

## **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.**

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**Hospital Reg. No.:** 48/1068      **MCTS No.:** 092830100811800058

**Baby of:** Sangeeta

**Date of admission to KMC unit** (dd/mm/yyyy): 29/10/2018 **Time of admission** (am/pm): 05:26 AM

### **1- BACKGROUND INFORMATION**

**1.1 Date of Birth** (dd/mm/yyyy): 29/10/2018

**1.2 Sex:** Female

**1.3 Time of Birth** (am/pm): 07:40:00

**1.4 Type of admission:** Inborn/ Outborn

**1.5 Weight at birth** (in grams): 2290 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): 05/02/2018

**1.10 Gestational age** (in weeks): 38 Weeks

**1.11 Weight of baby at admission to KMC unit** (in grams): 2290 grams

**1.12**

| <b>G</b> | <b>P</b> | <b>A</b> | <b>L</b> |
|----------|----------|----------|----------|
| 1        | 1        | 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:** Sangeeta

**2.2 Name of the father:** Vijay Laxmi

**2.3 Name & relation of accompanying family member(s)**

Sangeeta

Mother

**2.4 Contact detail (At least 2 close contact numbers)**

**Phone / Mobile Number**

**Relations**

9695109837

Sangeeta

9695109837

Vijay Laxmi

**2.4.1 Name and Number of ASHA:** Vijaylakshmi 7839725614

**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.:** Khanpur Khusti

**Address:** Chakphersa

**Pin Code:** 229206

**Near:** Temple

**Signature of Nurse at the time of admission.**

**Signature of Doctor**

Neelam

31/10/2018 09:11 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:** 48/1068

**Mother Name:** Sangeeta

**Date of Birth(dd/mm/yyyy):** 29/10/2018

**Birth Weight(in grams):** 2290

| 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   | 29/10/2018      | 5:28 AM          | 2290                                      |  |   |         | Neelam     |                                   |
| 2   | 30/10/2018      | 2:09 AM          | 2140                                      | -150   | 150 loss  |         | Neelam     |                                   |
| 3   | 31/10/2018      | 2:33 AM          | 2090                                      | -50  | 200 loss  |         | Poornima   |                                   |

**Date of discharge(dd/mm/yy):** 31/10/2018 **Weight of discharge(in grams):** 2100

**Net gain/loss since admission(in grams)(+/-):** -190

### 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.:** 48/1068

**Date of Birth(dd/mm/yy) :** 29/10/2018 **Mothers Name:** Sangeeta

| 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    | 7:43 AM              | 8:30 AM              | 00:47   |   | Mother       | Neelam     |                 |
| 2    | 8:50 AM              | 9:30 AM              | 00:40   |   | Mother       | Neelam     |                 |
| 3    | 10:01 AM             | 10:50 AM             | 00:49   |   | Mother       | Neelam     |                 |
| 4    | 11:07 AM             | 1:30 PM              | 02:23   |   | Mother       | Neelam     |                 |
| 5    | 2:01 PM              | 3:41 PM              | 01:40   |   | Mother       | Neelam     |                 |
| 6    | 3:50 PM              | 4:30 PM              | 00:40   |   | Mother       | Neelam     |                 |
| 7    | 5:05 PM              | 7:20 PM              | 02:15   |   | Mother       | Neelam     |                 |

|   |   |         |       |  |        |        |  |
|---|---|---------|-------|--|--------|--------|--|
| 8 | 7:50 PM   | 9:35 PM | 01:45 |  | Mother | Neelam |  |
|   | Total KMC duration in 24 hours (8 am to 8 am):<br>10:59 |         |       |  |        |        |  |

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**Day:** Tuesday **Hospital Reg. No.:** 48/1068

**Date of Birth(dd/mm/yy) :** 29/10/2018 **Mothers Name:** Sangeeta

| 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    | 12:20 AM  | 2:15 AM              | 01:55   |   | Mother       | Neelam     |                 |
| 2    | 2:35 AM   | 4:55 AM              | 02:20   |   | Mother       | Neelam     |                 |
| 3    | 5:15 AM   | 7:20 AM              | 02:05   |   | Mother       | Neelam     |                 |
| 4    | 7:30 AM   | 8:20 AM              | 00:50   |   | Mother       | Kirti      |                 |
| 5    | 8:30 AM   | 10:20 AM             | 01:50   |   | Mother       | Kirti      |                 |
| 6    | 10:50 AM  | 11:45 AM             | 00:55   |   | Mother       | Kirti      |                 |
| 7    | 12:30 PM  | 2:15 PM              | 01:45   |   | Mother       | Kirti      |                 |
| 8    | 2:25 PM   | 3:08 PM              | 00:43   |   | Mother       | Kirti      |                 |
| 9    | 3:27 PM   | 5:10 PM              | 01:43   |   | Mother       | Kirti      |                 |
| 10   | 5:25 PM   | 7:20 PM              | 01:55   |   | Mother       | Kirti      |                 |
| 11   | 7:50 PM   | 9:20 PM              | 01:30   |   | Mother       | Poornima   |                 |
| 12   | 9:50 PM   | 11:02 PM             | 01:12   |   | Mother       | Poornima   |                 |
|      | Total KMC duration in 24 hours (8 am to 8 am):<br>18:43 |                      |   |   |              |            |                 |

### **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.:** 48/1068

**Date of Birth(dd/mm/yy) :** 29/10/2018 **Mothers Name:** Sangeeta





|    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|----|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 2  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 8  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 9  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

### **DISCHARGE CHECKLIST FOR KMC UNIT**

**Hospital Reg. No.:** 48/1068      **MCTS NO.:**

**Name of mother:** Sangeeta      **Date of discharge :** 31/10/2018

**Number of days spend in KMC room (excluding days spent in SNCU/ NBSU):** 2 days  
**weight on discharge(in grams):** 2100 grams

**Net weight gain/loss since admission(in grams):** -190

**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