

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: Tuesday **Hospital Reg. No.:** 4505

Date of Birth(dd/mm/yy) : 03/09/2018 **Mothers Name:** □□□□

S.No	Starting time of KMC	Stopping time of KMC	Duration of KMC per episode (if KMC duration >= 1 hour then record in hours if < 1 hour please record in minutes)	Reason for pausing KMC (Breast feeding, doctor checkup, mothers mealtime, mothers personal care, family visit, discomfort, complications, etc.)	KMC Provider	Nurse Name	Nurse Signature
1	12:15 AM	2:30 AM	02:15		Mother	Mandakini	
2	3:00 AM	5:40 AM	02:40		Mother	Mandakini	
3	6:00 AM	9:30 AM	03:30		Mother	Mandakini	
4	10:00 AM	12:00 PM	02:00		Mother	Mandakini	
5	12:20 PM	1:50 PM	01:30		Mother	Mandakini	
6							
7							
8							
	Total KMC duration in 24 hours (8 am to 8 am): 11:55						

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Day: Saturday **Hospital Reg. No.:** 4505

Date of Birth(dd/mm/yy) : 03/09/2018 **Mothers Name:** □□□□

S.No	Starting time of KMC	Stopping time of KMC	Duration of KMC per episode (if KMC duration >= 1 hour then record in hours if < 1 hour please record in minutes)	Reason for pausing KMC (Breast feeding, doctor checkup, mothers mealtime, mothers personal care, family visit, discomfort, complications, etc.)	KMC Provider	Nurse Name	Nurse Signature
1	10:56 AM	12:56 PM	02:00		Mother	Pooja	
2	10:56 AM	12:56 PM	02:00		Mother	Pooja	
3	10:56 AM	12:56 PM	02:00		Mother	Pooja	
4	10:56 AM	12:56 PM	02:00		Mother	Pooja	
5	10:56 AM	12:56 PM	02:00		Mother	Pooja	
6	10:56 AM	12:56 PM	02:00		Mother	Pooja	
7	10:56 AM	12:56 PM	02:00		Mother	Pooja	
	Total KMC duration in 24 hours (8 am to 8 am): 14:00						