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.

<u>Information to be collect by nurse on duty in KMC unit from the case sheet, health officials, mother and caregivers.</u>

Hospital Reg. No.: 898 MCTS No.: --

Baby of: रीता

 $\textbf{Date of admission to KMC unit} \ (dd/mm/yyyy): \ 04/10/2018 \ \textbf{Time of admission} \ (am/pm): \ 12:12$

PM

1- BACKGROUND INFORMATION

1.1 Date of Birth (dd/mm/yyyy): 04/10/2018

1.2 Sex: Female

1.3 Time of Birth (am/pm): 02:00:00

1.4 Type of admission: Inborn/ Outborn

1.5 Weight at birth (in grams): 2150 grams

1.6 Place of birth: Hospital

1.6.1 Name and address of birth facility: CHC Maharajganj

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): 07/01/2018

1.10 Gestational age (in weeks): 39 Weeks

1.11 Weigth of baby at admission to KMC unit (in grams): 2160 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)

Ι.		
2.		

3. _____

2- FAMILY DETAIL (For Follow Up)	
2.1 Name of the mother: रीता	
2.2 Name of the father: राजू	
2.3 Name & relation of accompanying family member	(s)
रीता	Mother
2.4 Contact detail (At least 2 close contact numbers) Phone / Mobile Number	Relations
7991264693 7839726145	रीता राजू
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: 2045 Gram Sabha-Hamlet/ House NO.: Bawan Buzurg Valla Address: बावज़न बुजुर्ग बल्ला Pin Code: 229010 Near: बावन बुजुर्ग बल्ला	
Signature of Nurse at the time of admission.	Signature of Doctor
Sanno 15/01/2019 06:38 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: 898

Mother Name: रीता Date of Birth(dd/mm/yyyy): 04/10/2018

Birth Weight(in grams): 2150

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	04/10/2018	12:14 PM	2160				Sanno	
2	05/10/2018	2:04 AM	2140	-20	20 loss		Swati	
3	06/10/2018	2:20 AM	2060	-80	100 loss		Swati	

Date of discharge(dd/mm/yy):06/10/2018 Weight of discharge(in grams): 2140

Net gain/loss since admission(in grams)(+/-): -10

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: Thursday Hospital Reg. No.: 898

Date of Birth(dd/mm/yy): 04/10/2018 Mothers Name: रीता

S.No	Starting time of KMC	Stopping time of KMC	Duration of KMC per episode (if KMC duration>=1hour then record in hours if <1 hour please record in minutes)	Reason for pausing KMC (Breast feeding,doctorcheckup,mothers mealtime,mothers personal care,family visit,discomfort,complications,etc.)	KMC Provider	Nurse Name	Nurse Signature
1	2:03 PM	4:40 PM	02:37		Grand Mother	Sanno	
2	4:50 PM	6:30 PM	01:40		Mother	Swati	
3	6:35 PM	8:34 PM	01:59		Mother	Swati	
4	8:55 PM	9:50 PM	00:55		Mother	Swati	
5	10:00 PM	11:53 PM	01:53		Mother	Swati	
6							

7							
8							
	Total KMC d	luration in 24	hours (8 am to 8 am)):	•	•	
	09:04						

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: Friday Hospital Reg. No.: 898

Date of Birth(dd/mm/yy): 04/10/2018 Mothers Name: रीता

S.No	Starting time of KMC	Stopping time of KMC	Duration of KMC per episode (if KMC duration>=1hour then record in hours if <1 hour please record in minutes)	Reason for pausing KMC (Breast feeding,doctorcheckup,mothers mealtime,mothers personal care,family visit,discomfort,complications,etc.)	KMC Provider	Nurse Name	Nurse Signature
1	12:10 AM	3:45 AM	03:35		Grand Mother	Swati	
2	4:00 AM	6:32 AM	02:32		Mother	Swati	
3	7:00 AM	9:00 AM	02:00		Mother	Mandakini	
4	9:30 AM	11:00 AM	01:30		Mother	Mandakini	
5	11:30 AM	1:40 PM	02:10		Mother	Mansa	
6	1:45 PM	2:50 PM	01:05		Grand Mother	Mansa	
7	3:00 PM	5:30 PM	02:30		Mother	Mansa	
8	6:00 PM	7:30 PM	01:30		Mother	Mansa	
9	7:45 PM	9:00 PM	01:15		Mother	Swati	
	Total KMC d	luration in 24	hours (8 am to 8 am)	:		•	
	18:07						

