

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.: 782 **MCTS No.:** --

Baby of: Shikumari

Date of admission to KMC unit (dd/mm/yyyy): 10/10/2018 **Time of admission** (am/pm): 06:02 PM

1- BACKGROUND INFORMATION

1.1 Date of Birth (dd/mm/yyyy): 10/10/2018

1.2 Sex: Male

1.3 Time of Birth (am/pm): 09:15:00

1.4 Type of admission: Inborn/ Outborn

1.5 Weight at birth (in grams): 1850 grams

1.6 Place of birth: Hospital

1.6.1 Name and address of birth facility: CHC Shivgarh

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): 26/03/2018

1.10 Gestational age (in weeks): 28 Weeks

1.11 Weight of baby at admission to KMC unit (in grams): 1850 grams

1.12

| | | | |
|----------|----------|----------|----------|
| G | P | A | L |
| 5 | 5 | 0 | 5 |

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: Shikumari

2.2 Name of the father: Shikumar

2.3 Name & relation of accompanying family member(s)

Shikumari

2.4 Contact detail (At least 2 close contact numbers)

Phone / Mobile Number

Relations

9598128623

Shikumari

9598128623

Shikumar

2.4.1 Name and Number of ASHA: Sadhana 7705076715

2.5 Religion: Hindu

2.6 Caste: OBC

2.7 Address:

Rural/Urban: Rural

State/Country: Uttar Pradesh, India

District: Rae Bareli

Block/ Area/ Muhalla: 2062

Gram Sabha-Hamlet/ House NO.: Nerthuwa

Address: Machhija

Pin Code: 229308

Near: Hanuman Ji Ka Mandir

Signature of Nurse at the time of admission.

Signature of Doctor

Sandhya Singh

14/01/2019 12:40 PM

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: 782

Mother Name: Shikumari

Date of Birth(dd/mm/yyyy): 10/10/2018

Birth Weight(in grams): 1850

| 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 | 10/10/2018 | 6:04 PM | 1850 | | | | Sandhya Singh | |
| 2 | 11/10/2018 | 4:14 AM | 1820 | -30 | 30 loss | | Sandhya Singh | |
| 3 | 12/10/2018 | 9:19 AM | 1730 | -90 | 120 loss | | Sandhya Singh | |

Date of discharge(dd/mm/yy): 12/10/2018 **Weight of discharge(in grams):** 1750

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: Wednesday **Hospital Reg. No.:** 782

Date of Birth(dd/mm/yy) : 10/10/2018 **Mothers Name:** Shikumari

| S.No | Starting time of KMC | Stopping 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 | 9:55 PM | 11:58 PM | 02:03 | | Mother | Sandhya Singh | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |

| | | | | | | | |
|---|--|--|--|--|--|--|--|
| 7 | | | | | | | |
| 8 | | | | | | | |
| | Total KMC duration in 24 hours (8 am to 8 am): | | | | | | |
| | 02:03 | | | | | | |

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Day: Thursday **Hospital Reg. No.:** 782

Date of Birth(dd/mm/yy) : 10/10/2018 **Mothers Name:** Shikumari

| S.No | Starting time of KMC | Stopping 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 | 12:00 AM | 1:00 AM | 01:00 | | Mother | Sandhya Singh | |
| 2 | 1:20 AM | 2:00 AM | 00:40 | | Mother | Sandhya Singh | |
| 3 | 2:15 AM | 7:00 AM | 04:45 | | Mother | Sandhya Singh | |
| 4 | 7:15 AM | 8:00 AM | 00:45 | | Mother | Sandhya Singh | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| | Total KMC duration in 24 hours (8 am to 8 am): | | | | | | |
| | 07:10 | | | | | | |

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Day: Friday **Hospital Reg. No.:** 782

Date of Birth(dd/mm/yy) : 10/10/2018 **Mothers Name:** Shikumari

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| 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 : Monday **Hospital Reg. No.:** 782 **Date (dd/mm/yyyy):** 01/01/1970

Mother Name : Shikumari **Baby age(in days):** 97 days **Total feeding requirement for the day:** _____

| S.No. | Time of feeding (From, to) | Feeding method and measurement (fill in where applicable) | | | | | | | | Supplements Received (name and dose) | | | | | Nurse Signature |
|-------|--------------------------------|--|---|-----------------------|---------|-------|-----|-----------------|-------------|---|-------------|---------|----------|-----------|--------------------|
| | | Direct breast feeding (in min) | Expressed breast feed (EBF) (in ml) | Mixed Feeding (in ml) | | | | Other:* IV Type | | Vit D 3 | Calciu m | HM F | Iro n | Othe r | |
| | | | | EBF | Formula | Other | Net | In ml/hr | In drop/min | | | | | | |
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|-------|--------------------------------|--|---|-----------------------|---------|-------|-----|-----------------|-------------|---|-------------|---------|----------|-----------|--------------------|
| | | Direct breast feeding (in min) | Expressed breast feed (EBF) (in ml) | Mixed Feeding (in ml) | | | | Other:* IV Type | | Vit D 3 | Calciu m | HM F | Iro n | Othe r | |
| | | | | EBF | Formula | Other | Net | In ml/hr | In drop/min | | | | | | |
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| 11 | | | | | | | | | | | | | | | |

DISCHARGE CHECKLIST FOR KMC UNIT

Hospital Reg. No.: 782 **MCTS NO.:**

Name of mother: Shikumari **Date of discharge :** 12/10/2018

Number of days spend in KMC room (excluding days spent in SNCU/ NBSU): 96 days
weight on discharge(in grams): 1750 grams

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

Type of discharge : Referral

In case of referral

Name and address of facility reffered to: CHC Unchahar chc shivgarh

Reason for referral: babi in hypoglycemic.

DISCHARGE CHECKLIST FOR KMC UNIT

 Signature of Nurse/Doctor

 Signature of Family Member