

## **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.:** 383      **MCTS No.:** --

**Baby of:** Prreti

**Date of admission to KMC unit** (dd/mm/yyyy): 12/07/2018 **Time of admission** (am/pm): 08:13 AM

### **1- BACKGROUND INFORMATION**

**1.1 Date of Birth** (dd/mm/yyyy): 12/07/2018

**1.2 Sex:** Male

**1.3 Time of Birth** (am/pm): 11:46:00

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

**1.5 Weight at birth** (in grams): 3040 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): 11/07/2018

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

**1.11 Weigth of baby at admission to KMC unit** (in grams): 3040 grams

**1.12**

<b>G</b>	<b>P</b>	<b>A</b>	<b>L</b>
1	1	0	0

**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:** Prreti

**2.2 Name of the father:** Anoo0

**2.3 Name & relation of accompanying family member(s)**

Prreti

Mother

**2.4 Contact detail (At least 2 close contact numbers)**

**Phone / Mobile Number**

**Relations**

7518459133

Prreti

7518459268

Anoo0

**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.:** Hasanpur

**Address:** Chunni Lal Ka Purwa

**Pin Code:** 229001

**Near:** Mahajganj

**Signature of Nurse at the time of admission.**

**Signature of Doctor**

Mandakini

15/01/2019 07:19 AM

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## **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:** 383

**Mother Name:** Prreti

**Date of Birth(dd/mm/yyyy):** 12/07/2018

**Birth Weight(in grams):** 3040

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	12/07/2018	8:19 AM	3040					

**Date of discharge(dd/mm/yy):**15/08/2018 **Weight of discharge(in grams):**

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

## **DISCHARGE CHECKLIST FOR KMC UNIT**

**Hospital Reg. No.:** 383      **MCTS NO.:**

**Name of mother:** Prreti      **Date of discharge :**15/08/2018

**Number of days spend in KMC room (excluding days spent in SNCU/ NBSU):** 187 days  
**weight on discharge(in grams):** 3000 grams

**Net weight gain/loss since admission(in grams):** -40

**Type of discharge :** Discharged by facility staff

### **In case of referral**

**Name and address of facility referred to:**

**Reason for referral:** \_\_\_\_\_

## **DISCHARGE CHECKLIST FOR KMC UNIT**

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\_\_\_\_\_

Signature of Nurse/Doctor

Signature of Family Member