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.: 1185 MCTS No.: --

Baby of: चाँदनी

 $\textbf{Date of admission to KMC unit} \ (dd/mm/yyyy): 18/11/2018 \ \textbf{Time of admission} \ (am/pm): 07:58$

AM

1- BACKGROUND INFORMATION

1.1 Date of Birth (dd/mm/yyyy): 18/11/2018

1.2 Sex: Female

1.3 Time of Birth (am/pm): 09:07:00

1.4 Type of admission: Inborn/ Outborn

1.5 Weight at birth (in grams): 2020 grams

1.6 Place of birth: Hospital

1.6.1 Name and address of birth facility: CHC Maharajganj

1.7 Type of birth: Normal

1.8 Term of birth: Full Term/ Preterm

1.9 LMP (first day of last menstrual period - dd/mm/yyyy): 26/02/2018

1.10 Gestational age (in weeks): 38 Weeks

1.11 Weigth of baby at admission to KMC unit (in grams): 2020 grams

1.12

G	P	A	L
4	4	0	4

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: चाँदनी	
	2.2 Name of the father: राजाराम	
	2.3 Name & relation of accompanying family member(s)	
	चाँदनी	Mother
	2.4 Contact detail (At least 2 close contact numbers) Phone / Mobile Number	Relations
	9559960526 8596324568	चाँदनी राजाराम
	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.: Para Kalan Address: पराकला Pin Code: 229306 Near: पराकला	
	Signature of Nurse at the time of admission.	Signature of Doctor
	Mandakini 15/01/2019 06:13 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: 1185

Mother Name: चाँदनी Date of Birth(dd/mm/yyyy): 18/11/2018

Birth Weight(in grams): 2020

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	18/11/2018	8:00 AM	2020				Mandakini	
2	19/11/2018	2:14 AM	1910	-110	110 loss		Swati	
3	20/11/2018	2:38 AM	1890	-20	130 loss		Mansa	

Date of discharge(dd/mm/yy):20/11/2018 Weight of discharge(in grams): 1920

Net gain/loss since admission(in grams)(+/-): -100

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: Sunday Hospital Reg. No.: 1185

Date of Birth(dd/mm/yy) : 18/11/2018 Mothers Name: चाँदनी

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	9:08 AM	10:30 AM	01:22		Mother	Mandakini	
2	11:01 AM	1:01 PM	02:00		Mother	Mandakini	
3	1:30 PM	3:30 PM	02:00		Mother	Mansa	
4	4:01 PM	6:01 PM	02:00		Mother	Mansa	
5	6:15 PM	8:05 PM	01:50		Mother	Swati	
6	8:20 PM	9:20 PM	01:00		Mother	Swati	
7	9:30 PM	10:35 PM	01:05		Mother	Swati	

Total KMC duration in 24 hours (8 am to 8 am):	
11:17	

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: Monday Hospital Reg. No.: 1185

Date of Birth(dd/mm/yy) : 18/11/2018 Mothers Name: चाँदनी

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	12:14 AM	2:12 AM	01:58		Mother	Swati	
2	2:30 AM	4:25 AM	01:55		Mother	Swati	
3	4:45 AM	6:50 AM	02:05		Mother	Swati	
4	7:05 AM	7:45 AM	00:40		Mother	Swati	
5	8:01 AM	9:01 AM	01:00		Grand Mother	Sanno	
6	9:20 AM	11:30 AM	02:10		Mother	Mansa	
7	12:01 PM	2:02 PM	02:01		Mother	Mansa	
8	2:10 PM	4:32 PM	02:22		Mother	Mansa	
9	5:01 PM	7:07 PM	02:06		Mother	Mansa	
	Total KMC d	luration in 24	hours (8 am to 8 am)):		1	

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: Tuesday Hospital Reg. No.: 1185

