

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.: 524/2545 **MCTS No.:** --

Baby of: Vibha Mishra

Date of admission to KMC unit (dd/mm/yyyy): 30/10/2018 **Time of admission** (am/pm): 04:46 AM

1- BACKGROUND INFORMATION

1.1 Date of Birth (dd/mm/yyyy): 30/10/2018

1.2 Sex: Male

1.3 Time of Birth (am/pm): 08:30:00

1.4 Type of admission: Inborn/ Outborn

1.5 Weight at birth (in grams): 1890 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): 03/02/2018

1.10 Gestational age (in weeks): 38 Weeks

1.11 Weight of baby at admission to KMC unit (in grams): 1890 grams

1.12

| G | P | A | L |
|----------|----------|----------|----------|
| 2 | 2 | 0 | 2 |

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: Vibha Mishra

2.2 Name of the father: Vikas Mishra

2.3 Name & relation of accompanying family member(s)

Vibha Mishra

Mother

2.4 Contact detail (At least 2 close contact numbers)

Phone / Mobile Number

Relations

9454953510

Vibha Mishra

9454953510

Vikas Mishra

2.4.1 Name and Number of ASHA: Shashi Devi 7839725606

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: 2054

Gram Sabha-Hamlet/ House NO.: Bhitari Gaon

Address: Seni

Pin Code: 229122

Near: Neem Ka Ped

Signature of Nurse at the time of admission.

Signature of Doctor

Kirti

02/11/2018 11:33 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: 524/2545

Mother Name: Vibha Mishra

Date of Birth(dd/mm/yyyy): 30/10/2018

Birth Weight(in grams): 1890

| Day | Date (dd/mm/yy) | Time of weighing | Weight of baby without clothes (in grams) | Todays 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 | 30/10/2018 | 4:48 AM | 1890 | | | | Kirti | |
| 2 | 31/10/2018 | 2:34 AM | 1730 | -160 | 160 loss | | Poornima | |
| 3 | 01/11/2018 | 2:36 AM | 1820 | +90 | 70 loss | | Kirti | |
| 4 | 02/11/2018 | 2:44 AM | 1880 | +60 | 10 loss | | Poornima | |

Date of discharge(dd/mm/yy): 02/11/2018 **Weight of discharge(in grams):** 1890

Net gain/loss since admission(in grams)(+/-): 0

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.:** 524/2545

Date of Birth(dd/mm/yy) : 30/10/2018 **Mothers Name:** Vibha Mishra

| 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 | 8:30 AM | 9:40 AM | 01:10 | | Mother | Kirti | |
| 2 | 9:50 AM | 10:25 AM | 00:35 | | Mother | Kirti | |
| 3 | 10:55 AM | 12:08 PM | 01:13 | | Mother | Kirti | |
| 4 | 12:15 PM | 1:30 PM | 01:15 | | Mother | Kirti | |
| 5 | 1:40 PM | 3:18 PM | 01:38 | | Mother | Kirti | |
| 6 | 3:25 PM | 4:27 PM | 01:02 | | Mother | Kirti | |

| | | | | | | | |
|--|---------|----------|-------|--|--------------|----------|--|
| 7 | 4:37 PM | 6:10 PM | 01:33 | | Grand Mother | Kirti | |
| 8 | 6:35 PM | 7:40 PM | 01:05 | | Mother | Poornima | |
| 9 | 8:05 PM | 9:30 PM | 01:25 | | Mother | Poornima | |
| 10 | 9:50 PM | 11:02 PM | 01:12 | | Mother | Poornima | |
| Total KMC duration in 24 hours (8 am to 8 am): | | | | | | | |
| 12:08 | | | | | | | |

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Day: Wednesday **Hospital Reg. No.:** 524/2545

Date of Birth(dd/mm/yy) : 30/10/2018 **Mothers Name:** Vibha Mishra

| 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 AM | 2:15 AM | 02:10 | | Mother | Poornima | |
| 2 | 2:35 AM | 3:40 AM | 01:05 | | Mother | Poornima | |
| 3 | 4:03 AM | 4:40 AM | 00:37 | | Mother | Poornima | |
| 4 | 5:05 AM | 6:30 AM | 01:25 | | Mother | Poornima | |
| 5 | 6:50 AM | 8:01 AM | 01:11 | | Mother | Neelam | |
| 6 | 8:20 AM | 9:50 AM | 01:30 | | Mother | Neelam | |
| 7 | 10:05 AM | 11:53 AM | 01:48 | | Mother | Poornima | |
| 8 | 12:10 PM | 1:30 PM | 01:20 | | Grand Mother | Poornima | |
| 9 | 1:46 PM | 2:40 PM | 00:54 | | Grand Mother | Poornima | |
| 10 | 3:01 PM | 5:01 PM | 02:00 | | Mother | Poornima | |
| 11 | 5:40 PM | 6:01 PM | 00:21 | | Mother | Poornima | |
| 12 | 6:15 PM | 8:05 PM | 01:50 | | Grand Mother | Kirti | |
| 13 | 8:20 PM | 9:25 PM | 01:05 | | Mother | Kirti | |
| 14 | 9:45 PM | 11:05 PM | 01:20 | | Mother | Kirti | |

| | | | | | | | |
|----|---|----------|-------|--|--------|-------|--|
| 15 | 11:30 PM | 11:58 PM | 00:28 | | Mother | Kirti | |
| | Total KMC duration in 24 hours (8 am to 8 am): 19:04 | | | | | | |

