

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.: 201/2525 **MCTS No.:** 092812601811800058

Baby of: Roopa

Date of admission to KMC unit (dd/mm/yyyy): 20/09/2018 **Time of admission** (am/pm): 07:59 AM

1- BACKGROUND INFORMATION

1.1 Date of Birth (dd/mm/yyyy): 20/09/2018

1.2 Sex: Male

1.3 Time of Birth (am/pm): 08:25:00

1.4 Type of admission: Inborn/ Outborn

1.5 Weight at birth (in grams): 2010 grams

1.6 Place of birth: Hospital

1.6.1 Name and address of birth facility: CHC Kheero

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): 18/01/2018

1.10 Gestational age (in weeks): 35 Weeks

1.11 Weight of baby at admission to KMC unit (in grams): 2010 grams

1.12

G	P	A	L
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)

1. _____
2. _____
3. _____

2- FAMILY DETAIL (For Follow Up)

2.1 Name of the mother: Roopa

2.2 Name of the father: Arjun

2.3 Name & relation of accompanying family member(s)

Roopa

Mother

2.4 Contact detail (At least 2 close contact numbers)

Phone / Mobile Number

Relations

9129564427

Roopa

9129564427

Arjun

2.4.1 Name and Number of ASHA: Pushpa Devi 7839725631

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: 2054

Gram Sabha-Hamlet/ House NO.: Dokanaha

Address: Ahilwa P/O Duknaha P/S Khiron

Pin Code: 229205

Near: Nal

Signature of Nurse at the time of admission.

Signature of Doctor

Kirti

14/01/2019 12:58 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: 201/2525

Mother Name: Roopa

Date of Birth(dd/mm/yyyy): 20/09/2018

Birth Weight(in grams): 2010

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	20/09/2018	8:01 AM	2010				Kirti	
2	21/09/2018	4:19 AM	1940	-70	70 loss		Kirti	
3	22/09/2018	3:20 AM	1900	-40	110 loss		Poornima	

Date of discharge(dd/mm/yy):22/09/2018 **Weight of discharge(in grams):** 1910

Net gain/loss since admission(in grams)(+/-): -100

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.:** 201/2525

Date of Birth(dd/mm/yy) : 20/09/2018 **Mothers Name:** Roopa

S.No	Starting time of KMC	Stopping 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
1	8:25 AM	9:25 AM	01:00		Mother	Kirti	
2	9:40 AM	11:40 AM	02:00		Mother	Kirti	
3	12:02 PM	2:05 PM	02:03		Grand Mother	Kirti	
4	2:30 PM	4:30 PM	02:00		Mother	Kirti	
5	4:55 PM	6:30 PM	01:35		Mother	Neelam	
6	6:50 PM	8:45 PM	01:55		Mother	Neelam	

Total KMC duration in 24 hours (8 am to 8 am):	
10:33	

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.:** 201/2525

Date of Birth(dd/mm/yy) : 20/09/2018 **Mothers Name:** Roopa

S.No	Starting time of KMC	Stopping 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
1	12:30 AM	2:00 AM	01:30		Mother	Neelam	
2	2:25 AM	4:30 AM	02:05		Mother	Neelam	
3	4:50 AM	6:40 AM	01:50		Mother	Kirti	
4	7:00 AM	7:55 AM	00:55		Mother	Kirti	
5	8:00 AM	8:51 AM	00:51		Mother	Kirti	
6	9:20 AM	10:40 AM	01:20		Mother	Kirti	
7	11:06 AM	1:05 PM	01:59		Mother	Kirti	
8	1:30 PM	3:54 PM	02:24		Grand Mother	Kirti	
9	4:10 PM	6:10 PM	02:00		Mother	Kirti	
10	6:40 PM	8:50 PM	02:10		Mother	Poornima	
11	10:40 PM	11:59 PM	01:19		Mother	Poornima	
	Total KMC duration in 24 hours (8 am to 8 am):						
	18:23						

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.:** 201/2525

Date of Birth(dd/mm/yy) : 20/09/2018 **Mothers Name:** Roopa

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DISCHARGE CHECKLIST FOR KMC UNIT

Hospital Reg. No.: 201/2525 **MCTS NO.:**

Name of mother: Roopa **Date of discharge :** 22/09/2018

Number of days spend in KMC room (excluding days spent in SNCU/ NBSU): 116 days
weight on discharge(in grams): 1910 grams

Net weight gain/loss since admission(in grams): -100

Type of discharge : Discharged by facility staff

In case of referral

Name and address of facility reffered to:

Reason for referral: _____

DISCHARGE CHECKLIST FOR KMC UNIT

 Signature of Nurse/Doctor

 Signature of Family Member