

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.: 123456 **MCTS No.:** 6

Baby of: Dhab

Date of Admission to KMC Unit (dd/mm/yyyy): 14/01/2020 **Time of Admission** (AM/PM): 01:34 PM

1- BACKGROUND INFORMATION

1.1 Date of Birth (dd/mm/yyyy): 14/01/2020

1.2 Sex: Male

1.3 Time of Birth (AM/PM): 01:00 AM

1.4 Type of Admission: Inborn

1.5 Weight at Birth (in grams): 1658 grams

1.6 Place of Birth: DWH VAB Lko

1.6.1 Name and Address of Birth Facility: Other

1.7 Type of Birth: Normal With Episiotomy

1.8 Term of Birth: N/A

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

1.10 Gestational Age (in weeks): UNKNOWN

1.11 Weigth of baby at admission to KMC unit (in grams): 1365 grams

1.12

G	P	A	L
6	6	3	3

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: Dhab

2.2 Name of the Father: Jofdyb

2.3 Name & relation of accompanying family member(s)

Dhab

2.4 Contact Detail (At least 2 close contact numbers)

Phone / Mobile Number

Relations

9658947878

Dhab

8569543381

Jofdyb

2.4.1 Name and Number of ASHA: _____

2.5 Religion: Hindu

2.6 Caste: OBC

2.7 Address:

Rural/Urban: Urban

State/Country: Uttar Pradesh, India

District: Lucknow

Gram Sabha-Hamlet/ House NO.: Lucknow (M Corp.)

Address: Go Kvzfjm

Pin Code: _____

Near: _____

Signature of Nurse at the time of admission.

Signature of Doctor

Nehaa

15/01/2020 03:53 PM

Nehaa

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: 123456

Mother Name: Dhab

Date of Birth(dd/mm/yyyy): 14/01/2020

Birth Weight(in grams): 1658

Day	Date (dd/mm/yyyy)	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	Baby picture with weighing machine
1	14/01/2020	6:03 AM	1658				Seema	N/A
2	14/01/2020	6:03 AM	1365	-293	293 loss		Seema	

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.: 123456 **MCTS NO.:** 6

Name of Mother: Dhab **Date of Discharge :** 15/01/2020

Number of days spend in KMC room (excluding days spent in SNCU/ NBSU): 1 days

Weight on Discharge(in grams): N/A

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

Type of Discharge : Leave against medical advice(LAMA)

In case of referral

Name and address of facility reffered to:

Reason for Referral: lama

Signature of Nurse/Doctor

Signature of Family Member