

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.: 42512 **MCTS No.:** 0928127012117000165

Baby of: Goldie

Date of admission to KMC unit (dd/mm/yyyy): 29/06/2018 **Time of admission** (am/pm): 11:00 AM

1- BACKGROUND INFORMATION

1.1 Date of Birth (dd/mm/yyyy): 29/06/2018

1.2 Sex: Female

1.3 Time of Birth (am/pm): 09:30:00

1.4 Type of admission: Inborn/ Outborn

1.5 Weight at birth (in grams): 1720 grams

1.6 Place of birth: Hospital

1.6.1 Name and address of birth facility: CHC Dalmau

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): 29/09/2017

1.10 Gestational age (in weeks): 39 Weeks

1.11 Weight of baby at admission to KMC unit (in grams): 1720 grams

1.12

| G | P | A | L |
|----------|----------|----------|----------|
| 2 | 1 | 1 | 1 |

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: Goldie

2.2 Name of the father: Shreekant

2.3 Name & relation of accompanying family member(s)

Goldie

Mother

2.4 Contact detail (At least 2 close contact numbers)

Phone / Mobile Number

Relations

7800110147

Goldie

7800110147

Shreekant

2.4.1 Name and Number of ASHA: MADHURI PAL 7839726546

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: 2049

Gram Sabha-Hamlet/ House NO.: Kashipur

Address: Kashipur Karkasa

Pin Code: _____

Near: Handpump

Signature of Nurse at the time of admission.

Signature of Doctor

Poonam Gupta

14/01/2019 12:22 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: 42512

Mother Name: Goldie

Date of Birth(dd/mm/yyyy): 29/06/2018

Birth Weight(in grams): 1720

| Day | Date (dd/mm/yy) | Time of weighing | Weight of baby without clothes (in grams) | Todays weight- yesterday's weight (+, - or unchanged) | Net gain/loss since admission (Today's weight- Admission weight) | Remarks | Nurse Name | Signature or nurse talking weight |
|-----|-----------------|------------------|---|---|--|---------|------------|-----------------------------------|
| 1 | 29/06/2018 | 11:03 AM | 1720 | | | | | |
| 2 | 30/06/2018 | 5:42 AM | 1650 | -70 | 70 loss | | | |
| 3 | 30/06/2018 | 5:42 AM | 1650 | +0 | 70 loss | | | |
| 4 | 30/06/2018 | 5:42 AM | 1650 | +0 | 70 loss | | | |
| 5 | 01/07/2018 | 1:59 PM | 1820 | +170 | 100 gain | | | |
| 6 | 02/07/2018 | 6:00 AM | 1570 | -250 | 150 loss | | | |
| 7 | 03/07/2018 | 9:40 AM | 1560 | -10 | 160 loss | | | |

Date of discharge(dd/mm/yy): 17/08/2018 **Weight of discharge(in grams):** 1560

Net gain/loss since admission(in grams)(+/-): -160

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: Friday **Hospital Reg. No.:** 42512

Date of Birth(dd/mm/yy) : 29/06/2018 **Mothers Name:** Goldie

| 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 | 9:30 AM | 10:50 AM | 01:20 | | Mother | | |
| 2 | 11:48 AM | 1:10 PM | 01:22 | | Mother | | |
| 3 | 1:10 PM | 1:40 PM | 00:30 | | Grand Mother | | |

| | | | | | | | |
|---|---|---------|-------|--|--------|--|--|
| 4 | 2:00 PM | 3:30 PM | 01:30 | | Mother | | |
| 5 | 3:50 PM | 4:20 PM | 00:30 | | Mother | | |
| 6 | 4:15 PM | 7:45 PM | 03:30 | | Mother | | |
| 7 | 8:10 PM | 8:40 PM | 00:30 | | Mother | | |
| | Total KMC duration in 24 hours (8 am to 8 am): 09:12 | | | | | | |

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Day: Saturday **Hospital Reg. No.:** 42512

Date of Birth(dd/mm/yy) : 29/06/2018 **Mothers Name:** Goldie

| 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 | 10:30 PM | 12:30 PM | 14:00 | | Mother | | |
| 2 | 12:40 PM | 2:30 AM | 13:50 | | Mother | | |
| 3 | 2:40 AM | 6:00 AM | 03:20 | | Mother | | |
| 4 | 6:30 AM | 8:15 AM | 01:45 | | Mother | | |
| 5 | 8:35 AM | 9:00 AM | 00:25 | | Grand Mother | | |
| 6 | 9:00 AM | 10:00 AM | 01:00 | | Mother | | |
| 7 | 10:30 AM | 12:30 PM | 02:00 | | Mother | | |
| 8 | 1:00 PM | 3:30 PM | 02:30 | | Mother | | |
| 9 | 3:55 PM | 6:40 PM | 02:45 | | Grand Mother | | |
| | Total KMC duration in 24 hours (8 am to 8 am): 41:35 | | | | | | |

