#### 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.

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Hospital Reg. No.: 6448 MCTS No.: --

Baby of: आमरीन

 $\textbf{Date of admission to KMC unit} \ (dd/mm/yyyy): 20/11/2018 \ \textbf{Time of admission} \ (am/pm): 05:04$ 

AM

1- BACKGROUND INFORMATION

**1.1 Date of Birth** (dd/mm/yyyy): 20/11/2018

**1.2 Sex:** Male

**1.3 Time of Birth** (am/pm): 05:45:00

**1.4 Type of admission:** Inborn/ Outborn

1.5 Weight at birth (in grams): 2090 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): 20/03/2018

**1.10 Gestational age** (in weeks): 35 Weeks

1.11 Weigth of baby at admission to KMC unit (in grams): 2080 grams

1.12

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**1.13 Is the Baby stable?** Yes / No

Is the baby on medication at time of admission? (Specify name and dosage)

Ι.		
2.		

3. \_\_\_\_\_

2-	FAMILY DETAIL (For Follow Up)	
	2.1 Name of the mother: आमरीन	
	2.2 Name of the father: रजाक	
	2.3 Name & relation of accompanying family member(s)	
	आमरीन	Mother
	2.4 Contact detail (At least 2 close contact numbers) Phone / Mobile Number	Relations
	9695256351 7895324563	आमरीन रजाक
	2.4.1 Name and Number of ASHA:	
	2.5 Religion: Muslim	
	2.6 Caste: OBC	
	2.7 Address:	
	Rural/Urban: Rural State/Country: Uttar Pradesh, India District: Rae Bareli Block/ Area/ Muhalla: 2056 Gram Sabha-Hamlet/ House NO.: Jihwa Address: जिह्वा Pin Code: 229306 Near: जिह्वा	
	Signature of Nurse at the time of admission.	Signature of Doctor
	Mansa 15/01/2019 06:12 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:** 6448

Mother Name: आमरीन Date of Birth(dd/mm/yyyy): 20/11/2018

Birth Weight(in grams): 2090

	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	20/11/2018	5:05 AM	2080				Mansa		
İ	2	21/11/2018	3:01 AM	2080	+0	0 gain		Mandakini		

Date of discharge(dd/mm/yy):22/11/2018 Weight of discharge(in grams): 1990

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: Tuesday Hospital Reg. No.: 6448

Date of Birth(dd/mm/yy): 20/11/2018 Mothers Name: आमरीन

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	5:45 AM	7:01 AM	01:16		Mother	Mansa	
2	8:01 AM	10:01 AM	02:00		Mother	Mansa	
3	10:30 AM	1:01 PM	02:31		Mother	Mansa	
4	1:28 PM	3:12 PM	01:44		Mother	Mansa	
5	3:30 PM	5:30 PM	02:00		Mother	Mansa	
6	6:01 PM	8:01 PM	02:00		Mother	Mandakini	
7	8:15 PM	8:58 PM	00:43		Mother	Mandakini	

Total KMC duration in 24 hours (8 am to 8 am):	
12:14	

#### **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.: 6448

Date of Birth(dd/mm/yy): 20/11/2018 Mothers Name: आमरीन

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	12:01 AM	2:01 AM	02:00		Mother	Mandakini	
2	2:15 AM	4:01 AM	01:46		Mother	Mandakini	
3	4:15 AM	6:01 AM	01:46		Mother	Mandakini	
4	6:20 AM	8:01 AM	01:41		Mother	Mandakini	
5	8:25 AM	10:01 AM	01:36		Mother	Mansa	
6	10:30 AM	12:30 PM	02:00		Mother	Mansa	
7	1:01 PM	3:01 PM	02:00		Mother	Mansa	
8	3:20 PM	6:01 PM	02:41		Mother	Mansa	
9	6:23 PM	7:30 PM	01:07		Mother	Swati	
10	7:40 PM	8:45 PM	01:05		Mother	Swati	
	Total KMC d	luration in 24	hours (8 am to 8 am)	):			

#### 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.: 6448

Date of Birth(dd/mm/yy) : 20/11/2018 Mothers Name: आमरीन

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	12:06 AM	3:01 AM	02:55		Mother	Swati	
2	3:17 AM	4:50 AM	01:33		Mother	Swati	
3	5:01 AM	6:01 AM	01:00		Mother	Swati	
4	6:10 AM	7:22 AM	01:12		Mother	Swati	
5	7:30 AM	10:01 AM	02:31		Mother	Mandakini	
6	10:37 AM	1:01 PM	02:24		Mother	Mandakini	
	Total KMC d	luration in 24	hours (8 am to 8 am)	:			
	11:35						

# **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.: 6448 Date (dd/mm/yyyy): 01/01/1970

Mother Name : आमरीन Baby age(in days): 56 days Total feeding requirement for

the day:

	<b>T</b>		Feeding r (fill	nethod and measurement in where applicable)						!	Supplem (name	ents I	Recei dose		Nurse Signature
S.No.	Time of feeding ( From, to)	Direct breast feeding (in min)	Expressed breast feed (EBF) (in ml)		lixed Feedir Formula	Other		In ml/hr	r:* IV Type In drop/min	Vi t D 3	Calciu m	HM F	Iro n	Othe r	-
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### 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.: 6448 Date (dd/mm/yyyy): 01/01/1970

Mother Name : आमरीन Baby age(in days): 56 days Total feeding requirement for

the day:

			Feeding n (fill	in whe	d and meast ere applicab	le)			!	Supplem (name	ents I	Recei dose	ved	Nurse Signature
S.No.	Time of feeding ( From, to)	Direct breast feeding (in min)	Expressed breast feed (EBF) (in ml)		lixed Feedir Formula	og (in m) Other	In	r:* IV Type In drop/min	Vi t D				Othe r	
1														
2														
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## **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: Tu	esday <b>Ho</b> s	spital Reg. No.: 6448	<b>Date (dd/mm/yyyy)</b> : 01/01/1970
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Mother Name : आमरीन Baby age(in days): 56 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)				
			Direct breast feeding (in min)	Expressed breast feed (EBF) (in ml)		ixed Feedir Formula	g (in ml Other		In	r:* IV Type In drop/min	Vi t D 3	Calciu m			Othe r	Signature	
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Hos	pital Reg	<b>. No.:</b> 6448	MCTS N	<b>O.</b> :										
Nam	e of mot	her: आमरीन	Date of	dis	charge	:22/1	1/20	18						
		ays spend in scharge(in (				g day	s sp	ent :	in SNCU	IJ <b>/ Ì</b>	NBSU	<b>):</b> 56 (	days	
Net	weight g	ain/loss sin	ce admissic	n(iı	n grams	<b>s):</b> -10	0							
Туре	of disch	narge : Disch	narged by fac	cility	staff									
<u>In ca</u>	ase of ref	<u>ferral</u>												
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