Date of Birth(dd/mm/yy) : 18/11/2018 Mothers Name: चाँदनी

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	12:10 AM	2:10 AM	02:00		Mother	Mansa	
2	2:25 AM	4:20 AM	01:55		Mother	Mansa	
3	4:30 AM	6:04 AM	01:34		Mother	Mansa	
4	6:21 AM	8:01 AM	01:40		Mother	Mansa	
5	8:30 AM	10:50 AM	02:20		Mother	Mansa	
6							
7							
8							
	Total KMC d	luration in 24	hours (8 am to 8 am)):			

FORM B: DAILY INTAKE MONITORING RECORD

Objective: To record the quantity and frequency of feeding of the baby admitted in the KMC unit in 24 hours (8 AM - 8 Am), so as to compare the total quantity to the total feeding requirement. To be filled by nurse on duty in the KMC

Day: Tuesday Hospital Reg. No.: 1185 Date (dd/mm/yyyy): 01/01/1970

Mother Name : चाँदनी Baby age(in days): 58 days Total feeding requirement for

the day: _____

			Feeding method and measurement (fill in where applicable)									Supplements Received (name and dose)				
S.No.	Time of feeding (From, to)	Direct breast feeding (in min)	Expressed breast feed (EBF) (in ml)		ixed Feedin Formula	og (in ml Other		In	r:* IV Type In drop/min	Vi t D 3	Calciu m	HM F		Othe r	Signature	
1																
2																
3																
4																
5																
6																
7																

8								
9								
10								
11								

FORM B: DAILY INTAKE MONITORING RECORD

Objective: To record the quantity and frequency of feeding of the baby admitted in the KMC unit in 24 hours (8 AM - 8 Am), so as to compare the total quantity to the total feeding requirement. To be filled by nurse on duty in the KMC

Day: Tuesday Hospital Reg. No.: 1185 Date (dd/mm/yyyy): 01/01/1970

Mother Name : चाँदनी Baby age(in days): 58 days Total feeding requirement for

the day: _____

	(From to)		Feeding r (fill	in whe	d and meast ere applicab Iixed Feedir	le)	Otho	r:* IV Type	Supplements Received (name and dose)					Nurse Signature
S.No.		Direct breast feeding (in min)	Expressed breast feed (EBF) (in ml)		Formula	Other	т	In drop/min	Vi t D 3	Calciu m	HM F	Iro n	Othe r	
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														

FORM B: DAILY INTAKE MONITORING RECORD

Objective: To record the quantity and frequency of feeding of the baby admitted in the KMC unit in 24 hours ($8 \, \text{AM} - 8 \, \text{Am}$), so as to compare the total quantity to the total feeding requirement. To be filled by nurse on duty in the KMC

Day: Tuesday Hospital Reg. No.: 1185 Date (dd/mm/yyyy): 01/01/1970

Mother Name : चाँदनी Baby age(in days): 58 days Total feeding requirement for

the day:

	Feeding method and measurement (fill in where applicable)										Supplem (name		Nurse Signature		
	Time of			M	lixed Feedin	ıg (in ml)	Othe	r:* IV Type		(паше	anu	uose	'	Signature
S.No.	feeding (From, to)	Direct breast feeding (in min)	Expressed breast feed (EBF) (in ml)	EBF	Formula	Other	Net	In ml/hr	In drop/min	Vi t D 3	Calciu m	HM F	Iro n	Othe r	

1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								

DIS	CHARGE CHECKLIST F	FOR KMC UNIT
Hospital Reg. No.: 1185	MCTS NO.:	
Name of mother: चाँदनी	Date of discharge :20/11/20	018
Number of days spend in I weight on discharge(in gr		spent in SNCU/ NBSU): 58 days
Net weight gain/loss since	e admission(in grams): -100	
Type of discharge : DOPR		
In case of referral		
Name and address of facil	ity reffered to:	
Reason for referral:		
DIS	CHARGE CHECKLIST F	FOR KMC UNIT
Signature of Nurse/Doctor		Signature of Family Member