

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.: 098675 **MCTS No.:** --

Baby of: Tarawati

Date of admission to KMC unit (dd/mm/yyyy): 25/07/2018 **Time of admission** (am/pm): 06:36 AM

1- BACKGROUND INFORMATION

1.1 Date of Birth (dd/mm/yyyy): 22/07/2018

1.2 Sex: Male

1.3 Time of Birth (am/pm): 07:00:00

1.4 Type of admission: Inborn/ Outborn

1.5 Weight at birth (in grams): 1860 grams

1.6 Place of birth: Hospital

1.6.1 Name and address of birth facility: CHC Shivgarh

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): 25/02/2018

1.10 Gestational age (in weeks): 21 Weeks

1.11 Weigth of baby at admission to KMC unit (in grams): 1860 grams

1.12

G	P	A	L
3	3	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: Tarawati

2.2 Name of the father: Krishn Kumar

2.3 Name & relation of accompanying family member(s)

Tarawati

Mother

2.4 Contact detail (At least 2 close contact numbers)

Phone / Mobile Number

Relations

7572063381

Tarawati

9838683261

Krishn Kumar

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: 2062

Gram Sabha-Hamlet/ House NO.: Badaver

Address: Badawar

Pin Code: 229308

Near: Solar Pannel

Signature of Nurse at the time of admission.

Signature of Doctor

Sandhya Singh

14/01/2019 12:41 PM

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: 098675

Mother Name: Tarawati

Date of Birth(dd/mm/yyyy): 22/07/2018

Birth Weight(in grams): 1860

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	25/07/2018	6:45 AM	1860					

Date of discharge(dd/mm/yy): 25/07/2018 **Weight of discharge(in grams):** 1660

Net gain/loss since admission(in grams)(+/-): -200

DISCHARGE CHECKLIST FOR KMC UNIT

Hospital Reg. No.: 098675 **MCTS NO.:**

Name of mother: Tarawati **Date of discharge :** 25/07/2018

Number of days spend in KMC room (excluding days spent in SNCU/ NBSU): 173 days
weight on discharge(in grams): 1660 grams

Net weight gain/loss since admission(in grams): -200

Type of discharge : Referral

In case of referral

Name and address of facility referred to: CHC Unchahar DWHSncu

Reason for referral: baby have breathing problema . cynosis

DISCHARGE CHECKLIST FOR KMC UNIT

1. Maintaining temperature in the KMC position and mother's bed for 3 consecutive days at room temperature

Signature of Nurse/Doctor

Signature of Family Member