

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.: 16 **MCTS No.:** 89

Baby of: Khushnuma

Date of Admission to KMC Unit (dd/mm/yyyy): 07/01/2020 **Time of Admission** (AM/PM): 11:32 AM

1- BACKGROUND INFORMATION

1.1 Date of Birth (dd/mm/yyyy): 14/12/2019

1.2 Sex: Female

1.3 Time of Birth (AM/PM): 06:00 AM

1.4 Type of Admission: Inborn

1.5 Weight at Birth (in grams): 2368 grams

1.6 Place of Birth: DWH VAB Lko

1.6.1 Name and Address of Birth Facility: Other

1.7 Type of Birth: Normal With Episiotomy

1.8 Term of Birth: Full Term

1.9 LMP (first day of last menstrual period - dd/mm/yyyy): 07/01/2019

1.10 Gestational Age (in weeks): 49 Weeks

1.11 Weigth of baby at admission to KMC unit (in grams): 4580 grams

1.12

G	P	A	L
6	5	2	3

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: Khushnuma

2.2 Name of the Father: Mosin

2.3 Name & relation of accompanying family member(s)

Khushnuma

2.4 Contact Detail (At least 2 close contact numbers)

Phone / Mobile Number

Relations

8568489573

Khushnuma

9823513801

Mosin

2.4.1 Name and Number of ASHA: _____

2.5 Religion: Muslim

2.6 Caste: OBC

2.7 Address:

Rural/Urban: Urban

State/Country: Uttar Pradesh, India

District: Lucknow

Gram Sabha-Hamlet/ House NO.: Lucknow (M Corp.)

Address: Ckycyktusdyk

Pin Code: _____

Near: _____

Signature of Nurse at the time of admission.

Signature of Doctor

Nehaa

10/01/2020 01:49 PM



FORM D : DAILY WEIGHT MONITORING FORM

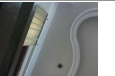
Objective: To record the pre-feed weight of the baby admitted in the KMC unit, and compare it with the weight of the previous day and admission weight. To be filled by nurse on duty in the KMC room after weighing.

Hospital Registration Number: 16

Mother Name: Khushnuma

Date of Birth(dd/mm/yyyy): 14/12/2019

Birth Weight(in grams): 2368

Day	Date (dd/mm/yyyy)	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	Baby picture with weighing machine
1	14/12/2019	6:03 AM	2368				Seema	N/A
2	07/01/2020	6:03 AM		-2368	2368 loss		Seema	N/A
3	07/01/2020	6:03 AM	4580	+4580	2212 gain		Seema	

Date of discharge(dd/mm/yy): N/A **Weight of discharge(in grams):**

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

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 (8 AM - 8 AM), 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.:** 16

Date of Birth(dd/mm/yyyy) : 14/12/2019 Mothers Name: Khushnuma

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	5:01 AM	6:00 AM	00:59		Mother	Seema	
2							
3							
4							
5							
6							
7							
8							
	Total KMC duration in 24 hours (8 AM to 8 AM): 00:59						

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 : Friday Hospital Reg. No.: 16 Date (dd/mm/yyyy): 07/01/2020

Mother Name : Khushnuma **Baby Age(in days):** 28 days **Total feeding requirement for the day:** _____

[illegible]

DISCHARGE CHECKLIST FOR KMC UNIT

Hospital Reg. No.: 16 **MCTS NO.:** 89

Name of Mother: Khushnuma **Date of Discharge :** 07/01/2020

Number of days spend in KMC room (excluding days spent in SNCU/ NBSU): 3 days

Weight on Discharge(in grams): 4580 grams

Net weight gain/loss since admission(in grams): 2212

Type of Discharge : Normal Discharge

In case of referral

Name and address of facility reffered to:

Reason for Referral: Why yum fhjf

Signature of Nurse/Doctor

Signature of Family Member