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.: 5690 MCTS No.: --

Baby of: जनक दुलारी

Date of admission to KMC unit (dd/mm/yyyy): 20/10/2018 Time of admission (am/pm): 01:31

PM

1- BACKGROUND INFORMATION

1.1 Date of Birth (dd/mm/yyyy): 20/10/2018

1.2 Sex: Female

1.3 Time of Birth (am/pm): 04:40:00

1.4 Type of admission: Inborn/ Outborn

1.5 Weight at birth (in grams): 2290 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): 05/02/2018

1.10 Gestational age (in weeks): 37 Weeks

1.11 Weigth of baby at admission to KMC unit (in grams): 2290 grams

1.12

G	P	A	L
2	2	0	1

1.13 Is the Baby stable? Yes / No

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

1		
2.		
γ ¯		

2- FAMILY DETAIL (For Follow Up)	
2.1 Name of the mother: जनक दुलारी	
2.2 Name of the father: रमेश कुमार	
2.3 Name & relation of accompanying family member(s)
जनक दुलारी	Mother
2.4 Contact detail (At least 2 close contact numbers) Phone / Mobile Number	Relations
8787840214 9875623212	जनक दुलारी रमेश कुमार
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.: Radhopur Address: पुरकुमेदान Pin Code: 229123 Near:	Signature of Doctor
Mandakini 15/01/2019 06:34 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: 5690

Mother Name: जनक दुलारी

Date of Birth(dd/mm/yyyy): 20/10/2018

Birth Weight(in grams): 2290

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	20/10/2018	1:34 PM	2290				Mandakini	
2	21/10/2018	3:49 AM	2290	+0	0 gain		Swati	
3	22/10/2018	2:41 AM	1730	-560	560 loss		Mandakini	

Date of discharge(dd/mm/yy):22/10/2018 Weight of discharge(in grams): 2190

Net gain/loss since admission(in grams)(+/-): -100

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.: 5690

Date of Birth(dd/mm/yy): 20/10/2018 Mothers Name: जनक दुलारी

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	4:17 PM	5:50 PM	01:33		Mother	Mandakini	
2	6:10 PM	7:40 PM	01:30		Mother	Mandakini	
3	7:50 PM	8:45 PM	00:55		Mother	Swati	
4	9:10 PM	11:25 PM	02:15		Mother	Swati	
5							
6							
7							

8						
	Total KMC d	uration in 24	hours (8 am to 8 am)):		
	06:13					

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.: 5690

Date of Birth(dd/mm/yy): 20/10/2018 Mothers Name: जनक दुलारी

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	12:05 AM	2:15 AM	02:10		Mother	Swati	
2	2:25 AM	4:25 AM	02:00		Mother	Swati	
3	4:40 AM	5:40 AM	01:00		Mother	Swati	
4	5:55 AM	6:45 AM	00:50		Mother	Swati	
5	7:01 AM	9:01 AM	02:00		Mother	Mandakini	
6	9:30 AM	11:01 AM	01:31		Mother	Mandakini	
7	11:30 AM	1:30 PM	02:00		Mother	Mandakini	
8	2:01 PM	4:01 PM	02:00		Mother	Mandakini	
9	4:30 PM	6:30 PM	02:00		Mother	Mandakini	
10	6:45 PM	8:01 PM	01:16		Mother	Mandakini	
11	8:15 PM	9:01 PM	00:46		Mother	Mandakini	
12	8:15 PM	9:01 PM	00:46		Mother	Mandakini	
	Total KMC d	luration in 24	hours (8 am to 8 am)	:			
	18:19						

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.: 5690

Date of Birth(dd/mm/yy): 20/10/2018 Mothers Name: जनक दुलारी

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	2:30 AM	5:02 AM	02:32		Mother	Mandakini	
3	5:30 AM	6:40 AM	01:10		Grand Mother	Mandakini	
4	7:01 AM	9:01 AM	02:00		Mother	Swati	
5							
6							
7							
8							
	Total KMC d	luration in 24	hours (8 am to 8 am)	:			
	07:42						

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.:** 5690 **Date (dd/mm/yyyy)**: 01/01/1970

Mother Name : जनक दुलारी Baby age(in days): 87 days Total feeding requirement

for the day: _____

			Feeding n (fill i	in whe	l and measu ere applicab	le)			!	Supplem (name			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	
1													
2													
3													
4													
5													
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8								
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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.: 5690 Date (dd/mm/yyyy): 01/01/1970

Mother Name : जनक दुलारी Baby age(in days): 87 days Total feeding requirement

for the day:

	m: c		Feeding r (fill	in whe	d and measuere applicab	le)	011		!	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	HM F	Iro n	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.: 5690 Date (dd/mm/yyyy): 01/01/1970

Mother Name : जनक दुलारी Baby age(in days): 87 days Total feeding requirement

for the day:

			Feeding method and measurement (fill in where applicable) Mixed Feeding (in ml) Other:* IV Type										Recei dose		Nurse Signature
	Time of			M	lixed Feedin	ıg (in ml)	Other	r:* IV Type		(Hame	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								
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7								
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9								
10						·	·	
11								

DISCHAR	GE CHECKLIST FOR KMC UNIT
Hospital Reg. No.: 5690 MCTS	NO.:
Name of mother: जनक दुलारी Da	ate of discharge :22/10/2018
Number of days spend in KMC ro weight on discharge(in grams): 2	om (excluding days spent in SNCU/ NBSU): 87 days 190 grams
Net weight gain/loss since admiss	sion(in grams): -100
Type of discharge: Discharged by	facility staff
In case of referral	
Name and address of facility reffe	ered to:
Reason for referral:	
DISCHAR	GE CHECKLIST FOR KMC UNIT
Signature of Nurse/Doctor	Signature of Family Member