		Mother	Poornima	
3	4:50 AM	6:01 AM	01:11		Mother	Poornima	
4	6:20 AM	8:01 AM	01:41		Mother	Poornima	
5	8:21 AM	9:20 AM	00:59		Mother	Kirti	
6	9:45 AM	11:10 AM	01:25		Mother	Kirti	
7	11:30 AM	1:05 PM	01:35		Mother	Kirti	
8	1:20 PM	2:42 PM	01:22		Mother	Kirti	
Total KMC duration in 24 hours (8 am to 8 am):							
12:11							

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 : Thursday **Hospital Reg. No.:** 981/3296 **Date (dd/mm/yyyy):** 01/01/1970

Mother Name : Ganga Dei **Baby age(in days):** 3 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															

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

[illegible]

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 : Thursday **Hospital Reg. No.:** 981/3296 **Date (dd/mm/yyyy):** 01/01/1970

Mother Name : Ganga Dei **Baby age(in days):** 3 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															

DISCHARGE CHECKLIST FOR KMC UNIT

Hospital Reg. No.: 981/3296 **MCTS NO.:** _____

Name of mother: Ganga Dei **Date of discharge :** 27/12/2018

Number of days spend in KMC room (excluding days spent in SNCU/ NBSU): 3 days
weight on discharge(in grams): 2010 grams

Net weight gain/loss since admission(in grams): -95

Type of discharge : Discharged by facility staff

In case of referral

Name and address of facility referred to:

Reason for referral: _____

DISCHARGE CHECKLIST FOR KMC UNIT

Signature of Nurse/Doctor

Signature of Family Member