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 Weigth 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>=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	8:25 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>=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	12:30 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 d	luration 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

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	12:30 AM	00:30		Mother	Poornima	
2	12:50 AM	2:40 AM	01:50		Mother	Poornima	
3	3:00 AM	4:40 AM	01:40		Mother	Poornima	
4	5:00 AM	6:30 AM	01:30		Mother	Neelam	
5	6:53 AM	7:45 AM	00:52		Mother	Neelam	
6	8:10 AM	9:40 AM	01:30		Mother	Neelam	
	Total KMC d	uration in 24	hours (8 am to 8 am)	:			

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 : Monday **Hospital Reg. No.:** 201/2525 **Date (dd/mm/yyyy)**: 01/01/1970

Mother Name: Roopa Baby age(in days): 117 days Total feeding requirement for the day:

	Time of		Feeding n (fill	in whe	d and measuere applicab	le)	Out-	V TS 7 TP	5	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 ml)		ixed Feedir Formula	Other	In ml/hr	r:* IV Type In drop/min	Vi t D 3	Calciu m	HM F	Iro n	Othe r	
1														
2														
3														
4														
5														
6														
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							- 1	
11							- 1	
- 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 : Monday **Hospital Reg. No.:** 201/2525 **Date (dd/mm/yyyy)**: 01/01/1970

Mother Name: Roopa Baby age(in days): 117 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	Direct breast	Expressed breast		lixed Feedir	ig (in ml)		r:* IV Type	Vi					_
	(From, to)	feeding (in min)	feed (EBF) (in ml)	EBF	Formula	Other	Net	In ml/hr	In drop/min	t D 3	Calciu m	HM F	Iro n	Othe 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 : Monday **Hospital Reg. No.:** 201/2525 **Date (dd/mm/yyyy)**: 01/01/1970

Mother Name : Roopa Baby age(in days): 117 days Total feeding requirement for

the day:

			Feeding method and measurement (fill in where applicable)											Supplements Received (name and dose)				
S.No. Time of feeding (From, to)	Direct breast feeding (in min)	Expressed breast feed (EBF) (in ml)		fixed Feedir Formula	og (in ml Other		In	r:* IV Type In drop/min	Vi t D 3	Calciu m			Signature					
1																		
2																		
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11								

DISCHA	ARGE CHECKLIST FOR KMC UNIT
Hospital Reg. No.: 201/2525	MCTS NO.:
Name of mother: Roopa Da	ate of discharge :22/09/2018
Number of days spend in KMC weight on discharge(in grams	C room (excluding days spent in SNCU/ NBSU): 116 days): 1910 grams
Net weight gain/loss since adr	mission(in grams): -100
Type of discharge: Discharged	by facility staff
In case of referral	
Name and address of facility r	reffered to:
Reason for referral:	
DISCHA	ARGE CHECKLIST FOR KMC UNIT
Signature of Nurse/Doctor	Signature of Family Member