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.: 41092 MCTS No.: --

Baby of: पूनम

Date of admission to KMC unit (dd/mm/yyyy): 18/08/2018 Time of admission (am/pm): 03:51 AM

- 1- BACKGROUND INFORMATION
 - **1.1 Date of Birth** (dd/mm/yyyy): 18/08/2018
 - 1.2 Sex: Female
 - **1.3 Time of Birth** (am/pm): 03:40:00
 - **1.4 Type of admission:** Inborn/ Outborn
 - 1.5 Weight at birth (in grams): 1890 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): 2537 Weeks
 - **1.11 Weigth of baby at admission to KMC unit** (in grams): 1890 grams
 - 1.12

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2	2	0	2

1.13 Is the Baby stable? Yes / No

Is the baby on medication at time of admission? (Specify name and dosage)

Ι.	·	
2.	•	

2-	FAMILY DETAIL (For Follow Up)	
	2.1 Name of the mother: पूनम	
	2.2 Name of the father: अशोक कुमार	
	2.3 Name & relation of accompanying family member(s)	
	मातादेई	Aunty
	2.4 Contact detail (At least 2 close contact numbers) Phone / Mobile Number	Relations
	9304695923 7376590693	पूनम अशोक कुमार
	2.4.1 Name and Number of ASHA:	
	2.5 Religion: Hindu	
	2.6 Caste: General	
	2.7 Address:	
	Rural/Urban: Rural State/Country: Uttar Pradesh, India District: Rae Bareli Block/ Area/ Muhalla: 2045 Gram Sabha-Hamlet/ House NO.: Pahremau Address: गढ़ी बांगरमऊ Pin Code: 229306 Near: पहरेमऊ	
	Signature of Nurse at the time of admission.	Signature of Doctor
	Mansa 15/01/2019 07:15 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: 41092

Mother Name: पूनम Date of Birth(dd/mm/yyyy): 18/08/2018

Birth Weight(in grams): 1890

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	18/08/2018	3:55 AM	1890				Mansa	
2	19/08/2018	3:07 AM	1830	-60	60 loss		Swati	
3	20/08/2018	3:00 AM	1770	-60	120 loss		Sanno	
4	21/08/2018	2:57 AM	1850	+80	40 loss		Sanno	
5	22/08/2018	2:12 AM	1880	+30	10 loss		Sanno	

Date of discharge(dd/mm/yy):22/08/2018 Weight of discharge(in grams): 1890

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

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

Day: Saturday Hospital Reg. No.: 41092

Date of Birth(dd/mm/yy): 18/08/2018 Mothers Name: पुनम

S.No	Starting time of KMC	Stopping time of KMC	Duration of KMC per episode (if KMC duration>=1hour 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
1	3:41 AM	5:30 AM	01:49		Mother	Mandakini	
2	6:00 AM	8:30 AM	02:30		Aunty	Mandakini	
3	8:40 AM	10:30 AM	01:50		Grand Mother	Mandakini	
4	11:00 AM	1:30 PM	02:30		Grand Mother	Sanno	

5	2:00 PM	4:30 PM	02:30		Mother	Sanno	
6	5:00 PM	7:00 PM	02:00		Grand Mother	Sanno	
7	7:10 PM	8:10 PM	01:00		Mother	Swati	
8	8:20 PM	9:30 PM	01:10		Mother	Swati	
9	10:50 PM	10:55 PM	00:05		Mother	Swati	
10	11:00 PM	11:58 PM	00:58		Mother	Swati	
	Total KMC d	luration in 24	hours (8 am to 8 am)	:			
	16:22						

FORM C: DAILY KMC COMPLIANCE FORM

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Day: Sunday Hospital Reg. No.: 41092