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Day: Thursday **Hospital Reg. No.:** 524/2545

Date of Birth(dd/mm/yy) : 30/10/2018 **Mothers Name:** Vibha Mishra

| 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 | 12:01 AM | 1:15 AM | 01:14 | | Mother | Kirti | |
| 2 | 1:30 AM | 2:42 AM | 01:12 | | Mother | Kirti | |
| 3 | 3:02 AM | 4:55 AM | 01:53 | | Grand Mother | Kirti | |
| 4 | 5:25 AM | 7:35 AM | 02:10 | | Mother | Kirti | |
| 5 | 8:20 AM | 9:01 AM | 00:41 | | Mother | Neelam | |
| 6 | 9:32 AM | 10:20 AM | 00:48 | | Mother | Neelam | |
| 7 | 10:30 AM | 12:46 PM | 02:16 | | Mother | Poornima | |
| 8 | 1:22 PM | 2:40 PM | 01:18 | | Mother | Poornima | |
| 9 | 3:23 PM | 4:33 PM | 01:10 | | Mother | Poornima | |
| 10 | 4:50 PM | 6:15 PM | 01:25 | | Mother | Kirti | |
| 11 | 6:35 PM | 8:05 PM | 01:30 | | Mother | Kirti | |
| 12 | 8:30 PM | 10:05 PM | 01:35 | | Mother | Kirti | |
| 13 | 10:20 PM | 11:35 PM | 01:15 | | Mother | Kirti | |
| | Total KMC duration in 24 hours (8 am to 8 am): 18:27 | | | | | | |

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Date of Birth(dd/mm/yy) : 30/10/2018 **Mothers Name:** Vibha Mishra

| 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 | 12:01 AM | 2:01 AM | 02:00 | | Mother | Kirti | |
| 2 | 2:19 AM | 4:15 AM | 01:56 | | Mother | Kirti | |
| 3 | 4:41 AM | 6:25 AM | 01:44 | | Mother | Kirti | |
| 4 | 6:40 AM | 8:01 AM | 01:21 | | Mother | Kirti | |
| 5 | 8:05 AM | 9:10 AM | 01:05 | | Mother | Poornima | |
| 6 | 9:30 AM | 10:03 AM | 00:33 | | Mother | Poornima | |
| 7 | 10:45 AM | 12:20 PM | 01:35 | | Mother | Poornima | |
| 8 | 12:45 PM | 1:54 PM | 01:09 | | Mother | Poornima | |
| 9 | 2:10 PM | 2:44 PM | 00:34 | | Mother | Poornima | |
| | Total KMC duration in 24 hours (8 am to 8 am): 11:57 | | | | | | |

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 : Friday Hospital Reg. No.: 524/2545 Date (dd/mm/yyyy): 01/01/1970

Mother Name : Vibha Mishra **Baby age(in days):** 3 days **Total feeding requirement for the day:**

[illegible]

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| 9 | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | |
| 11 | | | | | | | | | | | | | | | |

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Day : Friday **Hospital Reg. No.:** 524/2545 **Date (dd/mm/yyyy):** 01/01/1970

Mother Name : Vibha Mishra **Baby age(in days):** 3 days **Total feeding requirement for the day:** _____

| S.No. | Time of feeding (From, to) | Feeding method and measurement (fill in where applicable) | | | | | | | | Supplements Received (name and dose) | | | | | Nurse Signature |
|-------|--------------------------------|--|---|-----------------------|---------|-------|-----|-----------------|-------------|---|-------------|---------|----------|-----------|--------------------|
| | | Direct breast feeding (in min) | Expressed breast feed (EBF) (in ml) | Mixed Feeding (in ml) | | | | Other:* IV Type | | Vit D 3 | Calciu m | HM F | Iro n | Othe r | |
| | | | | EBF | Formula | Other | Net | In ml/hr | In drop/min | | | | | | |
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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 : Friday **Hospital Reg. No.:** 524/2545 **Date (dd/mm/yyyy):** 01/01/1970

Mother Name : Vibha Mishra **Baby age(in days):** 3 days **Total feeding requirement for the day:** _____

DISCHARGE CHECKLIST FOR KMC UNIT

Hospital Reg. No.: 524/2545 **MCTS NO.:**

Name of mother: Vibha Mishra **Date of discharge :** 02/11/2018

Number of days spend in KMC room (excluding days spent in SNCU/ NBSU): 3 days
weight on discharge(in grams): 1890 grams

Net weight gain/loss since admission(in grams): 0

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

Signature of Nurse/Doctor

Signature of Family Member