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.: 101 MCTS No.: --

Baby of: गुड़िया

Date of admission to KMC unit (dd/mm/yyyy): 18/10/2018 Time of admission (am/pm): 10:10 AM

- 1- BACKGROUND INFORMATION
 - **1.1 Date of Birth** (dd/mm/yyyy): 18/10/2018
 - 1.2 Sex: Female
 - **1.3 Time of Birth** (am/pm): 01:13:00
 - **1.4 Type of admission:** Inborn/ Outborn
 - 1.5 Weight at birth (in grams): 2240 grams
 - **1.6 Place of birth:** Hospital
 - **1.6.1 Name and address of birth facility:** CHC Maharajganj
 - **1.7 Type of birth:** Normal

1.12

- 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): 39 Weeks
- **1.11 Weigth of baby at admission to KMC unit** (in grams): 2240 grams

•	G	P	A	L
	2	2	0	2

1.13 Is the Baby stable?	Yes / No
Is the baby on medication a	t time of admission? (Specify name and dosage)
1.	

2.	
2	

2-	FAMILY DETAIL (For Follow Up)	
	2.1 Name of the mother: गुड़िया	
	2.2 Name of the father: सिराज	
	2.3 Name & relation of accompanying family member(s)	
	गुड़िया	Mother
	2.4 Contact detail (At least 2 close contact numbers) Phone / Mobile Number	Relations
	8795384218 8953833834	गुड़िया सिराज
	2.4.1 Name and Number of ASHA:	
	2.5 Religion: Muslim	
	2.6 Caste: OBC	
	2.7 Address:	
	Rural/Urban: Rural State/Country: Uttar Pradesh, India District: Rae Bareli Block/ Area/ Muhalla: 2045 Gram Sabha-Hamlet/ House NO.: Bawan Buzurg Valla Address: बावन बुजुर्ग बल्ला Pin Code: 229306 Near: बावन बुजुर्ग बल्ला	
	Signature of Nurse at the time of admission.	Signature of Doctor
	Mandakini 15/01/2019 06:34 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: 101

Mother Name: गुड़िया Date of Birth(dd/mm/yyyy): 18/10/2018

Birth Weight(in grams): 2240

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	18/10/2018	10:13 AM	2240				Mandakini	
2	19/10/2018	3:57 AM	2200	-40	40 loss		Mandakini	
3	20/10/2018	3:33 AM	2170	-30	70 loss		Mandakini	

Date of discharge(dd/mm/yy):20/10/2018 Weight of discharge(in grams): 2150

Net gain/loss since admission(in grams)(+/-): -90

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.: 101

Date of Birth(dd/mm/yy) : 18/10/2018 Mothers Name: गुड़िया

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	1:14 PM	3:00 PM	01:46		Mother	Mandakini	
2	3:30 PM	5:15 PM	01:45		Mother	Mandakini	
3	5:30 PM	7:30 PM	02:00		Mother	Mandakini	
4							
5							
6							
7							

8						
	Total KMC d	uration in 24	hours (8 am to 8 am)):		
	05:31					

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.: 101

Date of Birth(dd/mm/yy) : 18/10/2018 Mothers Name: गुड़िया

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	12:09 AM	3:23 AM	03:14		Mother	Mandakini	
2	3:28 AM	5:44 AM	02:16		Mother	Mandakini	
3	6:02 AM	7:25 AM	01:23		Mother	Mandakini	
4	7:40 AM	9:00 AM	01:20		Mother	Mandakini	
5	9:30 AM	11:30 AM	02:00		Mother	Mandakini	
6	12:00 PM	2:00 PM	02:00		Mother	Mandakini	
7	2:30 PM	4:00 PM	01:30		Mother	Mandakini	
8	4:15 PM	6:30 PM	02:15		Mother	Mandakini	
	Total KMC d	luration in 24	hours (8 am to 8 am)	:			
	15:58						

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.: 101

Date of Birth(dd/mm/yy) : 18/10/2018 Mothers Name: गुड़िया

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	2:00 AM	02:00		Mother	Mandakini	
2	2:15 AM	4:00 AM	01:45		Mother	Mandakini	
3	4:30 AM	6:00 AM	01:30		Mother	Mandakini	
4	6:10 AM	7:55 AM	01:45		Mother	Mandakini	
5	8:10 AM	10:34 AM	02:24		Mother	Mandakini	
6	11:01 AM	1:01 PM	02:00		Mother	Mandakini	
	Total KMC d	luration in 24	hours (8 am to 8 am)	:	•		
	11:24						

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

Mother Name : गुड़िया Baby age(in days): 89 days Total feeding requirement for

the day:

			Feeding r (fill	in whe	d and meast ere applicab	le)				!	Supplem (name	ents I	Recei	ved	Nurse Signature
	Time of			N	lixed Feedir	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															
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6															
7															
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- 11 1							- 1	
							- 1	

