

## **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.**

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**Hospital Reg. No.:** 116/725      **MCTS No.:** --

**Baby of:** Kamla Devi

**Date of admission to KMC unit** (dd/mm/yyyy): 19/07/2018 **Time of admission** (am/pm): 07:26 PM

### **1- BACKGROUND INFORMATION**

**1.1 Date of Birth** (dd/mm/yyyy): 19/07/2018

**1.2 Sex:** Female

**1.3 Time of Birth** (am/pm): 21:20:00

**1.4 Type of admission:** Inborn/ Outborn

**1.5 Weight at birth** (in grams): 2330 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): 01/01/1970

**1.10 Gestational age** (in weeks): 2533 Weeks

**1.11 Weigth of baby at admission to KMC unit** (in grams): 2330 grams

**1.12**

<b>G</b>	<b>P</b>	<b>A</b>	<b>L</b>
1	1	0	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:** Kamla Devi

**2.2 Name of the father:** Kailash Kumar

**2.3 Name & relation of accompanying family member(s)**

Kamla Devi

Mother

**2.4 Contact detail (At least 2 close contact numbers)**

**Phone / Mobile Number**

**Relations**

7233090585

Kamla Devi

7233090585

Kailash Kumar

**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:** 2050

**Gram Sabha-Hamlet/ House NO.:** Jalalpur Dhari

**Address:** Jiyak Charuhat

**Pin Code:** \_\_\_\_\_

**Near:** \_\_\_\_\_

**Signature of Nurse at the time of admission.**

**Signature of Doctor**

Ku.Pratibha

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:** 116/725

**Mother Name:** Kamla Devi

**Date of Birth(dd/mm/yyyy):** 19/07/2018

**Birth Weight(in grams):** 2330

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	19/07/2018	7:31 PM	2330					

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

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

## **DISCHARGE CHECKLIST FOR KMC UNIT**

**Hospital Reg. No.:** 116/725 **MCTS NO.:**

**Name of mother:** Kamla Devi **Date of discharge :** 17/08/2018

**Number of days spend in KMC room (excluding days spent in SNCU/ NBSU):** 179 days  
**weight on discharge(in grams):** 2330 grams

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

**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

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Signature of Nurse/Doctor

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Signature of Family Member