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*

Date: April 9, 2020 8 AM - April 10, 2020 8 AM **Hospital Reg. No.:** 54001

Date of Birth(dd/mm/yy) : 10/04/2020 **Mothers Name:** Mother Number 01

S.No	Start DateTime of KMC	Stop DateTime 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	April 10, 2020 1:00 AM	April 10, 2020 7:59 AM	06:59		Mother	Sunita	
2							
3							
4							
5							
6							
7							
8							
	Total KMC duration in 24 hours (2020-04-09 8 AM to 2020-04-10 8 AM): 06:59						

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*

Date: April 10, 2020 8 AM - April 11, 2020 8 AM **Hospital Reg. No.:** 54001

Date of Birth(dd/mm/yy) : 10/04/2020 **Mothers Name:** Mother Number 01

S.No	Start DateTime of KMC	Stop DateTime 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	April 11, 2020 1:00 AM	April 11, 2020 7:59 AM	06:59		Mother	Sunita	
2							
3							
4							
5							
6							
7							
8							
	Total KMC duration in 24 hours (2020-04-10 8 AM to 2020-04-11 8 AM): 06:59						

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*

Date: April 11, 2020 8 AM - April 12, 2020 8 AM **Hospital Reg. No.:** 54001

Date of Birth(dd/mm/yy) : 10/04/2020 **Mothers Name:** Mother Number 01

S.No	Start DateTime of KMC	Stop DateTime 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							
2							
3							
4							
5							
6							
7							
8							
	Total KMC duration in 24 hours (2020-04-11 8 AM to 2020-04-12 8 AM): 00:00						

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*

Date: April 12, 2020 8 AM - April 13, 2020 8 AM **Hospital Reg. No.:** 54001

Date of Birth(dd/mm/yy) : 10/04/2020 **Mothers Name:** Mother Number 01

S.No	Start DateTime of KMC	Stop DateTime 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							
2							
3							
4							
5							
6							
7							
8							
	Total KMC duration in 24 hours (2020-04-12 8 AM to 2020-04-13 8 AM): 00:00						