

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.: 3887 **MCTS No.:** --

Baby of: Hashmee Khanum

Date of admission to KMC unit (dd/mm/yyyy): 09/08/2018 **Time of admission** (am/pm): 01:38 AM

1- BACKGROUND INFORMATION

1.1 Date of Birth (dd/mm/yyyy): 08/08/2018

1.2 Sex: Female

1.3 Time of Birth (am/pm): 06:38:00

1.4 Type of admission: Inborn/ Outborn

1.5 Weight at birth (in grams): 2170 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): 01/01/1970

1.10 Gestational age (in weeks): 2536 Weeks

1.11 Weight of baby at admission to KMC unit (in grams): 2170 grams

1.12

| G | P | A | L |
|----------|----------|----------|----------|
| 4 | 4 | 0 | 3 |

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: Hashmee Khanum

2.2 Name of the father: Mo Saani

2.3 Name & relation of accompanying family member(s)

Hashmee Khanum

Mother

2.4 Contact detail (At least 2 close contact numbers)

Phone / Mobile Number

Relations

8604781134

Hashmee Khanum

7347842510

Mo Saani

2.4.1 Name and Number of ASHA: _____

2.5 Religion: Muslim

2.6 Caste: ST

2.7 Address:

Rural/Urban: Rural

State/Country: Uttar Pradesh, India

District: Rae Bareli

Block/ Area/ Muhalla: 2045

Gram Sabha-Hamlet/ House NO.: Amanwa

Address: Imaaamganj

Pin Code: 229316

Near: Maharajganj

Signature of Nurse at the time of admission.

Signature of Doctor

Swati

15/01/2019 07:16 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: 3887

Mother Name: Hashmee Khanum

Date of Birth(dd/mm/yyyy): 08/08/2018

Birth Weight(in grams): 2170

| 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 | 09/08/2018 | 1:40 AM | 2140 | | | | | |

Date of discharge(dd/mm/yy): 09/08/2018 **Weight of discharge(in grams):** 1980

Net gain/loss since admission(in grams)(+/-): -190

DISCHARGE CHECKLIST FOR KMC UNIT

Hospital Reg. No.: 3887 **MCTS NO.:**

Name of mother: Hashmee Khanum **Date of discharge :** 09/08/2018

Number of days spend in KMC room (excluding days spent in SNCU/ NBSU): 159 days
weight on discharge(in grams): 1980 grams

Net weight gain/loss since admission(in grams): -190

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