Date of Birth(dd/mm/yy): 18/08/2018 Mothers Name: पूनम

S.No	Starting time of KMC	Stopping time of KMC	Duration of KMC per episode (if KMC duration>=1hour 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
1	12:05 AM	1:30 AM	01:25		Mother	Swati	
2	1:35 AM	3:25 AM	01:50		Mother	Swati	
3	3:30 AM	5:30 AM	02:00		Mother	Swati	
4	5:35 AM	7:35 AM	02:00		Grand Mother	Swati	
5	7:40 AM	8:57 AM	01:17		Mother	Mansa	
6	9:15 AM	11:30 AM	02:15		Mother	Mansa	
7	12:00 PM	2:30 PM	02:30		Grand Mother	Mandakini	
8	3:00 PM	4:30 PM	01:30		Mother	Mandakini	
9	5:00 PM	7:00 PM	02:00		Mother	Mandakini	
10	7:06 PM	11:00 PM	03:54		Mother	Sanno	
11	11:38 PM	11:59 PM	00:21		Mother	Sanno	
	Total KMC d	luration in 24	hours (8 am to 8 am)):			
	21:02						

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

Day: Monday Hospital Reg. No.: 41092

Date of Birth(dd/mm/yy): 18/08/2018 Mothers Name: पूनम

S.No	Starting time of KMC	Stopping time of KMC	Duration of KMC per episode (if KMC duration>=1hour 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
1	12:00 AM 2:55 AM		02:55		Mother	Sanno	
2	3:04 AM	3:30 AM	00:26		Mother	Sanno	
3	3:33 AM	6:48 AM	03:15		Mother	Sanno	
4	7:00 AM	10:30 AM	03:30		Mother	Swati	
5	10:45 AM	11:49 AM	01:04		Mother	Swati	
6	12:15 PM	2:30 PM	02:15		Mother	Mansa	
7	2:40 PM	4:00 PM	01:20		Father	Mansa	
8	4:30 PM	7:30 PM	03:00		Mother	Mansa	
9	7:35 PM	11:00 PM	03:25		Mother	Sanno	
10	11:29 PM	11:59 PM	00:30		Mother	Sanno	
	Total KMC d	uration in 24	hours (8 am to 8 am)	:			

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

Day: Tuesday Hospital Reg. No.: 41092

Date of Birth(dd/mm/yy): 18/08/2018 Mothers Name: पूनम

S.No	Starting Stopping time of KMC of KMC	Duration of KMC per episode (if KMC duration>=1hour 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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1	12:00 AM	1:23 AM	01:23		Mother	Sanno	
2	1:29 AM	4:29 AM	03:00		Mother	Sanno	
3	4:32 AM	7:29 AM	02:57		Mother	Sanno	
4	7:35 AM	10:00 AM	02:25		Father	Swati	
5	10:15 AM	12:30 PM	02:15		Mother	Swati	
6	1:00 PM	4:00 PM	03:00		Mother	Mansa	
7	4:20 PM	7:00 PM	02:40		Mother	Mansa	
8	7:20 PM	10:17 PM	02:57		Mother	Sanno	
	Total KMC d	uration in 24	hours (8 am to 8 am)):			
	20:37						

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

Day: Wednesday Hospital Reg. No.: 41092

Date of Birth(dd/mm/yy) : 18/08/2018 Mothers Name: पूनम

S.No	Starting time of KMC	Stopping time of KMC	Duration of KMC per episode (if KMC duration>=1hour 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
1	1:28 AM	4:32 AM	03:04		Mother	Sanno	
2	4:40 AM	6:36 AM	01:56		Mother	Sanno	
3	6:40 AM	10:00 AM	03:20		Mother	Swati	
4							
5							
6							
7							
8							
	Total KMC d	luration in 24	hours (8 am to 8 am)	:			
	08:20						

FORM B: DAILY INTAKE MONITORING RECORD

Objective: To record the quantity and frequency of feeding of the baby admitted in the KMC unit in 24 hours (8 AM - 8 Am), so as to compare the total quantity to the total feeding requirement. To be filled by nurse on duty in the KMC

Day : Tuesday Hospital Reg. No.: 41092 Date (dd/mm/yyyy): 01/01/1970

Mother Name : पूनम Baby age(in days): 150 days Total feeding requirement for the day: _____

