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.: 6788 MCTS No.: --

Baby of: Laxmi Devi

Date of admission to KMC unit (dd/mm/yyyy): 08/12/2018 Time of admission (am/pm): 05:40

PM

1- BACKGROUND INFORMATION

1.1 Date of Birth (dd/mm/yyyy): 08/12/2018

1.2 Sex: Male

1.3 Time of Birth (am/pm): 10:09:00

1.4 Type of admission: Inborn/ Outborn

1.5 Weight at birth (in grams): 2230 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): 15/04/2018

1.10 Gestational age (in weeks): 34 Weeks

1.11 Weigth of baby at admission to KMC unit (in grams): 2230 grams

1.12

G	P	A	L
3	3	0	3

1.13 Is the Baby stable? Yes / No

Is the baby on medication at time of admission? (Specify name and dosage)

I.	
2.	
2	

2.1 Name of the mother: Laxmi Devi	
2.2 Name of the father: Ani Kumar	
2.3 Name & relation of accompanying family member(s)	
Ani Kumar	Father
2.4 Contact detail (At least 2 close contact numbers) Phone / Mobile Number	Relations
6388978507 6388978507	Laxmi Devi Ani Kumar
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: 2045 Gram Sabha-Hamlet/ House NO.: Thulwasa Address: Thulwasa Pin Code: 229306 Near: Well	
Signature of Nurse at the time of admission.	Signature of Doctor
Sanno 15/01/2019 06:04 AM	

2- FAMILY DETAIL (For Follow Up)

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: 6788

Mother Name: Laxmi Devi Date of Birth(dd/mm/yyyy): 08/12/2018

Birth Weight(in grams): 2230

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	08/12/2018	5:42 PM	2230				Sanno	
2	09/12/2018	3:01 AM	2210	-20	20 loss		Sanno	
3	10/12/2018	2:25 AM	2070	-140	160 loss		Swati	

Date of discharge(dd/mm/yy):10/12/2018 Weight of discharge(in grams): 2050

Net gain/loss since admission(in grams)(+/-): -180

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.: 6788

Date of Birth(dd/mm/yy): 08/12/2018 Mothers Name: Laxmi Devi

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	10:09 PM	11:20 PM	01:11		Mother	Sanno	
2	11:53 PM	11:59 PM	00:06		Mother	Sanno	
3							
4							
5							
6							
7							

8						
	Total KMC d	luration in 24	hours (8 am to 8 am)):		
	01:17					

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.: 6788

Date of Birth(dd/mm/yy): 08/12/2018 Mothers Name: Laxmi Devi

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	1:06 AM	01:06		Mother	Sanno	
2	1:12 AM	3:05 AM	01:53		Mother	Sanno	
3	3:20 AM	5:01 AM	01:41		Mother	Sanno	
4	5:17 AM	8:09 AM	02:52		Mother	Sanno	
5	8:30 AM	10:30 AM	02:00		Mother	Mandakini	
6	11:45 AM	12:59 PM	01:14		Mother	Mandakini	
7	1:15 PM	2:01 PM	00:46		Mother	Mandakini	
8	2:30 PM	4:01 PM	01:31		Mother	Mandakini	
9	4:15 PM	5:30 PM	01:15		Mother	Mandakini	
10	5:43 PM	6:55 PM	01:12		Mother	Swati	
11	7:01 PM	8:20 PM	01:19		Mother	Swati	
12	8:30 PM	9:48 PM	01:18		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: Monday Hospital Reg. No.: 6788

Date of Birth(dd/mm/yy): 08/12/2018 Mothers Name: Laxmi Devi

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	2:15 AM	02:05		Mother	Swati	
2	2:30 AM	4:01 AM	01:31		Mother	Swati	
3	4:17 AM	5:35 AM	01:18		Mother	Swati	
4	5:43 AM	6:55 AM	01:12		Mother	Swati	
5	7:16 AM	9:01 AM	01:45		Mother	Sanno	
6	9:25 AM	11:35 AM	02:10		Mother	Sanno	
	Total KMC d	luration in 24	hours (8 am to 8 am)	:			
	10:01						

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.: 6788 Date (dd/mm/yyyy): 01/01/1970

Mother Name: Laxmi Devi Baby age(in days): 38 days Total feeding requirement

for the day: _____

				in whe	d and measuere applicab	le)				Supplem (name			Nurse Signature
S.No.	Time of feeding (From, to)	Direct breast feeding (in min)	Expressed breast feed (EBF) (in ml)		fixed Feedir Formula	og (in ml	In	r:* IV Type In drop/min	Vi t D 3	Calciu m	HM F	Othe 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.: 6788 Date (dd/mm/yyyy): 01/01/1970

Mother Name: Laxmi Devi Baby age(in days): 38 days Total feeding requirement

for the day:

			Feeding r	in whe	d and measuere 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)	EBF	Iixed Feedir Formula	Other	T	r:* IV Type In drop/min	Vi t D	Calciu m	HM F	Iro n	Othe 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.: 6788 Date (dd/mm/yyyy): 01/01/1970

Mother Name: Laxmi Devi Baby age(in days): 38 days Total feeding requirement

for the day: _____

	Ti		Feeding method and measurement (fill in where applicable) Mixed Feeding (in ml) Other:* IV Type									Supplements Received (name and dose)				
S.No.	Time of feeding (From, to)	Direct breast feeding (in min)	Expressed breast feed (EBF) (in ml)		Formula	Other		In	Vi				Othe r			
1																
2																

3								
4								
5								
6								
7								
8								
9								
10								
11					-			

DISCHARGE CHECKLIST FOR KMC UNIT								
Hospital Reg. No.: 6788 MCTS NO.:								
Name of mother: Laxmi Devi Date of disc	charge :10/12/2018							
Number of days spend in KMC room (exclude weight on discharge(in grams): 2050 grams	ding days spent in SNCU/ NBSU): 38 days							
Net weight gain/loss since admission(in gra	ams): -180							
Type of discharge: Discharged by facility staff	f							
In case of referral								
Name and address of facility reffered to:								
Reason for referral:								
DISCHARGE CHEC	KLIST FOR KMC UNIT							
Signature of Nurse/Doctor	Signature of Family Member							