#### 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.: 4122 MCTS No.: --

Baby of: Sushila

 $\textbf{Date of admission to KMC unit} \ (dd/mm/yyyy): 18/08/2018 \ \textbf{Time of admission} \ (am/pm): 07:03$ 

PM

1- BACKGROUND INFORMATION

**1.1 Date of Birth** (dd/mm/yyyy): 18/08/2018

**1.2 Sex:** Male

**1.3 Time of Birth** (am/pm): 21:56:00

**1.4 Type of admission:** Inborn/ Outborn

**1.5 Weight at birth** (in 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): 18/08/2018

**1.10 Gestational age** (in weeks): UNKNOWN

1.11 Weigth of baby at admission to KMC unit (in grams): 2210 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.	
_	

2- FAMILY DETAIL (For Follow Up)	
2.1 Name of the mother: Sushila	
2.2 Name of the father: Sarju Prasad	
2.3 Name & relation of accompanying family member(s)	
Sushila	Mother
2.4 Contact detail (At least 2 close contact numbers) Phone / Mobile Number	Relations
9718078238 7839726164	Sushila Sarju Prasad
2.4.1 Name and Number of ASHA:	
2.5 Religion: Hindu	
<b>2.6 Caste:</b> SC	
2.7 Address:	
Rural/Urban: Rural State/Country: Uttar Pradesh, India District: Rae Bareli Block/ Area/ Muhalla: 2056 Gram Sabha-Hamlet/ House NO.: Mau Address: Mau Garvi Pin Code: 229316 Near: Maharajganj	
Signature of Nurse at the time of admission.	Signature of Doctor
Swati 15/01/2019 07:15 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:** 4122

Mother Name: Sushila Date of Birth(dd/mm/yyyy): 18/08/2018

Birth Weight(in grams):

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	18/08/2018	7:05 PM	2210				Swati	
2	19/08/2018	3:04 AM	2180	-30	30 loss		Swati	
3	20/08/2018	2:57 AM	2100	-80	110 loss		Sanno	

Date of discharge(dd/mm/yy):20/08/2018 Weight of discharge(in grams): 2100

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: Saturday Hospital Reg. No.: 4122

Date of Birth(dd/mm/yy): 18/08/2018 Mothers Name: Sushila

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	10:00 PM	11:30 PM	01:30		Mother	Swati	
2	11:35 PM	11:58 PM	00:23		Mother	Swati	
3							
4							
5							
6							
7							

8									
Total KMC duration in 24 hours (8 am to 8 am):									
	01:53								

#### **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: Sunday Hospital Reg. No.: 4122

Date of Birth(dd/mm/yy): 18/08/2018 Mothers Name: Sushila

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	1:40 AM	01:30		Mother	Swati	
2	1:45 AM	3:30 AM	01:45		Mother	Swati	
3	3:35 AM	5:30 AM	01:55		Mother	Swati	
4	5:35 AM	7:35 AM	02:00		Mother	Swati	
5	7:40 AM	8:40 AM	01:00		Mother	Mansa	
6	9:00 AM	10:30 AM	01:30		Mother	Mansa	
7	12:30 PM	1:30 PM	01:00		Grand Mother	Mansa	
8	2:00 PM	4:30 PM	02:30		Mother	Mandakini	
9	5:00 PM	7:00 PM	02:00		Mother	Mandakini	
10	7:15 PM	10:45 PM	03:30		Mother	Sanno	
11	11:39 PM	11:59 PM	00:20		Mother	Sanno	
	Total KMC d	luration in 24	hours (8 am to 8 am)	):			
	19:00						

#### 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.: 4122

Date of Birth(dd/mm/yy): 18/08/2018 Mothers Name: Sushila

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	12:00 AM	1:48 AM	01:48		Mother	Sanno	
2	1:50 AM	2:49 AM	00:59		Mother	Sanno	
3	3:02 AM	6:41 AM	03:39		Mother	Swati	
4	6:50 AM	9:00 AM	02:10		Mother	Swati	
5	9:30 AM	11:00 AM	01:30		Mother	Swati	
6							
7							
8							
	Total KMC d	luration in 24	hours (8 am to 8 am)	:			

# **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.: 4122 Date (dd/mm/yyyy): 01/01/1970

Mother Name: Sushila Baby age(in days): 150 days Total feeding requirement for

the day:

				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		HM F		Othe r	
1														
2														
3														
4														
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8								
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10								
11								

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Day: Tuesday Hospital Reg. No.: 4122 Date (dd/mm/yyyy): 01/01/1970

Mother Name : Sushila Baby age(in days): 150 days Total feeding requirement for

the day:

			Feeding r (fill	in who	d and measi ere applicab	le)			•	Supplem (name	ents I	Recei dose	ved	Nurse Signature
S.No.	Time of feeding ( From, to)	Direct breast feeding (in min)	Expressed breast feed (EBF) (in ml)		lixed Feedir Formula	Other	In	r:* IV Type In drop/min	Vi t D 3	Calciu m			Othe r	
1														
2														
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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: Tuesday Hospital Reg. No.: 4122 Date (dd/mm/yyyy): 01/01/1970

Mother Name : Sushila Baby age(in days): 150 days Total feeding requirement for

the day:

			Feeding method and measurement (fill in where applicable)										Supplements Received (name and dose)					
	Time of			M	lixed Feedin	ıg (in ml	)	Othe	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								
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11								

## DISCHARGE CHECKLIST FOR KMC UNIT

<u>D18</u>	CHARGE CHEC	KLIST FUR KMC UNIT
Hospital Reg. No.: 4122	MCTS NO.:	
Name of mother: Sushila	Date of dischar	rge:20/08/2018
Number of days spend in weight on discharge(in gr		ling days spent in SNCU/ NBSU): 150 days
Net weight gain/loss since	e admission(in gra	<b>ms):</b> 0
Type of discharge: Mother	absconded	
In case of referral		
Name and address of facil	lity reffered to:	
Reason for referral:		
DIS	CHARGE CHEC	KLIST FOR KMC UNIT
Signature of Nurse/Doctor		Signature of Family Member