

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.: 101 **MCTS No.:** --

Baby of: गुड़िया

Date of admission to KMC unit (dd/mm/yyyy): 18/10/2018 **Time of admission** (am/pm): 10:10 AM

1- BACKGROUND INFORMATION

1.1 Date of Birth (dd/mm/yyyy): 18/10/2018

1.2 Sex: Female

1.3 Time of Birth (am/pm): 01:13:00

1.4 Type of admission: Inborn/ Outborn

1.5 Weight at birth (in grams): 2240 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): 18/01/2018

1.10 Gestational age (in weeks): 39 Weeks

1.11 Weight of baby at admission to KMC unit (in grams): 2240 grams

1.12

| G | P | A | L |
|----------|----------|----------|----------|
| 2 | 2 | 0 | 2 |

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: गुड़िया

2.2 Name of the father: सिराज

2.3 Name & relation of accompanying family member(s)

गुड़िया

Mother

2.4 Contact detail (At least 2 close contact numbers)

Phone / Mobile Number

Relations

8795384218

गुड़िया

8953833834

सिराज

2.4.1 Name and Number of ASHA: _____

2.5 Religion: Muslim

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.: Bawan Buzurg Valla

Address: बावन बुजुर्ग बल्ला

Pin Code: 229306

Near: बावन बुजुर्ग बल्ला

Signature of Nurse at the time of admission.

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: 101

Mother Name: गुड़िया

Date of Birth(dd/mm/yyyy): 18/10/2018

Birth Weight(in grams): 2240

| 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 | 18/10/2018 | 10:13 AM | 2240 | | | | Mandakini | |
| 2 | 19/10/2018 | 3:57 AM | 2200 | -40 | 40 loss | | Mandakini | |
| 3 | 20/10/2018 | 3:33 AM | 2170 | -30 | 70 loss | | Mandakini | |

Date of discharge(dd/mm/yy): 20/10/2018 **Weight of discharge(in grams):** 2150

Net gain/loss since admission(in grams)(+/-): -90

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: Thursday **Hospital Reg. No.:** 101

Date of Birth(dd/mm/yy) : 18/10/2018 **Mothers Name:** गुड़िया

| 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 | 1:14 PM | 3:00 PM | 01:46 | | Mother | Mandakini | |
| 2 | 3:30 PM | 5:15 PM | 01:45 | | Mother | Mandakini | |
| 3 | 5:30 PM | 7:30 PM | 02:00 | | Mother | Mandakini | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |

| | | | | | | | |
|---|--|--|--|--|--|--|--|
| 8 | | | | | | | |
| | Total KMC duration in 24 hours (8 am to 8 am): | | | | | | |
| | 05:31 | | | | | | |

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Day: Friday **Hospital Reg. No.:** 101

Date of Birth(dd/mm/yy) : 18/10/2018 **Mothers Name:** गुड़िया

| 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 | 12:09 AM | 3:23 AM | 03:14 | | Mother | Mandakini | |
| 2 | 3:28 AM | 5:44 AM | 02:16 | | Mother | Mandakini | |
| 3 | 6:02 AM | 7:25 AM | 01:23 | | Mother | Mandakini | |
| 4 | 7:40 AM | 9:00 AM | 01:20 | | Mother | Mandakini | |
| 5 | 9:30 AM | 11:30 AM | 02:00 | | Mother | Mandakini | |
| 6 | 12:00 PM | 2:00 PM | 02:00 | | Mother | Mandakini | |
| 7 | 2:30 PM | 4:00 PM | 01:30 | | Mother | Mandakini | |
| 8 | 4:15 PM | 6:30 PM | 02:15 | | Mother | Mandakini | |
| | Total KMC duration in 24 hours (8 am to 8 am): | | | | | | |
| | 15:58 | | | | | | |

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Day: Saturday **Hospital Reg. No.:** 101

Date of Birth(dd/mm/yy) : 18/10/2018 **Mothers Name:** गुड़िया

| | | | | | | | | | | | | | | | |
|----|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
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| 5 | | | | | | | | | | | | | | | |
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| 8 | | | | | | | | | | | | | | | |
| 9 | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | |
| 11 | | | | | | | | | | | | | | | |

DISCHARGE CHECKLIST FOR KMC UNIT

Hospital Reg. No.: 101 **MCTS NO.:**

Name of mother: गुड़िया **Date of discharge :** 20/10/2018

Number of days spend in KMC room (excluding days spent in SNCU/ NBSU): 89 days
weight on discharge(in grams): 2150 grams

Net weight gain/loss since admission(in grams): -90

Type of discharge : Discharged by facility staff

In case of referral

Name and address of facility reffered to:

Reason for referral: _____

DISCHARGE CHECKLIST FOR KMC UNIT

Signature of Nurse/Doctor

Signature of Family Member