

## **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.:** 105/435      **MCTS No.:** --

**Baby of:** Hema Devi

**Date of admission to KMC unit** (dd/mm/yyyy): 11/07/2018 **Time of admission** (am/pm): 07:44 AM

### **1- BACKGROUND INFORMATION**

**1.1 Date of Birth** (dd/mm/yyyy): 10/07/2018

**1.2 Sex:** Female

**1.3 Time of Birth** (am/pm): 18:02:00

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

**1.5 Weight at birth** (in grams): 1350 grams

**1.6 Place of birth:** Hospital

**1.6.1 Name and address of birth facility:** CHC Kheero

**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): 11/12/2017

**1.10 Gestational age** (in weeks): 30 Weeks

**1.11 Weight of baby at admission to KMC unit** (in grams): 1350 grams

**1.12**

<b>G</b>	<b>P</b>	<b>A</b>	<b>L</b>
1	1	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. \_\_\_\_\_
3. \_\_\_\_\_

## 2- FAMILY DETAIL (For Follow Up)

**2.1 Name of the mother:** Hema Devi

**2.2 Name of the father:** Sandeep Km

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

Sandeep Km

Father

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

**Phone / Mobile Number**

**Relations**

7480737191

Hema Devi

7880737191

Sandeep Km

**2.4.1 Name and Number of ASHA:** Neeta Awasthi 9839725594

**2.5 Religion:** Hindu

**2.6 Caste:** General

**2.7 Address:**

**Rural/Urban:** Rural

**State/Country:** Uttar Pradesh, India

**District:** Rae Bareli

**Block/ Area/ Muhalla:** 2054

**Gram Sabha-Hamlet/ House NO.:** Kanha Mau

**Address:** Kanhamau Maharaniganj Khiron

**Pin Code:** 209506

**Near:** Mandir

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

**Signature of Doctor**

Poornima

14/01/2019 01:10 PM

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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:** 105/435

**Mother Name:** Hema Devi

**Date of Birth(dd/mm/yyyy):** 10/07/2018

**Birth Weight(in grams):** 1350

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	11/07/2018	7:46 AM	1350					

**Date of discharge(dd/mm/yy):**11/07/2018 **Weight of discharge(in grams):**1350

Net gain/loss since admission(in grams)(+/-): 0

## DISCHARGE CHECKLIST FOR KMC UNIT

**Hospital Reg. No.:** 105/435      **MCTS NO.:**

**Name of mother:** Hema Devi      **Date of discharge :** 11/07/2018

**Number of days spend in KMC room (excluding days spent in SNCU/ NBSU):** 187 days  
**weight on discharge(in grams):** 1350 grams

**Net weight gain/loss since admission(in grams): 0**

**Type of discharge :** ☐ Normal ☐ Abnormal ☐ No Discharge

### In case of referral

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

Reason for referral:

## DISCHARGE CHECKLIST FOR KMC UNIT

Signature of Nurse/Doctor

Signature of Family Member