

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 28, 2020 8 AM - April 29, 2020 8 AM **Hospital Reg. No.:** 11425

Date of Birth(dd/mm/yy) : 29/04/2020 Mothers Name: Suman

S.No	Start DateTime of KMC	Stop DateTime 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							
2							
3							
4							
5							
6							
7							
8							
	Total KMC duration in 24 hours (2020-04-28 8 AM to 2020-04-29 8 AM): 00:00						

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Date: April 29, 2020 8 AM - April 30, 2020 8 AM **Hospital Reg. No.:** 11425

Date of Birth(dd/mm/yy) : 29/04/2020 Mothers Name: Suman

S.No	Start DateTime of KMC	Stop DateTime 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							
2							
3							
4							
5							
6							
7							
8							
	Total KMC duration in 24 hours (2020-04-29 8 AM to 2020-04-30 8 AM): 00:00						

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Date: April 30, 2020 8 AM - May 1, 2020 8 AM **Hospital Reg. No.:** 11425

Date of Birth(dd/mm/yy) : 29/04/2020 Mothers Name: Suman

S.No	Start Date Time of KMC	Stop Date 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							
2							
3							
4							
5							
6							
7							
8							
	Total KMC duration in 24 hours (2020-04-30 8 AM to 2020-05-01 8 AM): 00:00						

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Date: May 1, 2020 8 AM - May 2, 2020 8 AM **Hospital Reg. No.:** 11425

Date of Birth(dd/mm/yy) : 29/04/2020 **Mothers Name:** Suman

S.No	Start DateTime of KMC	Stop DateTime 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							
2							
3							
4							
5							
6							
7							
8							
	Total KMC duration in 24 hours (2020-05-01 8 AM to 2020-05-02 8 AM): 00:00						

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Date: May 2, 2020 8 AM - May 3, 2020 8 AM **Hospital Reg. No.:** 11425

Date of Birth(dd/mm/yy) : 29/04/2020 Mothers Name: Suman

S.No	Start Date Time of KMC	Stop Date 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							
2							
3							
4							
5							
6							
7							
8							
	Total KMC duration in 24 hours (2020-05-02 8 AM to 2020-05-03 8 AM): 00:00						

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Date: May 3, 2020 8 AM - May 4, 2020 8 AM **Hospital Reg. No.:** 11425

Date of Birth(dd/mm/yy) : 29/04/2020 Mothers Name: Suman

S.No	Start Date/Time of KMC	Stop Date/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, mother's mealtime, mother's 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 (2020-05-03 8 AM to 2020-05-04 8 AM):						
	00:00						

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Date: May 4, 2020 8 AM - May 5, 2020 8 AM **Hospital Reg. No.:** 11425

Date of Birth(dd/mm/yy) : 29/04/2020 Mothers Name: Suman

S.No	Start DateTime of KMC	Stop DateTime 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,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 (2020-05-04 8 AM to 2020-05-05 8 AM): 00:00						

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Date: May 5, 2020 8 AM - May 6, 2020 8 AM **Hospital Reg. No.:** 11425

Date of Birth(dd/mm/yy) : 29/04/2020 **Mothers Name:** Suman

S.No	Start DateTime of KMC	Stop DateTime 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							
2							
3							
4							
5							
6							
7							
8							
	Total KMC duration in 24 hours (2020-05-05 8 AM to 2020-05-06 8 AM): 00:00						

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Date: May 6, 2020 8 AM - May 7, 2020 8 AM **Hospital Reg. No.:** 11425

Date of Birth(dd/mm/yy) : 29/04/2020 Mothers Name: Suman

S.No	Start DateTime of KMC	Stop DateTime 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	May 6, 2020 5:06 PM	May 6, 2020 7:00 PM	01:54		Mother	Ishita	
2	May 6, 2020 1:00 PM	May 6, 2020 5:00 PM	04:00		Grand Mother	Ayushi	
3							
4							
5							
6							
7							
8							
	Total KMC duration in 24 hours (2020-05-06 8 AM to 2020-05-07 8 AM):						
	05:54						

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Date: May 7, 2020 8 AM - May 8, 2020 8 AM **Hospital Reg. No.:** 11425

Date of Birth(dd/mm/yy) : 29/04/2020 Mothers Name: Suman

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	May 7, 2020 9:00 AM	May 7, 2020 1:00 PM	04:00		Grand Mother	Ishita		
2								
3								
4								
5								
6								
7								
8								
	Total KMC duration in 24 hours (2020-05-07 8 AM to 2020-05-08 8 AM): 04:00							

