

## **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.:** 126/1945      **MCTS No.:** --

**Baby of:** Savita

**Date of admission to KMC unit** (dd/mm/yyyy): 23/12/2018 **Time of admission** (am/pm): 06:06 AM

### **1- BACKGROUND INFORMATION**

**1.1 Date of Birth** (dd/mm/yyyy): 23/12/2018

**1.2 Sex:** Male

**1.3 Time of Birth** (am/pm): 11:10:00

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

**1.5 Weight at birth** (in grams): 1690 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): 12/05/2018

**1.10 Gestational age** (in weeks): 32 Weeks

**1.11 Weight of baby at admission to KMC unit** (in grams): 1690 grams

**1.12**

<b>G</b>	<b>P</b>	<b>A</b>	<b>L</b>
3	3	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:** Savita

**2.2 Name of the father:** Vimlesh

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

Savita

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

**Phone / Mobile Number**

**Relations**

9598230045

Savita

9598230045

Vimlesh

**2.4.1 Name and Number of ASHA:** SANTOSH KUMARI 8052339512

**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:** 2049

**Gram Sabha-Hamlet/ House NO.:** Korauli Dama

**Address:** Nasirpur

**Pin Code:** 212211

**Near:** Dalmau

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

**Signature of Doctor**

Srimati Basanti Kumari

25/12/2018 12:49 PM

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## 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:** 126/1945

**Mother Name:** Savita

**Date of Birth(dd/mm/yyyy):** 23/12/2018

**Birth Weight(in grams):** 1690

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	23/12/2018	6:08 AM	1690				Srimati Basanti Kumari	

**Date of discharge(dd/mm/yy):**25/12/2018 **Weight of discharge(in grams):** 1625

**Net gain/loss since admission(in grams)(+/-):** -65

## DISCHARGE CHECKLIST FOR KMC UNIT

**Hospital Reg. No.:** 126/1945 **MCTS NO.:**

**Name of mother:** Savita **Date of discharge :**25/12/2018

**Number of days spend in KMC room (excluding days spent in SNCU/ NBSU):** 2 days  
**weight on discharge(in grams):** 1625 grams

**Net weight gain/loss since admission(in grams):** -65

**Type of discharge :** DOPR

### 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.** Gaining 15-20 grams per day for at least 3 consecutive days

**3.** 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