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.: 704/2324 **MCTS No.:** --

Baby of: Rani Devi

Date of admission to KMC unit (dd/mm/yyyy): 23/11/2018 Time of admission (am/pm): 10:19

AM

1- BACKGROUND INFORMATION

1.1 Date of Birth (dd/mm/yyyy): 23/11/2018

1.2 Sex: Male

1.3 Time of Birth (am/pm): 11:45:00

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 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): 19/02/2018

1.10 Gestational age (in weeks): 40 Weeks

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

1.12

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3	3	0	3

1.13 Is the Baby stable? Yes / No

Is the baby on medication at time of admission? (Specify name and dosage)

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2.	
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2- FAMILY DETAIL (For Follow Up)	
2.1 Name of the mother: Rani Devi	
2.2 Name of the father: Susheel	
2.3 Name & relation of accompanying family member(s	9)
Rani Devi	Mother
2.4 Contact detail (At least 2 close contact numbers) Phone / Mobile Number	Relations
7386310161 7386310161	Rani Devi Susheel
2.4.1 Name and Number of ASHA:	
2.5 Religion: Hindu	
2.6 Caste: SC	
2.7 Address:	
Rural/Urban: Rural State/Country: Uttar Pradesh, India District: Rae Bareli Block/ Area/ Muhalla: 2054 Gram Sabha-Hamlet/ House NO.: Atarhar Address: Dumthar Atrahar Khi4on Rbl Pin Code: 229210 Near: Tample	
Signature of Nurse at the time of admission.	Signature of Doctor
Poornima 25/11/2018 05:58 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: 704/2324

Mother Name: Rani Devi Date of Birth(dd/mm/yyyy): 23/11/2018

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	23/11/2018	10:20 AM	2130				Poornima	
2	24/11/2018	2:36 AM	2040	-90	90 loss		Neelam	
3	25/11/2018	2:12 AM	2040	+0	90 loss		Neelam	

Date of discharge(dd/mm/yy):25/11/2018 Weight of discharge(in grams): 2040

Net gain/loss since admission(in grams)(+/-): -90

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: Friday Hospital Reg. No.: 704/2324

Date of Birth(dd/mm/yy): 23/11/2018 Mothers Name: Rani Devi

S.No	Starting time of KMC	Stopping time 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	11:46 AM	12:50 PM	01:04		Mother	Poornima	
2	1:15 PM	2:46 PM	01:31		Mother	Poornima	
3	3:01 PM	5:30 PM	02:29		Mother	Poornima	
4	5:50 PM	7:50 PM	02:00		Mother	Poornima	
5	8:05 PM	8:55 PM	00:50		Mother	Neelam	
6	9:14 PM	10:15 PM	01:01		Mother	Neelam	

Total KMC duration in 24 hours (8 am to 8 am):	
08:55	

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: Saturday Hospital Reg. No.: 704/2324

Date of Birth(dd/mm/yy): 23/11/2018 Mothers Name: Rani Devi

S.No	Starting time of KMC	Stopping time 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	12:20 AM	2:01 AM	01:41		Mother	Neelam	
2	2:30 AM	4:10 AM	01:40		Mother	Neelam	
3	4:30 AM	5:25 AM	00:55		Mother	Neelam	
4	5:45 AM	6:30 AM	00:45		Mother	Neelam	
5	6:48 AM	7:50 AM	01:02		Mother	Neelam	
6	8:15 AM	9:40 AM	01:25		Mother	Poornima	
7	10:01 AM	12:25 PM	02:24		Mother	Poornima	
8	12:50 PM	3:23 PM	02:33		Mother	Poornima	
9	3:50 PM	5:01 PM	01:11		Mother	Neelam	
10	5:20 PM	7:01 PM	01:41		Mother	Neelam	
11	7:20 PM	8:01 PM	00:41		Mother	Neelam	
12	8:20 PM	9:20 PM	01:00		Mother	Neelam	
13	9:45 PM	10:45 PM	01:00		Mother	Neelam	
	Total KMC d	luration in 24	hours (8 am to 8 am)):			
	17:58						

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.: 704/2324

Date of Birth(dd/mm/yy): 23/11/2018 Mothers Name: Rani Devi

S.No	Starting time of KMC	Stopping time 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	12:33 AM	1:50 AM	01:17		Mother	Neelam	
2	2:08 AM	3:01 AM	00:53		Mother	Neelam	
3	3:30 AM	5:01 AM	01:31		Mother	Neelam	
4	5:30 AM	6:45 AM	01:15		Mother	Neelam	
5	7:01 AM	7:40 AM	00:39		Mother	Neelam	
6	8:01 AM	10:01 AM	02:00		Mother	Poornima	
	Total KMC d	luration in 24	hours (8 am to 8 am)	:		,	
	07:35						

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 : Sunday **Hospital Reg. No.:** 704/2324 **Date (dd/mm/yyyy)**: 01/01/1970

Mother Name: Rani Devi Baby age(in days): 2 days Total feeding requirement for

the day: _____

	Time of		Feeding n (fill	in whe	d and meast ere applicab lixed Feedir	le)	Otho	r:* IV Type	Supplements Received (name and dose)					Nurse Signature
S.No.	feeding (From, to)	Direct breast feeding (in min)	Expressed breast feed (EBF) (in ml)		Formula	Other	In	In drop/min	Vi t D 3	Calciu m	HM F	Iro n	Othe r	
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														

							- 1	
11							- 1	
- 11 1							- 1	
							- 1	

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 : Sunday **Hospital Reg. No.:** 704/2324 **Date (dd/mm/yyyy)**: 01/01/1970

Mother Name: Rani Devi Baby age(in days): 2 days Total feeding requirement for

the day:

			Feeding r (fill	in whe	d and meast ere applicab	le)				:	Supplem (name	ents I	Recei	ved	Nurse Signature
S.No.	Time of feeding	D	Expressed breast	Mixed Feeding (in ml)			Othe	r:* IV Type	Vi	(nume		1030	, 	orginature	
	(From, to)	Direct breast feeding (in min)	feed (EBF) (in ml)	EBF	Formula	Other	Net	In ml/hr	In drop/min		Calciu m	HM F	Iro n	o Othe r	
1															
2															
3															
4															
5															
6															
7															
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11															

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 : Sunday **Hospital Reg. No.:** 704/2324 **Date (dd/mm/yyyy)**: 01/01/1970

Mother Name: Rani Devi Baby age(in days): 2 days Total feeding requirement for

the day: _____

Daby age(in days). 2 days 10tal feeding fequi

			Feeding method and measurement (fill in where applicable)									Supplements Received				
S.No. Time of feeding (From, to)	Direct breast feeding (in min)	Expressed breast feed (EBF) (in ml)		Iixed Feedir Formula	og (in ml Other		In	r:* IV Type In drop/min	Vi t D 3	Vi t Calciu HM Iro Othe			Signature			
1																
2																
3																

4								
5								
6								
7								
8								
9								
10								
11								-

DISCH	ARGE CHECKLIST FOR KMC UNIT
Hospital Reg. No.: 704/2324	MCTS NO.:
Name of mother: Rani Devi	Date of discharge: 25/11/2018
Number of days spend in KMo weight on discharge(in grams	C room (excluding days spent in SNCU/ NBSU): 2 days s): 2040 grams
Net weight gain/loss since ad	mission(in grams): -90
Type of discharge: Discharged	l by facility staff
In case of referral	
Name and address of facility	reffered to:
Reason for referral:	
DISCH	ARGE CHECKLIST FOR KMC UNIT
Signature of Nurse/Doctor	Signature of Family Member