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Day: Sunday **Hospital Reg. No.:** 42512

Date of Birth(dd/mm/yy) : 29/06/2018 **Mothers Name:** Goldie

| 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 | 10:00 PM | 2:00 AM | 04:00 | | Mother | | |
| 2 | 2:30 AM | 3:30 AM | 01:00 | | Grand Mother | | |
| 3 | 4:00 AM | 6:00 AM | 02:00 | | Mother | | |
| 4 | 6:20 AM | 8:30 AM | 02:10 | | Mother | | |
| 5 | 9:00 AM | 11:00 AM | 02:00 | | Mother | | |
| 6 | 1:30 PM | 2:40 PM | 01:10 | | Mother | | |
| 7 | 3:00 PM | 5:20 PM | 02:20 | | Mother | | |
| 8 | 5:30 PM | 7:00 PM | 01:30 | | Mother | | |
| 9 | 7:10 PM | 8:30 PM | 01:20 | | Mother | | |
| | Total KMC duration in 24 hours (8 am to 8 am): 17:30 | | | | | | |

FORM C: DAILY KMC COMPLIANCE FORM

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Day: Monday **Hospital Reg. No.:** 42512

Date of Birth(dd/mm/yy) : 29/06/2018 **Mothers Name:** Goldie

| 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 | 12:55 PM | 4:00 AM | 15:05 | | Mother | | |
| 2 | 4:15 AM | 8:45 AM | 04:30 | | Mother | | |
| 3 | | | | | | | |

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|---|---|--|--|--|--|--|--|
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| | Total KMC duration in 24 hours (8 am to 8 am): 19:35 | | | | | | |

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Day: Tuesday **Hospital Reg. No.:** 42512

Date of Birth(dd/mm/yy) : 29/06/2018 **Mothers Name:** Goldie

| 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 | 9:00 AM | 10:00 AM | 01:00 | | Grand Mother | | |
| 2 | 11:00 AM | 12:20 PM | 01:20 | | Mother | | |
| 3 | 12:20 PM | 7:39 PM | 07:19 | | Grand Mother | | |
| 4 | 1:15 PM | 3:00 PM | 01:45 | | Mother | | |
| 5 | 3:15 PM | 5:00 PM | 01:45 | | Mother | | |
| 6 | 5:30 PM | 7:43 PM | 02:13 | | Mother | | |
| 7 | 8:35 PM | 9:15 PM | 00:40 | | Grand Mother | | |
| | Total KMC duration in 24 hours (8 am to 8 am): 16:02 | | | | | | |

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.:** 42512 **Date (dd/mm/yyyy):** 01/01/1970

Mother Name : Goldie **Baby age(in days):** 200 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.:** 42512 **Date (dd/mm/yyyy):** 01/01/1970

Mother Name : Goldie **Baby age(in days):** 200 days **Total feeding requirement for the day:**

[illegible]

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| 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.:** 42512 **Date (dd/mm/yyyy):** 01/01/1970

Mother Name : Goldie **Baby age(in days):** 200 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 t D 3 | Calciu m | HM F | Iro n | Othe r | |
| | | | | EBF | Formula | Other | Net | In ml/hr | In drop/min | | | | | | |
| 1 | | | | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | | | |
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| 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.:** 42512 **Date (dd/mm/yyyy):** 01/01/1970

Mother Name : Goldie **Baby age(in days):** 200 days **Total feeding requirement for the day:** _____

DISCHARGE CHECKLIST FOR KMC UNIT

Hospital Reg. No.: 42512 **MCTS NO.:**

Name of mother: Goldie **Date of discharge :** 17/08/2018

Number of days spend in KMC room (excluding days spent in SNCU/ NBSU): 199 days
weight on discharge(in grams): 1560 grams

Net weight gain/loss since admission(in grams): -160

Type of discharge : Referral

In case of referral

Name and address of facility reffered to: CHC Kheero chc dalmau

Reason for referral: baby suffered from looose motions.

DISCHARGE CHECKLIST FOR KMC UNIT

1. Stable and not on parenteral medication, the baby's general health is good and there is no concurrent disease such as apnoea or infection
2. Accepting feeds directly from breast (preferable) or by spoon, paladai or cup, he is feeding well, and is exclusively or predominantly breastfed
3. The mother is confident in caring for the baby and is able to come regularly for follow-up visits. At discharge, the mother and family members must be taught to ensure that the infant is nursed in a warm room and is breastfed (Given expressed milk using paladai or cup). They should be adequately told about hygiene, danger signs, follow-up visits, immunization and prompt care seeking at a health facility. KMC should be continued as long as required and baby and mother should not be discharged in a hurry.

Signature of Nurse/Doctor

Signature of Family Member