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.: 6504 **MCTS No.:** --

Baby of: Laxmi

 $\textbf{Date of admission to KMC unit} \ (dd/mm/yyyy): 22/11/2018 \ \textbf{Time of admission} \ (am/pm): 04:33$

PM

1- BACKGROUND INFORMATION

1.1 Date of Birth (dd/mm/yyyy): 22/11/2018

1.2 Sex: Female

1.3 Time of Birth (am/pm): 09:29:00

1.4 Type of admission: Inborn/ Outborn

1.5 Weight at birth (in grams): 2150 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): 22/11/2018

1.10 Gestational age (in weeks): UNKNOWN

1.11 Weigth of baby at admission to KMC unit (in grams): 2150 grams

1.12

G	P	A	L
2	2	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: Laxmi	
2.2 Name of the father: Manoj	
2.3 Name & relation of accompanying family member(s))
Laxmi	Mother
2.4 Contact detail (At least 2 close contact numbers) Phone / Mobile Number	Relations
7379723677 7376541824	Laxmi Manoj
2.4.1 Name and Number of ASHA:	
2.5 Religion: Hindu	
2.6 Caste: OBC	
2.7 Address:	
Rural/Urban: Rural State/Country: Uttar Pradesh, India District: Rae Bareli Block/ Area/ Muhalla: 2056 Gram Sabha-Hamlet/ House NO.: Para Kalan Address: Parakala Pin Code: 229316 Near: Maharajganj	
Signature of Nurse at the time of admission.	Signature of Doctor
Swati 15/01/2019 06:12 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: 6504

Mother Name: Laxmi Date of Birth(dd/mm/yyyy): 22/11/2018

Birth Weight(in grams): 2150

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	22/11/2018	4:35 PM	2150				Swati	
2	24/11/2018	2:44 AM	2030	-120	120 loss		Mansa	

Date of discharge(dd/mm/yy):24/11/2018 Weight of discharge(in grams): 2080

Net gain/loss since admission(in grams)(+/-): -70

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: Thursday Hospital Reg. No.: 6504

Date of Birth(dd/mm/yy): 22/11/2018 Mothers Name: Laxmi

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	8:55 PM	10:05 PM	01:10		Mother	Mansa	
2							
3							
4							
5							
6							
7							
8							

Total KMC duration in 24 hours (8 am to 8 am):	
01:10	

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: Friday Hospital Reg. No.: 6504

Date of Birth(dd/mm/yy): 22/11/2018 Mothers Name: Laxmi

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	2:45 AM	02:40		Mother	Swati	
2	3:01 AM	4:22 AM	01:21		Mother	Swati	
3	4:32 AM	5:44 AM	01:12		Mother	Swati	
4	6:01 AM	7:30 AM	01:29		Mother	Swati	
5	7:41 AM	8:55 AM	01:14		Mother	Swati	
6	9:15 AM	11:01 AM	01:46		Mother	Mandakini	
7	11:30 AM	1:40 PM	02:10		Mother	Mansa	
8	2:06 PM	4:30 PM	02:24		Mother	Mansa	
9	4:45 PM	6:15 PM	01:30		Mother	Mansa	
10	6:25 PM	7:48 PM	01:23		Mother	Mansa	
11	8:00 PM	8:55 PM	00:55		Mother	Mansa	
	Total KMC d	luration in 24	hours (8 am to 8 am)):			
	18:04						

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.: 6504

Date of Birth(dd/mm/yy): 22/11/2018 Mothers Name: Laxmi

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	1:28 AM	01:23		Mother	Mansa	
2	1:46 AM	3:55 AM	02:09		Mother	Mansa	
3	4:11 AM	6:01 AM	01:50		Mother	Mansa	
4	6:17 AM	7:35 AM	01:18		Mother	Mansa	
5	7:50 AM	8:35 AM	00:45		Mother	Mansa	
6							
7							
8							
	Total KMC d	luration in 24	hours (8 am to 8 am)):		1	
	07:25						

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.: 6504 Date (dd/mm/yyyy): 01/01/1970

Mother Name : Laxmi Baby age(in days): 54 days Total feeding requirement for

the day: _____

	(From to)			d and measu ere applicab				Supplements Received (name and dose)					Nurse Signature
S.No.		Direct breast feeding (in min)	Expressed breast feed (EBF) (in ml)	ixed Feedin Formula	og (in ml Other	In	r:* IV Type In drop/min	Vi t D	Calciu m	HM F		Othe r	Signature
1													
2													
3													
4													
5													
6													
7													

8								
9								
10								
11								

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.: 6504 Date (dd/mm/yyyy): 01/01/1970

Mother Name : Laxmi Baby age(in days): 54 days Total feeding requirement for

the day:

	Time of		Feeding r (fill	in whe	d and measi ere applicab	le)	0.1		9	Supplem (name	ents I	Recei dose)	ved)	Nurse Signature
S.No.	feeding	Direct breast feeding (in min)	Expressed breast feed (EBF) (in ml)		Iixed Feedir Formula	Other	In	r:* IV Type In drop/min	Vi t D 3	Calciu m	HM F	Iro n	Othe r	
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														

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.: 6504 Date (dd/mm/yyyy): 01/01/1970

Mother Name : Laxmi **Baby age(in days):** 54 days **Total feeding requirement for**

the day:

			Feeding method and measurement (fill in where applicable)									Supplements Received (name and dose)				
	Time of			M	lixed Feedin	ıg (in ml)	Othe	r:* IV Type		(Haine	anu	uose,	,	Signature	
S.No	. feeding (From, to)	Direct breast feeding (in min)	Expressed breast feed (EBF) (in ml)	EBF	Formula	Other	Net	In ml/hr	In drop/min	Vi t D 3	Calciu m	HM F	Iro n	Othe r		

1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								

DISC	CHARGE CHECKLIST FOR KMC UNIT
Hospital Reg. No.: 6504	MCTS NO.:
Name of mother: Laxmi	Date of discharge :24/11/2018
Number of days spend in K weight on discharge(in gra	CMC room (excluding days spent in SNCU/ NBSU): 54 days ams): 2080 grams
Net weight gain/loss since	admission(in grams): -70
Type of discharge : DOPR	
In case of referral	
Name and address of facili	ty reffered to:
Reason for referral:	
DISC	CHARGE CHECKLIST FOR KMC UNIT
Signature of Nurse/Doctor	Signature of Family Member