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: August 5, 2020 8 AM - August 6, 2020 8 AM Hospital Reg. No.: 231

Date of Birth(dd/mm/yy): 06/08/2020 Mothers Name: Sana

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 dı	iration in 24 h	ours (2020-08-05 8 A	M to 2020-08-06 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: August 6, 2020 8 AM - August 7, 2020 8 AM Hospital Reg. No.: 231

Date of Birth(dd/mm/yy): 06/08/2020 Mothers Name: Sana

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 dı	iration in 24 h	ours (2020-08-06 8 A	M to 2020-08-07 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: August 7, 2020 8 AM - August 8, 2020 8 AM Hospital Reg. No.: 231

Date of Birth(dd/mm/yy): 06/08/2020 Mothers Name: Sana

		1			1	1	
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	August 7, 2020 10:00 PM	August 7, 2020 11:59 PM	01:59		Grand Mother	Nirmala	
2							
3							
4							
5							
6							
7							
8							
Total KMC duration in 24 hours (2020-08-07 8 AM to 2020-08-08 8 AM):							
	01:59						