			Feeding method and measurement (fill in where applicable)							9	Supplem (name	ents I	Recei dose	ved	Nurse Signature
S.No.	Time of feeding (From, to)	Direct breast feeding (in min)	Expressed breast feed (EBF) (in ml)		lixed Feedin Formula	g (in ml Other		T	r:* IV Type In drop/min	Vi t D 3	Calciu m			Othe r	
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Objective: To record the quantity and frequency of feeding of the baby admitted in the KMC unit in 24 hours (8 AM - 8 Am), so as to compare the total quantity to the total feeding requirement. To be filled by nurse on duty in the KMC

Day: Tuesday	Hospital Reg. No.: 41092	Date (dd/mm/yyyy) : 01/01/1970
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Mother Name : पूनम Baby age(in days): 150 days Total feeding requirement for the day:

			Feeding method and measurement (fill in where applicable)										Supplements Received (name and dose)				
S.No.	Time of feeding (From, to)	Direct breast feeding (in min)	Expressed breast feed (EBF) (in ml)		ixed Feedin Formula	Other		In	r:* IV Type In drop/min	Vi t D 3	Calciu m	HM F		Othe r	Signature		
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Objective: To record the quantity and frequency of feeding of the baby admitted in the KMC unit in 24 hours (8 AM - 8 Am), so as to compare the total quantity to the total feeding requirement. To be filled by nurse on duty in the KMC

Day : Tuesday	Hospital Reg. No.: 41092	Date (dd/mm	n/yyyy) : 01/01/1970
Mother Name : प्र	्नम Baby age(in days):	150 days	Total feeding requirement for

			Feeding method and measurement (fill in where applicable)									Supplements Received (name and dose)				
S.No.	Time of feeding (From, to)	Direct breast feeding (in min)	Expressed breast feed (EBF) (in ml)		lixed Feedin Formula	og (in ml Other		In	r:* IV Type In drop/min	Vi t D 3	Calciu m			Othe r	Signature	
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Objective: To record the quantity and frequency of feeding of the baby admitted in the KMC unit in 24 hours (8 AM - 8 Am), so as to compare the total quantity to the total feeding requirement. To be filled by nurse on duty in the KMC

Day : Tuesday	Hospital F	Reg. No.: 41092	Date (dd/mn	n/yyyy) : 01/01/1970
Mother Name : ⁷	ाूनम B	aby age(in days): 1	50 days	Total feeding requirement for
the day:				

			Feeding method and measurement (fill in where applicable)										Supplements Received (name and dose)					
S.No.	Time of feeding (From, to)	Direct breast feeding (in min)	Expressed breast feed (EBF) (in ml)		lixed Feedir Formula	og (in ml Other		In	r:* IV Type In drop/min	Vi t D	Calciu m	HM F		Othe r	Signature			
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FORM B: DAILY INTAKE MONITORING RECORD

Objective: To record the quantity and frequency of feeding of the baby admitted in the KMC unit in 24 hours (8 AM - 8 Am), so as to compare the total quantity to the total feeding requirement. To be filled by nurse on duty in the KMC

Day: Tuesday Hospital Reg. No.: 41092 Date (dd/mm/yyyy): 01/01/1970

Mother Name : पूनम Baby age(in days): 150 days Total feeding requirement for

the day:

	Ti		Feeding r (fill	in whe	d and meast ere applicab	le)	Other	* TS / TC	:	Supplem (name	Nurse Signatur			
S.No.	Time of feeding (From, to)	Direct breast feeding (in min)	Expressed breast feed (EBF) (in ml)		lixed Feedir Formula	Other	In	r:* IV Type In drop/min	Vi t D 3	Calciu HM Iro Other			l	
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DISCHARGE CHECKLIST FOR KMC UNIT

Hospital Reg. No.: 41092	MCTS NO.:	
Name of mother: पूनम Da	ate of discharge :22/08/2	018
Number of days spend in KN weight on discharge(in gran		s spent in SNCU/ NBSU): 150 days
Net weight gain/loss since a	dmission(in grams): 0	
Type of discharge : Discharg	ed by facility staff	
In case of referral		
Name and address of facility	y reffered to:	
Reason for referral:		
DISC	HARGE CHECKLIST	FOR KMC UNIT
Signature of Nurse/Doctor		Signature of Family Member