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

Date: April 27, 2020 8 AM - April 28, 2020 8 AM Hospital Reg. No.: 5894

Date of Birth(dd/mm/yy): 27/04/2020 Mothers Name: Arti

S.No	Start DateTime of KMC	Stop DateTime 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							
2							
3							
4							
5							
6							
7							
8							
	Total KMC dı	iration in 24 h	ours (2020-04-27 8 A	M to 2020-04-28 8 AM):		!	
	00:00						

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

Date: April 28, 2020 8 AM - April 29, 2020 8 AM Hospital Reg. No.: 5894

Date of Birth(dd/mm/yy): 27/04/2020 Mothers Name: Arti

S.No	Start DateTime of KMC	Stop DateTime 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							
2							
3							
4							
5							
6							
7							
8							
	Total KMC dı	iration in 24 h	ours (2020-04-28 8 A	M to 2020-04-29 8 AM):			
	00:00						

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

Date: April 29, 2020 8 AM - April 30, 2020 8 AM Hospital Reg. No.: 5894

Date of Birth(dd/mm/yy): 27/04/2020 Mothers Name: Arti

S.No	Start DateTime of KMC	Stop DateTime 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							
2							
3							
4							
5							
6							
7							
8							
	Total KMC dı	iration in 24 h	ours (2020-04-29 8 A	M to 2020-04-30 8 AM):		•	
	00:00						