

## **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 23, 2020 8 AM - April 24, 2020 8 AM **Hospital Reg. No.:** 66353

**Date of Birth(dd/mm/yy) : 25/03/2020 Mothers Name: Gudiya**

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 (2020-04-23 8 AM to 2020-04-24 8 AM): 00:00						

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**Date:** April 24, 2020 8 AM - April 25, 2020 8 AM **Hospital Reg. No.:** 66353

**Date of Birth(dd/mm/yy) : 25/03/2020 Mothers Name:** Gudiya

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 (2020-04-24 8 AM to 2020-04-25 8 AM): 00:00						

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**Date:** April 25, 2020 8 AM - April 26, 2020 8 AM **Hospital Reg. No.:** 66353

**Date of Birth(dd/mm/yy) : 25/03/2020 Mothers Name: Gudiya**

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 (2020-04-25 8 AM to 2020-04-26 8 AM): 00:00						

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**Date:** April 26, 2020 8 AM - April 27, 2020 8 AM **Hospital Reg. No.:** 66353

**Date of Birth(dd/mm/yy) : 25/03/2020 Mothers Name: Gudiya**

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 (2020-04-26 8 AM to 2020-04-27 8 AM): 00:00						

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**Date:** April 27, 2020 8 AM - April 28, 2020 8 AM **Hospital Reg. No.:** 66353

**Date of Birth(dd/mm/yy) : 25/03/2020 Mothers Name: Gudiya**

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 (2020-04-27 8 AM to 2020-04-28 8 AM): 00:00						

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**Date:** April 28, 2020 8 AM - April 29, 2020 8 AM **Hospital Reg. No.:** 66353

**Date of Birth(dd/mm/yy) : 25/03/2020 Mothers Name: Gudiya**

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,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 (2020-04-28 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.:** 66353

**Date of Birth(dd/mm/yy) : 25/03/2020 Mothers Name: Gudiya**

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 (2020-04-29 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.:** 66353

**Date of Birth(dd/mm/yy) : 25/03/2020 Mothers Name: Gudiya**

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 (2020-04-30 8 AM to 2020-05-01 8 AM): 00:00						