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: Saturday Hospital Reg. No.: 898

Date of Birth(dd/mm/yy): 04/10/2018 Mothers Name: रीता

S.No	Starting time of KMC	Stopping time of KMC	Duration of KMC per episode (if KMC duration>=1hour then record in hours if <1 hour please record in minutes)	Reason for pausing KMC (Breast feeding,doctorcheckup,mothers mealtime,mothers personal care,family visit,discomfort,complications,etc.)	KMC Provider	Nurse Name	Nurse Signature
1	12:14 AM	2:14 AM	02:00		Mother	Swati	
2	2:30 AM	6:45 AM	04:15		Mother	Swati	
3	7:10 AM	9:30 AM	02:20		Mother	Mandakini	
4	10:00 AM	11:00 AM	01:00		Mother	Mandakini	
5							
6							
7							
8							
	Total KMC d	luration in 24	hours (8 am to 8 am)	:	•		
	09:35						

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: Tuesday Hospital Reg. No.: 898 Date (dd/mm/yyyy): 01/01/1970

Mother Name : रीता Baby age(in days): 103 days Total feeding requirement for

the day:

			Feeding n (fill i	in whe	l and measu ere applicab	le)			Supplements Received (name and dose)					Nurse Signature
S.No.	Time of feeding (From, to)	Direct breast feeding (in min)	Expressed breast feed (EBF) (in ml)		ixed Feedin Formula	og (in ml Other	In	r:* IV Type In drop/min	Vi t D 3	Calciu m	HM F		Othe r	Signature
1														
2														
3														
4														
5														
6														
7														

8								
9								
10								
11								

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: Tuesday Hospital Reg. No.: 898 Date (dd/mm/yyyy): 01/01/1970

Mother Name : रीता Baby age(in days): 103 days Total feeding requirement for

the day:

	Time of		Feeding n (fill	in whe	d and meast ere applicab	le)					Supplem (name	ents I	Recei	ved	Nurse Signature
S.No.	Time of feeding (From, to)	Direct breast	Expressed breast feed (EBF) (in		lixed Feedir			In	r:* IV Type	Vi t				Othe	
		feeding (in min)	ml)	EBF	Formula	Other	Net	ml/hr	In drop/min	D 3	m	F	n	r	
1															
2															
3															
4															
5															
6															
7															
8															
9															
10															
11															

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: Tuesday Hospital Reg. No.: 898 Date (dd/mm/yyyy): 01/01/1970

Mother Name : रीता Baby age(in days): 103 days Total feeding requirement for

the day:

	Feeding method and measurement (fill in where applicable) Time of Mixed Feeding (in ml) Other:* IV Typ											Supplements Receive (name and dose)			Nurse Signature
		M	lixed Feedin	ıg (in ml)	Othe	r:* IV Type		(паше	anu	uose	'	Signature		
S.No.	feeding (From, to)	Direct breast feeding (in min)	Expressed breast feed (EBF) (in ml)	EBF	Formula	Other	Net	In ml/hr	In drop/min	Vi t D 3	Calciu m	HM F	Iro n	Othe r	

1								
2								
3								
4								
5								
6								
7								
8								
9								
10				·			·	
11				·				

<u>DI</u>	SCHARGE CHECKLIST	FOR KMC UNIT						
Hospital Reg. No.: 898	MCTS NO.:							
Name of mother: रीता	Date of discharge: 06/10/2018							
Number of days spend in weight on discharge(in g	_	ys spent in SNCU/ NBSU): 103 days						
Net weight gain/loss sind	e admission(in grams): -1	0						
Type of discharge : DOPF	L							
In case of referral								
Name and address of fac	ility reffered to:							
Reason for referral:								
DI	SCHARGE CHECKLIST	FOR KMC UNIT						
Signature of Nurse/Doctor		Signature of Family Member						