

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.: 677 **MCTS No.:** 092812302311800191

Baby of: Arti

Date of admission to KMC unit (dd/mm/yyyy): 19/09/2018 **Time of admission** (am/pm): 05:04 PM

1- BACKGROUND INFORMATION

1.1 Date of Birth (dd/mm/yyyy): 19/09/2018

1.2 Sex: Female

1.3 Time of Birth (am/pm): 04:30:00

1.4 Type of admission: Inborn/ Outborn

1.5 Weight at birth (in grams): 1990 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): 25/01/2018

1.10 Gestational age (in weeks): 34 Weeks

1.11 Weigth of baby at admission to KMC unit (in grams): 1990 grams

1.12

G	P	A	L
2	2	0	2

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: Arti

2.2 Name of the father: Laxmikant

2.3 Name & relation of accompanying family member(s)

_____ Grand Father

2.4 Contact detail (At least 2 close contact numbers)

Phone / Mobile Number

Relations

9918408487

Arti

9984356578

Laxmikant

2.4.1 Name and Number of ASHA: Rajrani 7839726973

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: 2062

Gram Sabha-Hamlet/ House NO.: Kotwa

Address: Khusiyaalganj

Pin Code: 229308

Near: Solar Plant Near Home

Signature of Nurse at the time of admission.

Signature of Doctor

Sandhya Singh

14/01/2019 12:41 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: 677

Mother Name: Arti

Date of Birth(dd/mm/yyyy): 19/09/2018

Birth Weight(in grams): 1990

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	19/09/2018	5:06 PM	1990				Sandhya Singh	
2	20/09/2018	5:15 AM	1940	-50	50 loss		Sandhya Singh	
3	22/09/2018	3:56 PM	1860	-80	130 loss		Sandhya Singh	
4	23/09/2018	5:19 AM	1880	+20	110 loss		Sandhya Singh	

Date of discharge(dd/mm/yy): 23/09/2018 **Weight of discharge(in grams):** 1880

Net gain/loss since admission(in grams)(+/-): -110

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.:** 677

Date of Birth(dd/mm/yy) : 19/09/2018 **Mothers Name:** Arti

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	4:30 PM	5:10 PM	00:40		Mother	Sandhya Singh	
2	5:25 PM	7:50 PM	02:25		Mother	Sandhya Singh	
3	8:05 PM	11:59 PM	03:54		Mother	Sandhya Singh	
4							

5							
6							
7							
8							
Total KMC duration in 24 hours (8 am to 8 am):							
06:59							

FORM C: DAILY KMC COMPLIANCE FORM

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Day: Thursday **Hospital Reg. No.:** 677

Date of Birth(dd/mm/yy) : 19/09/2018 **Mothers Name:** Arti

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	12:05 AM	3:00 AM	02:55		Mother	Sandhya Singh	
2	3:15 AM	5:00 AM	01:45		Mother	Sandhya Singh	
3	5:05 AM	8:05 AM	03:00		Mother	Sandhya Singh	
4	8:25 AM	11:59 PM	15:34		Mother	Sandhya Singh	
5							
6							
7							
8							
Total KMC duration in 24 hours (8 am to 8 am):							
23:14							

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Day: Saturday **Hospital Reg. No.:** 677

Date of Birth(dd/mm/yy) : 19/09/2018 Mothers Name: Arti

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	10:40 AM	10:40		Mother	Sandhya Singh	
2	10:55 AM	2:20 PM	03:25		Mother	Sandhya Singh	
3	2:25 PM	2:55 PM	00:30		Mother	Sandhya Singh	
4	3:10 PM	4:00 PM	00:50		Mother	Sandhya Singh	
5	4:05 PM	6:00 PM	01:55		Grand Mother	Sandhya Singh	
6	6:10 PM	7:30 PM	01:20		Mother	Sandhya Singh	
7	7:40 PM	8:05 PM	00:25		Mother	Sandhya Singh	
8	8:15 PM	10:05 PM	01:50		Mother	Sandhya Singh	
Total KMC duration in 24 hours (8 am to 8 am): 20:55							

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.:** 677

Date of Birth(dd/mm/yy) : 19/09/2018 Mothers Name: Arti

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	6:30 AM	06:30		Mother	Sandhya Singh	

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.:** 677 **Date (dd/mm/yyyy):** 01/01/1970

Mother Name : Arti **Baby age(in days):** 118 days **Total feeding requirement for the day:** _____

[illegible]

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.: 677 Date (dd/mm/yyyy): 01/01/1970

Mother Name : Arti **Baby age(in days):** 118 days **Total feeding requirement for the day:** _____

[illegible]

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 : Monday **Hospital Reg. No.:** 677 **Date (dd/mm/yyyy):** 01/01/1970

Mother Name : Arti **Baby age(in days):** 118 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						
1															
2															
3															
4															
5															
6															
7															
8															
9															
10															
11															

DISCHARGE CHECKLIST FOR KMC UNIT

Hospital Reg. No.: 677 **MCTS NO.:**

Name of mother: Arti **Date of discharge :** 23/09/2018

Number of days spend in KMC room (excluding days spent in SNCU/ NBSU): 117 days
weight on discharge(in grams): 1880 grams

Net weight gain/loss since admission(in grams): -110

Type of discharge : Discharged by facility staff

In case of referral

Name and address of facility referred to:

Reason for referral: _____

DISCHARGE CHECKLIST FOR KMC UNIT

Signature of Nurse/Doctor

Signature of Family Member