

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.: 35/2021 **MCTS No.:** --

Baby of: Laxmi

Date of admission to KMC unit (dd/mm/yyyy): 08/01/2019 **Time of admission** (am/pm): 07:32 AM

1- BACKGROUND INFORMATION

1.1 Date of Birth (dd/mm/yyyy): 06/01/2019

1.2 Sex: Female

1.3 Time of Birth (am/pm): 11:59:00

1.4 Type of admission: Inborn/ Outborn

1.5 Weight at birth (in grams): 2360 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): 01/01/1970

1.10 Gestational age (in weeks): 2557 Weeks

1.11 Weight of baby at admission to KMC unit (in grams): 2360 grams

1.12

G	P	A	L
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: Laxmi

2.2 Name of the father: Anjani

2.3 Name & relation of accompanying family member(s)

Laxmi

Mother

2.4 Contact detail (At least 2 close contact numbers)

Phone / Mobile Number

Relations

9919943477

Laxmi

9919943477

Anjani

2.4.1 Name and Number of ASHA: _____

2.5 Religion: Hindu

2.6 Caste: General

2.7 Address:

Rural/Urban: Rural

State/Country: Uttar Pradesh, India

District: Rae Bareli

Block/ Area/ Muhalla: 2049

Gram Sabha-Hamlet/ House NO.: Dalmau

Address: Gram Sahmada Radhabalampur

Pin Code: 229125

Near: _____

Signature of Nurse at the time of admission.

Signature of Doctor

Manish

09/01/2019 05:07 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: 35/2021

Mother Name: Laxmi

Date of Birth(dd/mm/yyyy): 06/01/2019

Birth Weight(in grams): 2360

Day	Date (dd/mm/yy)	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	Signature or nurse talking weight
1	08/01/2019	7:34 AM	2360				Manish	
2	09/01/2019	3:46 AM	2095	-265	265 loss		Poonam Gupta	

Date of discharge(dd/mm/yy): 09/01/2019 **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: Tuesday **Hospital Reg. No.:** 35/2021

Date of Birth(dd/mm/yy) : 06/01/2019 **Mothers Name:** Laxmi

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	12:05 PM	1:30 PM	01:25		Mother	Poonam Gupta	
2	1:45 PM	3:00 PM	01:15		Mother	Poonam Gupta	
3	3:30 PM	4:30 PM	01:00		Mother	Poonam Gupta	
4	4:00 AM	6:00 AM	02:00		Mother	Poonam Gupta	
5	11:01 PM	11:59 PM	00:58		Mother	Poonam Gupta	

6							
7							
8							
	Total KMC duration in 24 hours (8 am to 8 am):						
	06:38						

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: Wednesday **Hospital Reg. No.:** 35/2021

Date of Birth(dd/mm/yy) : 06/01/2019 **Mothers Name:** Laxmi

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	12:00 AM	2:15 AM	02:15		Mother	Poonam Gupta	
2	3:00 AM	3:30 AM	00:30		Mother	Poonam Gupta	
3	4:00 AM	6:00 AM	02:00		Mother	Poonam Gupta	
4	6:30 AM	7:30 AM	01:00		Mother	Poonam Gupta	
5	8:00 AM	8:40 AM	00:40		Mother	Poonam Gupta	
6							
7							
8							
	Total KMC duration in 24 hours (8 am to 8 am):						
	06:25						

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

[illegible]

9															
10															
11															

DISCHARGE CHECKLIST FOR KMC UNIT

Hospital Reg. No.: 35/2021 **MCTS NO.:**

Name of mother: Laxmi **Date of discharge :** 09/01/2019

Number of days spend in KMC room (excluding days spent in SNCU/ NBSU): 1 days
weight on discharge(in grams): 2095 grams

Net weight gain/loss since admission(in grams): -265

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
- 3.** Accepting feeds directly from breast (preferable) or by spoon, paladai or cup, he is feeding well, and is exclusively or predominantly breastfed

Signature of Nurse/Doctor

Signature of Family Member