

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.: 123 **MCTS No.:** --

Baby of: Fnsfn

Date of admission to KMC unit (dd/mm/yyyy): 01/01/1970 **Time of admission** (am/pm): 01:33 AM

1- BACKGROUND INFORMATION

1.1 Date of Birth (dd/mm/yyyy): 05/12/2019

1.2 Sex: Male

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

1.4 type of admission: Inborn/ Outborn

1.5 Weight at birth (in grams): 1250 grams

1.6 Place of birth: At Home

1.6.1 Name and address of birth facility: Other

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): 09/03/2018

1.10 Gestational age (in weeks): 91 Weeks

1.11 Weigth of baby at admission to KMC unit (in grams): 1250 grams

1.12

G	P	A	L
5	5	5	5

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: Fnsfn

2.2 Name of the father: Sfnsf

2.3 Name & relation of accompanying family member(s)

Sfnsf

Father

2.4 Contact detail (At least 2 close contact numbers)

Phone / Mobile Number

Relations

Fnsfn

Sfnsf

2.4.1 Name and Number of ASHA: _____

2.5 Religion: Sikh

2.6 Caste: General

2.7 Address:

Rural/Urban: Urban

State/Country: Uttar Pradesh, India

District: Lucknow

Block/ Area/ Muhalla:

Gram Sabha-Hamlet/ House NO.: Gosainganj (Np)

Address: Xbzna

Pin Code: 894989

Near: _____

Signature of Nurse at the time of admission.

Signature of Doctor

Seema

06/12/2019 12:24 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: 123

Mother Name: Fnsfn

Date of Birth(dd/mm/yyyy): 05/12/2019

Birth Weight(in grams): 1250

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	05/12/2019	1:33 AM	1250				Seema	
2	01/01/1970	1:33 AM		-1250	1250 loss		Seema	
3	01/01/1970	1:33 AM		+0	1250 loss		Seema	
4	01/01/1970	1:33 AM		+0	1250 loss			

Date of Discharge(dd/mm/yy):06/12/2019 **Weight of discharge(in grams):** 1250

Net gain/loss since admission(in grams)(+/-): 0

DISCHARGE CHECKLIST FOR KMC UNIT

Hospital Reg. No.: 123 **MCTS NO.:**

Name of mother: Fnsfn **Date of discharge :**06/12/2019

Number of days spend in KMC room (excluding days spent in SNCU/ NBSU): 18236 days
weight on discharge(in grams): 1250 grams

Net weight gain/loss since admission(in grams): 0

type of discharge : Referral

In case of referral

Name and address of facility referred to: DWH VAB Lko fa

reason for referral: x

DISCHARGE CHECKLIST FOR KMC UNIT

Signature of Nurse/Doctor

Signature of Family Member