

## **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.**

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**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**

<b>G</b>	<b>P</b>	<b>A</b>	<b>L</b>
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