

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.: 1100/3111 **MCTS No.:** --

Baby of: Laxmi

Date of admission to KMC unit (dd/mm/yyyy): 11/01/2019 **Time of admission** (am/pm): 01:15 PM

1- BACKGROUND INFORMATION

1.1 Date of Birth (dd/mm/yyyy): 11/01/2019

1.2 Sex: Female

1.3 Time of Birth (am/pm): 06:01:00

1.4 Type of admission: Inborn/ Outborn

1.5 Weight at birth (in grams): 2045 grams

1.6 Place of birth: Hospital

1.6.1 Name and address of birth facility: CHC Kheero

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): 30/06/2018

1.10 Gestational age (in weeks): 28 Weeks

1.11 Weight of baby at admission to KMC unit (in grams): 2045 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: Laxmi

2.2 Name of the father: Lallu

2.3 Name & relation of accompanying family member(s)

Lallu

Father

2.4 Contact detail (At least 2 close contact numbers)

Phone / Mobile Number

Relations

9125489033

Laxmi

9225489033

Lallu

2.4.1 Name and Number of ASHA: Minakshi Devi 7839725534

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: 2054

Gram Sabha-Hamlet/ House NO.: Ranapur Urf Pahrauli

Address: Khajuriya Bandh Bhatta

Pin Code: 210125

Near: Bhatta

Signature of Nurse at the time of admission.

Signature of Doctor

Poornima

13/01/2019 12:05 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: 1100/3111

Mother Name: Laxmi

Date of Birth(dd/mm/yyyy): 11/01/2019

Birth Weight(in grams): 2045

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	11/01/2019	1:16 PM	2045				Poornima	
2	12/01/2019	2:09 AM	2010	-35	35 loss		Neelam	
3	13/01/2019	2:42 AM	1980	-30	65 loss		Neelam	

Date of discharge(dd/mm/yy): 13/01/2019 **Weight of discharge(in grams):** 2000

Net gain/loss since admission(in grams)(+/-): -45

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.:** 1100/3111

Date of Birth(dd/mm/yy) : 11/01/2019 **Mothers Name:** Laxmi

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	6:01 PM	7:01 PM	01:00		Mother	Neelam	
2	7:05 PM	8:01 PM	00:56		Mother	Neelam	
3	8:20 PM	9:01 PM	00:41		Mother	Neelam	
4	9:15 PM	10:01 PM	00:46		Mother	Neelam	
5							
6							
7							

8							
	Total KMC duration in 24 hours (8 am to 8 am): 03:23						

FORM C: DAILY KMC COMPLIANCE FORM

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Day: Saturday **Hospital Reg. No.:** 1100/3111

Date of Birth(dd/mm/yy) : 11/01/2019 **Mothers Name:** Laxmi

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	12:20 AM	2:01 AM	01:41		Mother	Neelam	
2	2:25 AM	4:01 AM	01:36		Mother	Neelam	
3	4:30 AM	6:01 AM	01:31		Mother	Neelam	
4	6:25 AM	7:45 AM	01:20		Mother	Neelam	
5	8:01 AM	10:30 AM	02:29		Mother	Poornima	
6	11:01 AM	12:30 PM	01:29		Mother	Poornima	
7	12:41 PM	2:15 PM	01:34		Grand Mother	Kirti	
8	2:31 PM	4:15 PM	01:44		Mother	Kirti	
9	4:32 PM	6:01 PM	01:29		Mother	Kirti	
10	6:20 PM	7:30 PM	01:10		Mother	Neelam	
11	8:01 PM	9:01 PM	01:00		Mother	Neelam	
12	9:15 PM	10:01 PM	00:46		Mother	Neelam	
13	10:20 PM	11:30 PM	01:10		Mother	Neelam	
	Total KMC duration in 24 hours (8 am to 8 am): 18:59						

FORM C: DAILY KMC COMPLIANCE FORM

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Date of Birth(dd/mm/yy) : 11/01/2019 Mothers Name: Laxmi

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	12:17 AM	1:50 AM	01:33		Mother	Neelam	
2	2:15 AM	3:01 AM	00:46		Mother	Neelam	
3	3:18 AM	5:01 AM	01:43		Mother	Neelam	
4	5:20 AM	6:45 AM	01:25		Mother	Neelam	
5	7:01 AM	8:01 AM	01:00		Mother	Neelam	
6	8:12 AM	10:05 AM	01:53		Grand Mother	Neelam	
7	10:21 AM	12:10 PM	01:49		Mother	Kirti	
	Total KMC duration in 24 hours (8 am to 8 am): 10:09						

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 : Sunday **Hospital Reg. No.:** 1100/3111 **Date (dd/mm/yyyy):** 01/01/1970

Mother Name : Laxmi **Baby age(in days):** 3 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 : Sunday **Hospital Reg. No.:** 1100/3111 **Date (dd/mm/yyyy):** 01/01/1970

Mother Name : Laxmi **Baby age(in days):** 3 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															
3															
4															
5															
6															
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Day : Sunday **Hospital Reg. No.:** 1100/3111 **Date (dd/mm/yyyy):** 01/01/1970

Mother Name : Laxmi **Baby age(in days):** 3 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.: 1100/3111 **MCTS NO.:**

Name of mother: Laxmi **Date of discharge :** 13/01/2019

Number of days spend in KMC room (excluding days spent in SNCU/ NBSU): 2 days
weight on discharge(in grams): 2000 grams

Net weight gain/loss since admission(in grams): -45

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

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. Maintaining temperature in the KMC position and mother's bed for 3 consecutive days at room temperature
3. Gaining 15-20 grams per day for at least 3 consecutive days

4. Accepting feeds directly from breast (preferable) or by spoon, paladai or cup, he is feeding well, and is exclusively or predominantly breastfed

5. 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