

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.: 48283 **MCTS No.:** --

Baby of: Sita

Date of admission to KMC unit (dd/mm/yyyy): 17/07/2018 **Time of admission** (am/pm): 06:49 AM

1- BACKGROUND INFORMATION

1.1 Date of Birth (dd/mm/yyyy): 16/07/2018

1.2 Sex: Male

1.3 Time of Birth (am/pm): 14:05:00

1.4 Type of admission: Inborn/ Outborn

1.5 Weight at birth (in grams): 2340 grams

1.6 Place of birth: Hospital

1.6.1 Name and address of birth facility: CHC Dalmau

1.7 Type of birth: Normal With Episiotomy

1.8 Term of birth: Full Term/ Preterm

1.9 LMP (first day of last menstrual period - dd/mm/yyyy): 04/11/2017

1.10 Gestational age (in weeks): 36 Weeks

1.11 Weight of baby at admission to KMC unit (in grams): 2340 grams

1.12

G	P	A	L
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: Sita

2.2 Name of the father: Ram Prasad

2.3 Name & relation of accompanying family member(s)

Sita

Mother

2.4 Contact detail (At least 2 close contact numbers)

Phone / Mobile Number

Relations

9621043039

Sita

9621043039

Ram Prasad

2.4.1 Name and Number of ASHA: _____

2.5 Religion: Hindu

2.6 Caste: SC

2.7 Address:

Rural/Urban: Rural

State/Country: Uttar Pradesh, India

District: Rae Bareli

Block/ Area/ Muhalla: 2049

Gram Sabha-Hamlet/ House NO.: Chak Malik Bhati

Address: Chakmalikbhati ,Chillaula Dalmau

Pin Code: _____

Near: _____

Signature of Nurse at the time of admission.

Signature of Doctor

Poonam Gupta

14/01/2019 12:22 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: 48283

Mother Name: Sita

Date of Birth(dd/mm/yyyy): 16/07/2018

Birth Weight(in grams): 2340

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	17/07/2018	6:57 AM	2340					

Date of discharge(dd/mm/yy):17/08/2018 **Weight of discharge(in grams):** 2180

Net gain/loss since admission(in grams)(+/-): -160

DISCHARGE CHECKLIST FOR KMC UNIT

Hospital Reg. No.: 48283 **MCTS NO.:**

Name of mother: Sita **Date of discharge :**17/08/2018

Number of days spend in KMC room (excluding days spent in SNCU/ NBSU): 181 days
weight on discharge(in grams): 2180 grams

Net weight gain/loss since admission(in grams): -160

Type of discharge : Discharged by facility staff

In case of referral

Name and address of facility referred to:

Reason for referral: _____

DISCHARGE CHECKLIST FOR KMC UNIT

1. Stable and not on parenteral medication, the baby's general health is good and there is no concurrent disease such as apnoea or infection

- 2.** Maintaining temperature in the KMC position and mother's bed for 3 consecutive days at room temperature
- 3.** Gaining 15-20 grams per day for at least 3 consecutive days
- 4.** Accepting feeds directly from breast (preferable) or by spoon, paladai or cup, he is feeding well, and is exclusively or predominantly breastfed

Signature of Nurse/Doctor

Signature of Family Member