

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.: 1212121 **MCTS No.:** --

Baby of: Mother Draft

Date of Admission to KMC Unit (dd/mm/yyyy): 23/03/2020 **Time of Admission** (AM/PM): 11:00 AM

1- BACKGROUND INFORMATION

1.1 Date of Birth (dd/mm/yyyy): 21/03/2020

1.2 Sex: Female

1.3 Time of Birth (AM/PM): 07:00 PM

1.4 Type of Admission: Inborn

1.5 Weight at Birth (in grams): 2121 grams

1.6 Place of Birth:

1.6.1 Name and Address of Birth Facility: Other

1.7 Type of Birth: Normal With Episiotomy

1.8 Term of Birth: Full Term

1.9 LMP (first day of last menstrual period - dd/mm/yyyy): 19/03/2019

1.10 Gestational Age (in weeks): 53 Weeks

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

1.12

G	P	A	L

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: Mother Draft

2.2 Name of the Father: _____

2.3 Name & relation of accompanying family member(s)

Mother Draft

2.4 Contact Detail (At least 2 close contact numbers)

Phone / Mobile Number

Relations

9976787887

Mother Draft

2.4.1 Name and Number of ASHA: _____

2.5 Religion:

2.6 Caste:

2.7 Address:

Rural/Urban: _____

State/Country: ,

District:

Gram Sabha-Hamlet/ House NO.: _____

Address: _____

Pin Code: _____

Near: _____

Signature of Nurse at the time of admission.

Signature of Doctor

_____ 

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: 1212121

Mother Name: Mother Draft

Date of Birth(dd/mm/yyyy): 21/03/2020

Birth Weight(in grams): 2121

Day	Date (dd/mm/yyyy)	Time of weighing	Weight of baby without clothes (in grams)	Today's weight- yesterday's weight (+, - or unchanged)	Net gain/loss since admission (Today's weight- Admission weight)	Remarks	Nurse Name	Baby picture with weighing machine
1	21/03/2020	6:03 AM	2121					N/A
2	23/03/2020	6:03 AM	1950	-171	171 loss		Banda Staff	N/A

Date of discharge(dd/mm/yy): N/A **Weight of discharge(in grams):**

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

DISCHARGE CHECKLIST FOR KMC UNIT

Hospital Reg. No.: 1212121 **MCTS NO.:** --

Name of Mother: Mother Draft **Date of Discharge :** 23/03/2020

Number of days spend in KMC room (excluding days spent in SNCU/ NBSU): 16 days

Weight on Discharge(in grams): N/A

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

Type of Discharge : LAMA

In case of referral

Name and address of facility reffered to:

Reason for Referral: _____

Signature of Nurse/Doctor

Signature of Family Member