## 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.: 125/874

Date of Birth(dd/mm/yy): 27/02/2020 Mothers Name: Ryjetj

S.No	Starting time of KMC	Stopping time 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	10:00 AM	11:59 PM	13:59		Aunty	Abha	
2							
3							
4							
5							
6							
7							
8							
	Total KMC d	luration in 24	hours (8 am to 8 am)	):			
	13:59						

## 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

Day: Friday Hospital Reg. No.: 125/874

Date of Birth(dd/mm/yy): 27/02/2020 Mothers Name: Ryjetj

S.No	Starting time of KMC	Stopping time 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	12:00 AM	12:01 AM	00:01		Aunty	Abha	
2	2:00 AM	2:56 AM	00:56		Aunty	Abha	
3	2:00 AM	2:56 AM	00:56		Aunty	Abha	
4							

5						
6						
7						
8						
	Total KMC o	luration in 24	hours (8 am to 8 am)	):		
	01:53					

## **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: Saturday Hospital Reg. No.: 125/874

Date of Birth(dd/mm/yy): 27/02/2020 Mothers Name: Ryjetj

Date of Birth(dd/film/yyy): 27/02/2020 Flottlers Name: Nyjetj							
S.No	Starting time of KMC	Stopping time 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	12:00 AM	12:01 AM	00:01		Aunty	Anjali	
2	12:00 AM	12:02 AM	00:02		Aunty	Anjali	
3	12:03 AM	1:00 AM	00:57		Father	Abha	
4							
5							
6							
7							
8							
	Total KMC duration in 24 hours (8 am to 8 am):						
	01:00						