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.: 1272 MCTS No.: --

Baby of: निर्मला देवी

 $\textbf{Date of admission to KMC unit} \ (dd/mm/yyyy): 26/11/2018 \ \textbf{Time of admission} \ (am/pm): 11:20$

AM

1- BACKGROUND INFORMATION

1.1 Date of Birth (dd/mm/yyyy): 26/11/2018

1.2 Sex: Female

1.3 Time of Birth (am/pm): 08:10:00

1.4 Type of admission: Inborn/ Outborn

1.5 Weight at birth (in grams): 2190 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): 09/03/2018

1.10 Gestational age (in weeks): 37 Weeks

1.11 Weigth of baby at admission to KMC unit (in grams): 2150 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: निर्मला देवी	
2.2 Name of the father: सर्वेश कमर	
2.3 Name & relation of accompanying fa	amily member(s)
निर्मला देवी	Mother
2.4 Contact detail (At least 2 close cont Phone / Mobile Number	act numbers) Relations
7754885639 8932859197	निर्मला देवी सर्वेश कमर
2.4.1 Name and Number of ASHA:	
2.5 Religion: Hindu	
2.6 Caste: OBC	
2.7 Address:	
Rural/Urban: Rural State/Country: Uttar Pradesh, India District: Rae Bareli Block/ Area/ Muhalla: 2056 Gram Sabha-Hamlet/ House NO.: Saleth Address: पूरे सुखदीन का पुरवा Pin Code: 229303 Near: पूरे सुखदीन का पुरवा	u
Signature of Nurse at the time of admis	ssion. Signature of Doctor
Mansa 15/01/2019 06:12 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: 1272

Mother Name: निर्मला देवी Date of Birth(dd/mm/yyyy): 26/11/2018

Birth Weight(in grams): 2190

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	26/11/2018	11:22 AM	2150				Mansa	
2	27/11/2018	1:39 AM	2110	-40	40 loss		Mandakini	
3	28/11/2018	4:20 AM	2100	-10	50 loss		Swati	

Date of discharge(dd/mm/yy):28/11/2018 Weight of discharge(in grams): 2100

Net gain/loss since admission(in grams)(+/-): -90

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: Monday Hospital Reg. No.: 1272

Date of Birth(dd/mm/yy) : 26/11/2018 Mothers Name: निर्मला देवी

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	8:12 AM	9:30 AM	01:18		Mother	Mansa	
2	10:01 AM	12:01 PM	02:00		Mother	Mansa	
3	1:15 PM	3:01 PM	01:46		Mother	Mansa	
4	3:10 PM	5:01 PM	01:51		Mother	Mansa	
5	5:10 PM	7:40 PM	02:30		Mother	Mansa	
6							
7							

8									
Total KMC duration in 24 hours (8 am to 8 am):									
	09:25								

FORM C: DAILY KMC COMPLIANCE FORM

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Day: Tuesday Hospital Reg. No.: 1272

Date of Birth(dd/mm/yy) : 26/11/2018 Mothers Name: निर्मला देवी

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	12:01 AM	2:01 AM	02:00		Mother	Mandakini	
2	2:20 AM	4:01 AM	01:41		Mother	Mandakini	
3	4:15 AM	6:30 AM	02:15		Mother	Mandakini	
4	6:40 AM	7:40 AM	01:00		Mother	Swati	
5	8:00 AM	10:00 AM	02:00		Mother	Swati	
6	11:00 AM	1:01 PM	02:01		Mother	Mansa	
7	1:30 PM	4:40 PM	03:10		Mother	Mansa	
8	5:01 PM	7:01 PM	02:00		Mother	Mandakini	
	Total KMC d	luration in 24	hours (8 am to 8 am)	:			

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: Wednesday Hospital Reg. No.: 1272

Date of Birth(dd/mm/yy) : 26/11/2018 Mothers Name: निर्मला देवी

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	12:01 AM	2:01 AM	02:00		Mother	Mandakini	
2	2:18 AM	4:01 AM	01:43		Mother	Mandakini	
3	4:30 AM	6:41 AM	02:11		Mother	Mandakini	
4	7:00 AM	8:00 AM	01:00		Mother	Swati	
5	8:10 AM	10:01 AM	01:51		Mother	Swati	
6							
7							
8							
	Total KMC d	luration in 24	hours (8 am to 8 am)	:			
	08:45						

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.: 1272 Date (dd/mm/yyyy): 01/01/1970

Mother Name : निर्मला देवी Baby age(in days): 50 days Total feeding requirement

for the day: _____

			Feeding method and measurement (fill in where applicable)									Supplements Received (name and dose)				
S.No.	Time of feeding (From, to)	Direct breast feeding (in min)	Expressed breast feed (EBF) (in ml)		ixed Feedir Formula	og (in ml Other		In	r:* IV Type In drop/min	Vi t D 3	Calciu m			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.: 1272 Date (dd/mm/yyyy): 01/01/1970

Mother Name : निर्मला देवी Baby age(in days): 50 days Total feeding requirement

for the day:

			Feeding r	netho	d and measu ere applicab	ırement le)				!	Supplem (name	ents I	Recei	ved	Nurse Signature
	Time of				lixed Feedir	g (in m)	Othe	r:* IV Type		(Haine	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															

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Day: Tuesday Hospital Reg. No.: 1272 Date (dd/mm/yyyy): 01/01/1970

Mother Name : निर्मला देवी Baby age(in days): 50 days Total feeding requirement

for the day:

		Feeding method and measurement (fill in where applicable)											Supplements Received (name and dose)					
	Time of			Mixed Feeding (in ml) Oth					r:* IV Type		(name and dose)				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								

DISCHARGE CHECKLIST FOR KMC UNIT							
Hospital Reg. No.: 1272 MCTS NO.:							
Name of mother: निर्मला देवी Date of discl	narge :28/11/2018						
Number of days spend in KMC room (excluweight on discharge(in grams): 2100 grams	ding days spent in SNCU/ NBSU): 50 days						
Net weight gain/loss since admission(in gra	ams): -90						
Type of discharge : DOPR							
In case of referral							
Name and address of facility reffered to:							
Reason for referral:							
DISCHARGE CHEC	CKLIST FOR KMC UNIT						
Signature of Nurse/Doctor	Signature of Family Member						