

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.: 354 **MCTS No.:** --

Baby of: Shivshantee

Date of admission to KMC unit (dd/mm/yyyy): 06/07/2018 **Time of admission** (am/pm): 12:29 PM

1- BACKGROUND INFORMATION

1.1 Date of Birth (dd/mm/yyyy): 06/07/2018

1.2 Sex: Male

1.3 Time of Birth (am/pm): 14:01:00

1.4 Type of admission: Inborn/ Outborn

1.5 Weight at birth (in grams): 2220 grams

1.6 Place of birth: Hospital

1.6.1 Name and address of birth facility: CHC Maharajganj

1.7 Type of birth: Normal With Episiotomy

1.8 Term of birth: Full Term/ Preterm

1.9 LMP (first day of last menstrual period - dd/mm/yyyy): 19/10/2017

1.10 Gestational age (in weeks): 37 Weeks

1.11 Weight of baby at admission to KMC unit (in grams): 2220 grams

1.12

G	P	A	L
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: Shivshantee

2.2 Name of the father: Ramsamujh

2.3 Name & relation of accompanying family member(s)

Ramsamujh

Father

2.4 Contact detail (At least 2 close contact numbers)

Phone / Mobile Number

Relations

9918646957

Shivshantee

9984188336

Ramsamujh

2.4.1 Name and Number of ASHA: _____

2.5 Religion: Hindu

2.6 Caste: SC

2.7 Address:

Rural/Urban: Rural

State/Country: Uttar Pradesh, India

District: Rae Bareli

Block/ Area/ Muhalla: 2056

Gram Sabha-Hamlet/ House NO.: Tisa Khanapur

Address: Bukva Gav

Pin Code: 229306

Near: Teesakhana Pur

Signature of Nurse at the time of admission.

Signature of Doctor

Mandakini

15/01/2019 07:40 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: 354

Mother Name: Shivshantee

Date of Birth(dd/mm/yyyy): 06/07/2018

Birth Weight(in grams): 2220

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	06/07/2018	12:32 PM	2220					

Date of discharge(dd/mm/yy):15/08/2018 **Weight of discharge(in grams):** 1600

Net gain/loss since admission(in grams)(+/-): -620

DISCHARGE CHECKLIST FOR KMC UNIT

Hospital Reg. No.: 354 **MCTS NO.:**

Name of mother: Shivshantee **Date of discharge :**15/08/2018

Number of days spend in KMC room (excluding days spent in SNCU/ NBSU): 193 days
weight on discharge(in grams): 1600 grams

Net weight gain/loss since admission(in grams): -620

Type of discharge : Discharged by facility staff

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