

## 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 18, 2020 8 AM - April 19, 2020 8 AM **Hospital Reg. No.:** 12/15

**Date of Birth(dd/mm/yy) : 18/04/2020 Mothers Name: Laxmi**

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,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 (2020-04-18 8 AM to 2020-04-19 8 AM): 00:00						

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**Date:** April 19, 2020 8 AM - April 20, 2020 8 AM **Hospital Reg. No.:** 12/15

**Date of Birth(dd/mm/yy) :** 18/04/2020 **Mothers Name:** Laxmi

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	April 19, 2020 4:00 PM	April 19, 2020 1:00 PM	21:00		Mother	Agrima Sita	
2	April 19, 2020 4:00 PM	April 19, 2020 1:00 PM	21:00		Mother	Agrima Sita	
3	April 19, 2020 4:00 PM	April 19, 2020 5:50 PM	01:50		Mother	Agrima Sita	
4	April 19, 2020 4:00 PM	April 19, 2020 5:50 PM	01:50		Mother	Agrima Sita	
5	April 19, 2020 4:00 PM	April 19, 2020 5:50 PM	01:50		Mother	Agrima Sita	
6	April 19, 2020 4:00 PM	April 19, 2020 5:50 PM	01:50		Mother	Agrima Sita	
7	April 19, 2020 4:00 PM	April 19, 2020 5:50 PM	01:50		Mother	Agrima Sita	
8	April 19, 2020 4:00 PM	April 19, 2020 5:50 PM	01:50		Grand Mother	Agrima Sita	
9	April 19, 2020 4:00 PM	April 19, 2020 6:00 PM	02:00		Grand Mother	Agrima Sita	
10	April 19, 2020 4:00 PM	April 19, 2020 5:00 PM	01:00		Grand Mother	Agrima Sita	
11	April 19, 2020 2:00 PM	April 19, 2020 3:00 PM	01:00		Mother	Agrima Sita	
12	April 19, 2020 2:00 PM	April 19, 2020 3:30 PM	01:30		Mother	Agrima Sita	

13	April 19, 2020 2:00 PM	April 19, 2020 3:30 PM	01:30		Mother	Agrima Sita	
14	April 19, 2020 2:00 PM	April 19, 2020 3:30 PM	01:30		Mother	Agrima Sita	
15	April 19, 2020 2:00 PM	April 19, 2020 3:30 PM	01:30		Mother	Agrima Sita	
16	April 19, 2020 2:00 PM	April 19, 2020 3:30 PM	01:30		Mother	Agrima Sita	
17	April 19, 2020 2:00 PM	April 19, 2020 3:30 PM	01:30		Mother	Agrima Sita	
18	April 19, 2020 2:00 PM	April 19, 2020 3:30 PM	01:30		Mother	Agrima Sita	
19	April 19, 2020 2:00 PM	April 19, 2020 4:00 PM	02:00		Mother	Agrima Sita	
20	April 19, 2020 2:00 PM	April 19, 2020 4:00 PM	02:00		Mother	Agrima Sita	
21	April 19, 2020 2:00 PM	April 19, 2020 4:00 PM	02:00		Mother	Agrima Sita	
22	April 19, 2020 2:00 PM	April 19, 2020 4:00 PM	02:00		Mother	Agrima Sita	
	Total KMC duration in 24 hours (2020-04-19 8 AM to 2020-04-20 8 AM): 75:30						

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**Date:** April 20, 2020 8 AM - April 21, 2020 8 AM **Hospital Reg. No.:** 12/15

**Date of Birth(dd/mm/yy) : 18/04/2020 Mothers Name: Laxmi**

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 9:00 PM	April 20, 2020 10:00 PM	01:00		Mother	Agrima Sita	
2	April 20, 2020 9:00 PM	April 20, 2020 10:00 PM	01:00		Mother	Agrima Sita	
3	April 20, 2020 9:00 PM	April 20, 2020 10:00 PM	01:00		Mother	Agrima Sita	
4	April 20, 2020 9:00 PM	April 20, 2020 10:00 PM	01:00		Mother	Agrima Sita	
5	April 20, 2020 8:00 PM	April 20, 2020 9:15 PM	01:15		Mother		
6	April 20, 2020 8:00 PM	April 20, 2020 9:15 PM	01:15		Mother		
7	April 20, 2020 8:00 PM	April 20, 2020 9:15 PM	01:15		Mother		
8	April 20, 2020 8:00 PM	April 20, 2020 9:15 PM	01:15		Father		
	Total KMC duration in 24 hours (2020-04-20 8 AM to 2020-04-21 8 AM): 09:00						

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**Date:** April 21, 2020 8 AM - April 22, 2020 8 AM **Hospital Reg. No.:** 12/15

**Date of Birth(dd/mm/yy) : 18/04/2020 Mothers Name: Laxmi**

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	April 21, 2020 9:00 PM	April 21, 2020 9:05 PM	00:05		Grand Mother	Agrima Sita	
2							
3							
4							
5							
6							
7							
8							
	Total KMC duration in 24 hours (2020-04-21 8 AM to 2020-04-22 8 AM): 00:05						

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**Date:** April 22, 2020 8 AM - April 23, 2020 8 AM **Hospital Reg. No.:** 12/15

**Date of Birth(dd/mm/yy) : 18/04/2020 Mothers Name: Laxmi**

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 (2020-04-22 8 AM to 2020-04-23 8 AM): 00:00						

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**Date:** April 23, 2020 8 AM - April 24, 2020 8 AM **Hospital Reg. No.:** 12/15

**Date of Birth(dd/mm/yy) : 18/04/2020 Mothers Name: Laxmi**

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,doctorcheckup,mothers mealtime,mothers personal care,family visit,discomfort,complications,etc.)	KMC Provider	Nurse Name	Nurse Signature
1	April 23, 2020 7:00 PM	April 23, 2020 8:35 PM	01:35		Aunty	Agrima Sita	
2	April 23, 2020 7:00 PM	April 23, 2020 8:30 PM	01:30		Aunty		
3							
4							
5							
6							
7							
8							
	Total KMC duration in 24 hours (2020-04-23 8 AM to 2020-04-24 8 AM): 03:05						

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**Date:** April 24, 2020 8 AM - April 25, 2020 8 AM **Hospital Reg. No.:** 12/15

**Date of Birth(dd/mm/yy) : 18/04/2020 Mothers Name: Laxmi**

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,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 (2020-04-24 8 AM to 2020-04-25 8 AM): 00:00						



## 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 25, 2020 8 AM - April 26, 2020 8 AM **Hospital Reg. No.:** 12/15

**Date of Birth(dd/mm/yy) : 18/04/2020 Mothers Name: Laxmi**

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 25, 2020 4:00 PM	April 25, 2020 5:14 PM	01:14		Father	Agrima Sita	
2							
3							
4							
5							
6							
7							
8							
	Total KMC duration in 24 hours (2020-04-25 8 AM to 2020-04-26 8 AM): 01:14						

