

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: August 6, 2020 8 AM - August 7, 2020 8 AM **Hospital Reg. No.:** 9499749494

Date of Birth(dd/mm/yy) : 07/08/2020 Mothers Name: Dhsy

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 (2020-08-06 8 AM to 2020-08-07 8 AM): 00:00						

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Date: August 7, 2020 8 AM - August 8, 2020 8 AM **Hospital Reg. No.:** 9499749494

Date of Birth(dd/mm/yy) : 07/08/2020 Mothers Name: Dhsy

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 (2020-08-07 8 AM to 2020-08-08 8 AM): 00:00						

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Date: August 8, 2020 8 AM - August 9, 2020 8 AM **Hospital Reg. No.:** 9499749494

Date of Birth(dd/mm/yy) : 07/08/2020 Mothers Name: Dhsy

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 (2020-08-08 8 AM to 2020-08-09 8 AM): 00:00						

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Date: August 9, 2020 8 AM - August 10, 2020 8 AM **Hospital Reg. No.:** 9499749494

Date of Birth(dd/mm/yy) : 07/08/2020 Mothers Name: Dhsy

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 (2020-08-09 8 AM to 2020-08-10 8 AM): 00:00						

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Date: August 10, 2020 8 AM - August 11, 2020 8 AM **Hospital Reg. No.:** 9499749494

Date of Birth(dd/mm/yy) : 07/08/2020 Mothers Name: Dhsy

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 (2020-08-10 8 AM to 2020-08-11 8 AM): 00:00						

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Date: August 11, 2020 8 AM - August 12, 2020 8 AM **Hospital Reg. No.:** 9499749494

Date of Birth(dd/mm/yy) : 07/08/2020 Mothers Name: Dhsy

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 (2020-08-11 8 AM to 2020-08-12 8 AM): 00:00						

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Date: August 12, 2020 8 AM - August 13, 2020 8 AM **Hospital Reg. No.:** 9499749494

Date of Birth(dd/mm/yy) : 07/08/2020 Mothers Name: Dhsy

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 (2020-08-12 8 AM to 2020-08-13 8 AM): 00:00						

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Date: August 13, 2020 8 AM - August 14, 2020 8 AM **Hospital Reg. No.:** 9499749494

Date of Birth(dd/mm/yy) : 07/08/2020 **Mothers Name:** Dhsy

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 (2020-08-13 8 AM to 2020-08-14 8 AM): 00:00						

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Date: August 14, 2020 8 AM - August 15, 2020 8 AM **Hospital Reg. No.:** 9499749494

Date of Birth(dd/mm/yy) : 07/08/2020 Mothers Name: Dhsy

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 (2020-08-14 8 AM to 2020-08-15 8 AM): 00:00						

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Date: August 15, 2020 8 AM - August 16, 2020 8 AM **Hospital Reg. No.:** 9499749494

Date of Birth(dd/mm/yy) : 07/08/2020 Mothers Name: Dhsy

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 (2020-08-15 8 AM to 2020-08-16 8 AM): 00:00						

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Date: August 16, 2020 8 AM - August 17, 2020 8 AM **Hospital Reg. No.:** 9499749494

Date of Birth(dd/mm/yy) : 07/08/2020 Mothers Name: Dhsy

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 (2020-08-16 8 AM to 2020-08-17 8 AM): 00:00						

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Date: August 17, 2020 8 AM - August 18, 2020 8 AM **Hospital Reg. No.:** 9499749494

Date of Birth(dd/mm/yy) : 07/08/2020 Mothers Name: Dhsy

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 (2020-08-17 8 AM to 2020-08-18 8 AM): 00:00						

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Date: August 18, 2020 8 AM - August 19, 2020 8 AM **Hospital Reg. No.:** 9499749494

Date of Birth(dd/mm/yy) : 07/08/2020 Mothers Name: Dhsy

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	August 18, 2020 3:01 PM	August 18, 2020 4:10 PM	01:09		Mother	Vimla	
2	August 18, 2020 12:01 PM	August 18, 2020 3:00 PM	02:59		Mother	Vimla	
3	August 18, 2020 10:01 AM	August 18, 2020 12:00 PM	01:59		Mother	Vimla	
4	August 18, 2020 10:00 AM	August 18, 2020 12:00 PM	02:00		Mother	Vimla	
5	August 18, 2020 10:00 AM	August 18, 2020 12:00 PM	02:00		Mother		
6							
7							
8							
	Total KMC duration in 24 hours (2020-08-18 8 AM to 2020-08-19 8 AM): 10:07						

