

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.:** 998

Date of Birth(dd/mm/yy) : 02/03/2020 **Mothers Name:** Test

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	1:00 AM	1:04 AM	00:04		Aunty	Abha	
2	2:00 AM	3:02 AM	01:02		Father		
3	1:00 AM	1:56 AM	00:56		Aunty	Abha	
4	1:57 AM	2:58 AM	01:01		Aunty	Abha	
5	1:57 AM	2:58 AM	01:01		Aunty	Abha	
6							
7							
8							
	Total KMC duration in 24 hours (8 am to 8 am):						
	04:04						