

## **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.**

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**Hospital Reg. No.:** 133/1232      **MCTS No.:** --

**Baby of:** Shakuntala Devi

**Date of admission to KMC unit** (dd/mm/yyyy): 17/09/2018 **Time of admission** (am/pm): 12:26 PM

### **1- BACKGROUND INFORMATION**

**1.1 Date of Birth** (dd/mm/yyyy): 16/09/2018

**1.2 Sex:** Male

**1.3 Time of Birth** (am/pm): 03:40:00

**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

**1.8 Term of birth:** Full Term/ Preterm

**1.9 LMP** (first day of last menstrual period - dd/mm/yyyy): 23/12/2017

**1.10 Gestational age** (in weeks): 38 Weeks

**1.11 Weight of baby at admission to KMC unit** (in grams): 2130 grams

**1.12**

<b>G</b>	<b>P</b>	<b>A</b>	<b>L</b>
2	2	0	2

**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:** Shakuntala Devi

**2.2 Name of the father:** Om Prakash

**2.3 Name & relation of accompanying family member(s)**

Shakuntala Devi

Mother

**2.4 Contact detail (At least 2 close contact numbers)**

**Phone / Mobile Number**

**Relations**

9554575153

Shakuntala Devi

9554575153

Om Prakash

**2.4.1 Name and Number of ASHA:** GEETA DEVI 7839726519

**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:** 2049

**Gram Sabha-Hamlet/ House NO.:** Darigapur

**Address:** Gram Amaraha Post Dariyapur Dalmau Raebareli

**Pin Code:** 229125

**Near:** \_\_\_\_\_

**Signature of Nurse at the time of admission.**

**Signature of Doctor**

Manish

14/01/2019 11:35 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:** 133/1232

**Mother Name:** Shakuntala Devi

**Date of Birth(dd/mm/yyyy):** 16/09/2018

**Birth Weight(in grams):** 2130

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	17/09/2018	12:28 PM	2130				Manish	
2	18/09/2018	4:41 AM	2100	-30	30 loss		Poonam Gupta	

**Date of discharge(dd/mm/yy):**18/09/2018 **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.:** 133/1232

**Date of Birth(dd/mm/yy) :** 16/09/2018 **Mothers Name:** Shakuntala Devi

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	4:00 PM	5:00 PM	01:00		Mother	Manish	
2	5:30 PM	6:40 PM	01:10		Mother	Manish	
3	7:00 PM	8:00 PM	01:00		Mother	Manish	
4	8:20 PM	9:30 PM	01:10		Mother	Manish	
5	10:00 PM	11:30 PM	01:30		Mother	Manish	
6							
7							

8							
	Total KMC duration in 24 hours (8 am to 8 am): 05:50						

### **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.:** 133/1232

**Date of Birth(dd/mm/yy) :** 16/09/2018 **Mothers Name:** Shakuntala Devi

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	Manish	
2	2:20 AM	3:30 AM	01:10		Mother	Manish	
3	4:00 AM	6:00 AM	02:00		Mother	Manish	
4	7:00 AM	8:00 AM	01:00		Mother	Poonam Gupta	
5	8:45 AM	9:00 AM	00:15		Mother	Srimati Rajkumari	
6	9:30 AM	12:10 AM	14:40		Mother	Srimati Rajkumari	
7	12:30 PM	3:00 PM	02:30		Mother	Srimati Rajkumari	
8	3:30 PM	4:15 PM	00:45		Mother	Srimati Rajkumari	
	Total KMC duration in 24 hours (8 am to 8 am): 24:10						

### **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.:** 133/1232 **Date (dd/mm/yyyy):** 01/01/1970

**Mother Name :** Shakuntala Devi  
**requirement for the day:** \_\_\_\_\_

**Baby age(in days):** 121 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.:** 133/1232      **Date (dd/mm/yyyy):** 01/01/1970

**Mother Name : Shakuntala Devi**  
**requirement for the day:**

**Baby age(in days):** 121 days

### Total feeding

**requirement for the day:** \_\_\_\_\_

[illegible]

## **DISCHARGE CHECKLIST FOR KMC UNIT**

**Hospital Reg. No.:** 133/1232      **MCTS NO.:**

**Name of mother:** Shakuntala Devi      **Date of discharge :**18/09/2018

**Number of days spend in KMC room (excluding days spent in SNCU/ NBSU):** 119 days  
**weight on discharge(in grams):** 2110 grams

**Net weight gain/loss since admission(in grams):** -20

**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

\_\_\_\_\_  
Signature of Nurse/Doctor

\_\_\_\_\_  
Signature of Family Member