

## **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.:** 100/317      **MCTS No.:** 092611705511700158

**Baby of:** Susheela

**Date of admission to KMC unit** (dd/mm/yyyy): 16/06/2018 **Time of admission** (am/pm): 10:24 AM

### **1- BACKGROUND INFORMATION**

**1.1 Date of Birth** (dd/mm/yyyy): 16/06/2018

**1.2 Sex:** Female

**1.3 Time of Birth** (am/pm): 11:38:00

**1.4 Type of admission:** Inborn/ Outborn

**1.5 Weight at birth** (in grams): 1950 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): 28/09/2017

**1.10 Gestational age** (in weeks): 37 Weeks

**1.11 Weight of baby at admission to KMC unit** (in grams): 1950 grams

**1.12**

<b>G</b>	<b>P</b>	<b>A</b>	<b>L</b>
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:** Susheela

**2.2 Name of the father:** Rajendra Kumar

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

Geeta

Sister

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

**Phone / Mobile Number**

**Relations**

7991294546

Susheela

7991294546

Rajendra Kumar

**2.4.1 Name and Number of ASHA:** \_\_\_\_\_

**2.5 Religion:** Hindu

**2.6 Caste:** OBC

**2.7 Address:**

**Rural/Urban:** Rural

**State/Country:** Uttar Pradesh, India

**District:** Unnao

**Block/ Area/ Muhalla:** 2190

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

**Address:** Jagpal Khera

**Pin Code:** 209821

**Near:** Neem Ka Ped

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

**Signature of Doctor**

Kirti

14/01/2019 01:11 PM

\_\_\_\_\_

### 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:** 100/317

**Mother Name:** Susheela

**Date of Birth(dd/mm/yyyy):** 16/06/2018

**Birth Weight(in grams):** 1950

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	16/06/2018	10:24 AM	1950					
2	17/06/2018	5:35 AM	1820	-130	130 loss			
3	18/06/2018	1:39 AM	1780	-40	170 loss			

**Date of discharge(dd/mm/yy):** 09/07/2018 **Weight of discharge(in grams):** 1970

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

### 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.:** 100/317

**Date of Birth(dd/mm/yy) :** 16/06/2018 **Mothers Name:** Susheela

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	8:00 AM	9:00 AM	01:00		Mother		
2	9:15 AM	10:30 AM	01:15		Mother		
3	10:35 AM	11:00 AM	00:25		Grand Mother		
4	11:15 AM	1:15 PM	02:00		Mother		
5	1:20 PM	4:30 PM	03:10		Mother		
6	4:35 PM	6:00 PM	01:25		Mother		

7	6:20 PM	7:30 PM	01:10		Grand Mother		
8	7:50 PM	9:10 PM	01:20		Mother		
	Total KMC duration in 24 hours (8 am to 8 am): 11:45						

### **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.:** 100/317

**Date of Birth(dd/mm/yy) :** 16/06/2018 **Mothers Name:** Susheela

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 PM	1:30 AM	13:15		Mother		
2	1:45 AM	4:00 AM	02:15		Mother		
3	4:15 AM	6:00 AM	01:45		Grand Mother		
4							
5							
6							
7							
8							
	Total KMC duration in 24 hours (8 am to 8 am): 17:15						

### **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

**Date (dd/mm/yyyy):** 01/01/1970

### Total feeding requirement

[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

**Date (dd/mm/yyyy):** 01/01/1970

### Total feeding requirement

[illegible]

