

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.: 1185 **MCTS No.:** --

Baby of: चाँदनी

Date of admission to KMC unit (dd/mm/yyyy): 18/11/2018 **Time of admission** (am/pm): 07:58 AM

1- BACKGROUND INFORMATION

1.1 Date of Birth (dd/mm/yyyy): 18/11/2018

1.2 Sex: Female

1.3 Time of Birth (am/pm): 09:07:00

1.4 Type of admission: Inborn/ Outborn

1.5 Weight at birth (in grams): 2020 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): 26/02/2018

1.10 Gestational age (in weeks): 38 Weeks

1.11 Weight of baby at admission to KMC unit (in grams): 2020 grams

1.12

G	P	A	L
4	4	0	4

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: चाँदनी

2.2 Name of the father: राजाराम

2.3 Name & relation of accompanying family member(s)

चाँदनी

Mother

2.4 Contact detail (At least 2 close contact numbers)

Phone / Mobile Number

Relations

9559960526

चाँदनी

8596324568

राजाराम

2.4.1 Name and Number of ASHA: _____

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: 2056

Gram Sabha-Hamlet/ House NO.: Para Kalan

Address: पराकला

Pin Code: 229306

Near: पराकला

Signature of Nurse at the time of admission.

Signature of Doctor

Mandakini

15/01/2019 06:13 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: 1185

Mother Name: चाँदनी

Date of Birth(dd/mm/yyyy): 18/11/2018

Birth Weight(in grams): 2020

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	18/11/2018	8:00 AM	2020				Mandakini	
2	19/11/2018	2:14 AM	1910	-110	110 loss		Swati	
3	20/11/2018	2:38 AM	1890	-20	130 loss		Mansa	

Date of discharge(dd/mm/yy): 20/11/2018 **Weight of discharge(in grams):** 1920

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: Sunday **Hospital Reg. No.:** 1185

Date of Birth(dd/mm/yy) : 18/11/2018 **Mothers Name:** चाँदनी

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	9:08 AM	10:30 AM	01:22		Mother	Mandakini	
2	11:01 AM	1:01 PM	02:00		Mother	Mandakini	
3	1:30 PM	3:30 PM	02:00		Mother	Mansa	
4	4:01 PM	6:01 PM	02:00		Mother	Mansa	
5	6:15 PM	8:05 PM	01:50		Mother	Swati	
6	8:20 PM	9:20 PM	01:00		Mother	Swati	
7	9:30 PM	10:35 PM	01:05		Mother	Swati	

Total KMC duration in 24 hours (8 am to 8 am):	
11:17	

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Day: Monday **Hospital Reg. No.:** 1185

Date of Birth(dd/mm/yy) : 18/11/2018 **Mothers Name:** चाँदनी

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	12:14 AM	2:12 AM	01:58		Mother	Swati	
2	2:30 AM	4:25 AM	01:55		Mother	Swati	
3	4:45 AM	6:50 AM	02:05		Mother	Swati	
4	7:05 AM	7:45 AM	00:40		Mother	Swati	
5	8:01 AM	9:01 AM	01:00		Grand Mother	Sanno	
6	9:20 AM	11:30 AM	02:10		Mother	Mansa	
7	12:01 PM	2:02 PM	02:01		Mother	Mansa	
8	2:10 PM	4:32 PM	02:22		Mother	Mansa	
9	5:01 PM	7:07 PM	02:06		Mother	Mansa	
Total KMC duration in 24 hours (8 am to 8 am):							
16:17							

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Day: Tuesday **Hospital Reg. No.:** 1185

Date of Birth(dd/mm/yy) : 18/11/2018 **Mothers Name:** चाँदनी

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2															
3															
4															
5															
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7															
8															
9															
10															
11															

DISCHARGE CHECKLIST FOR KMC UNIT

Hospital Reg. No.: 1185 **MCTS NO.:**

Name of mother: चाँदनी **Date of discharge :** 20/11/2018

Number of days spend in KMC room (excluding days spent in SNCU/ NBSU): 58 days
weight on discharge(in grams): 1920 grams

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

Type of discharge : DOPR

In case of referral

Name and address of facility reffered to:

Reason for referral: _____

DISCHARGE CHECKLIST FOR KMC UNIT

Signature of Nurse/Doctor

Signature of Family Member