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

Mother Name : गुड़िया Baby age(in days): 89 days Total feeding requirement for

the day: _____

			Feeding n (fill	in whe	d and meast ere applicab	le)				!	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		lixed Feedir Formula	og (in m) Other		In	r:* IV Type In drop/min	Vi t	Calciu	нм			
		recuing (in initi)	ml)	EDF	romuna	Other	Net	ml/hr	in arop/min	D 3	m	F	n	r	
1															
2															
3															
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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: Tues	day Hos	pital Reg. No.: 10	01 Date (do	d/mm/yyyy) : 01/01/1970
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Mother Name : गुड़िया Baby age(in days): 89 days Total feeding requirement for

the day: ____

			Feeding method and measurement (fill in where applicable)								Supplements Received (name and dose)				Nurse Signature	
!	S.No.	Time of feeding (From, to)	Direct breast feeding (in min)	Expressed breast feed (EBF) (in ml)		ixed Feedir Formula	og (in ml Other		In	r:* IV Type In drop/min	Vi t D 3	Calciu m	HM F		Othe r	
	1															
	2															
	3															

5 6 7 8 9 10 11	4								
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11	10								
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ital Reg	J. No.: 101	MCTS NO). :							
e of mo	ther: गुड़िया	Date of	discha	arge :20/1	0/2018					
	-			_	ys spe	nt in S	NCU/ I	NBSU)	: 89 da	ays
veight g	jain/loss sir	ice admissio	on(in g	grams): -9	0					
of discl	harge : Disc	harged by fa	cility s	taff						
se of re	<u>ferral</u>									
e and ac	ddress of fa	cility reffer	ed to:							
on for r	eferral:									
	D	ISCHARG	E CH	ECKLIST	Γ FOF	R KMC	UNI	Γ		
ture of 1	Nurse/Docto	2					Signatu	re of F	amily	Member
	e of more	ital Reg. No.: 101 e of mother: गुड़िया per of days spend int on discharge(in reight gain/loss sin of discharge : Disc se of referral e and address of fa on for referral: Di	ital Reg. No.: 101 MCTS No. e of mother: गुड़िया Date of oer of days spend in KMC room nt on discharge(in grams): 215 veight gain/loss since admission of discharge : Discharged by factorial e and address of facility refference on for referral:	ital Reg. No.: 101 MCTS NO.: e of mother: गुड़िया Date of discharge of days spend in KMC room (except on discharge (in grams): 2150 grams (reight gain/loss since admission (in goof discharge : Discharged by facility see of referral e and address of facility reffered to: DISCHARGE CHI	ital Reg. No.: 101 MCTS NO.: e of mother: गुड़िया Date of discharge :20/10 per of days spend in KMC room (excluding dant on discharge(in grams): 2150 grams reight gain/loss since admission(in grams): -9 of discharge : Discharged by facility staff se of referral e and address of facility reffered to: DISCHARGE CHECKLIST	nother: गुड़िया Date of discharge :20/10/2018 Deer of days spend in KMC room (excluding days spend on discharge(in grams): 2150 grams Design gain/loss since admission(in grams): -90 Design discharge: Discharged by facility staff Design and address of facility reffered to: DISCHARGE CHECKLIST FOR	natical Reg. No.: 101 MCTS NO.: e of mother: गुड़िया Date of discharge :20/10/2018 Deer of days spend in KMC room (excluding days spent in Soft on discharge(in grams): 2150 grams Designed gain/loss since admission(in grams): -90 Of discharge : Discharged by facility staff Designed address of facility reffered to: On for referral: DISCHARGE CHECKLIST FOR KMC	e of mother: गुड़िया Date of discharge :20/10/2018 Der of days spend in KMC room (excluding days spent in SNCU/ lat on discharge(in grams): 2150 grams reight gain/loss since admission(in grams): -90 of discharge : Discharged by facility staff see of referral e and address of facility reffered to: DISCHARGE CHECKLIST FOR KMC UNIT	e of mother: गुड़िया Date of discharge :20/10/2018 Deer of days spend in KMC room (excluding days spent in SNCU/ NBSU) nt on discharge(in grams): 2150 grams reight gain/loss since admission(in grams): -90 of discharge : Discharged by facility staff see of referral e and address of facility reffered to: DISCHARGE CHECKLIST FOR KMC UNIT	ital Reg. No.: 101 MCTS NO.: e of mother: गुड़िया Date of discharge :20/10/2018 Deer of days spend in KMC room (excluding days spent in SNCU/ NBSU): 89 do nt on discharge(in grams): 2150 grams Deeight gain/loss since admission(in grams): -90 Of discharge: Discharged by facility staff Discharge of referral Deep and address of facility reffered to: DISCHARGE CHECKLIST FOR KMC UNIT