

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

Date: April 9, 2020 8 AM - April 10, 2020 8 AM **Hospital Reg. No.:** 1230

Date of Birth(dd/mm/yy) : 10/04/2020 Mothers Name: Ramawati

| S.No | Start Date Time of KMC | Stop Date 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 |
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| | Total KMC duration in 24 hours (2020-04-09 8 AM to 2020-04-10 8 AM): 00:00 | | | | | | |

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Date: April 10, 2020 8 AM - April 11, 2020 8 AM **Hospital Reg. No.:** 1230

Date of Birth(dd/mm/yy) : 10/04/2020 **Mothers Name:** Ramawati

| S.No | Start Date Time of KMC | Stop Date 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 |
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| | Total KMC duration in 24 hours (2020-04-10 8 AM to 2020-04-11 8 AM): 00:00 | | | | | | |

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Date: April 11, 2020 8 AM - April 12, 2020 8 AM **Hospital Reg. No.:** 1230

Date of Birth(dd/mm/yy) : 10/04/2020 Mothers Name: Ramawati

| S.No | Start DateTime of KMC | Stop DateTime 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 |
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| | Total KMC duration in 24 hours (2020-04-11 8 AM to 2020-04-12 8 AM): 00:00 | | | | | | |

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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

Date: April 12, 2020 8 AM - April 13, 2020 8 AM **Hospital Reg. No.:** 1230

Date of Birth(dd/mm/yy) : 10/04/2020 Mothers Name: Ramawati

| S.No | Start Date Time of KMC | Stop Date 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 |
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| | Total KMC duration in 24 hours (2020-04-12 8 AM to 2020-04-13 8 AM): 00:00 | | | | | | |

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

Date: April 13, 2020 8 AM - April 14, 2020 8 AM **Hospital Reg. No.:** 1230

Date of Birth(dd/mm/yy) : 10/04/2020 Mothers Name: Ramawati

| S.No | Start Date Time of KMC | Stop Date 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 |
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| | Total KMC duration in 24 hours (2020-04-13 8 AM to 2020-04-14 8 AM): 00:00 | | | | | | |

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

Date: April 14, 2020 8 AM - April 15, 2020 8 AM **Hospital Reg. No.:** 1230

Date of Birth(dd/mm/yy) : 10/04/2020 Mothers Name: Ramawati

| S.No | Start Date Time of KMC | Stop Date 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 |
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| | Total KMC duration in 24 hours (2020-04-14 8 AM to 2020-04-15 8 AM): 00:00 | | | | | | |

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

Date: April 15, 2020 8 AM - April 16, 2020 8 AM **Hospital Reg. No.:** 1230

Date of Birth(dd/mm/yy) : 10/04/2020 **Mothers Name:** Ramawati

| S.No | Start Date Time of KMC | Stop Date 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 |
|------|---|--------------------------------|--|--|-----------------|---------------|--------------------|
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| | Total KMC duration in 24 hours (2020-04-15 8 AM to 2020-04-16 8 AM): 00:00 | | | | | | |

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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

Date: April 16, 2020 8 AM - April 17, 2020 8 AM **Hospital Reg. No.:** 1230

Date of Birth(dd/mm/yy) : 10/04/2020 **Mothers Name:** Ramawati

| S.No | Start DateTime of KMC | Stop DateTime 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 |
|------|---|----------------------------|--|--|-----------------|---------------|--------------------|
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| | Total KMC duration in 24 hours (2020-04-16 8 AM to 2020-04-17 8 AM): 00:00 | | | | | | |

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Date: April 17, 2020 8 AM - April 18, 2020 8 AM **Hospital Reg. No.:** 1230

Date of Birth(dd/mm/yy) : 10/04/2020 **Mothers Name:** Ramawati

| S.No | Start Date Time of KMC | Stop Date 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 |
|------|---|--------------------------------|--|--|-----------------|---------------|--------------------|
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| | Total KMC duration in 24 hours (2020-04-17 8 AM to 2020-04-18 8 AM): 00:00 | | | | | | |

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

Date: April 18, 2020 8 AM - April 19, 2020 8 AM **Hospital Reg. No.:** 1230

Date of Birth(dd/mm/yy) : 10/04/2020 Mothers Name: Ramawati

| S.No | Start DateTime of KMC | Stop DateTime 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,doctorcheckup,mothers mealtime,mothers personal care,family visit,discomfort,complications,etc.) | KMC Provider | Nurse Name | Nurse Signature |
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| | Total KMC duration in 24 hours (2020-04-18 8 AM to 2020-04-19 8 AM): 00:00 | | | | | | |

FORM C: DAILY KMC COMPLIANCE FORM

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Date: April 19, 2020 8 AM - April 20, 2020 8 AM **Hospital Reg. No.:** 1230

Date of Birth(dd/mm/yy) : 10/04/2020 Mothers Name: Ramawati

| S.No | Start Date Time of KMC | Stop Date 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 |
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| | Total KMC duration in 24 hours (2020-04-19 8 AM to 2020-04-20 8 AM): 00:00 | | | | | | |

