

## **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.**

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**Hospital Reg. No.:** 208/607      **MCTS No.:** 09212709211700026

**Baby of:** Sarla Devi

**Date of admission to KMC unit** (dd/mm/yyyy): 01/07/2018 **Time of admission** (am/pm): 02:15 AM

### **1- BACKGROUND INFORMATION**

**1.1 Date of Birth** (dd/mm/yyyy): 01/07/2018

**1.2 Sex:** Male

**1.3 Time of Birth** (am/pm): 01:05:00

**1.4 Type of admission:** Inborn/ Outborn

**1.5 Weight at birth** (in grams): 1930 grams

**1.6 Place of birth:** Hospital

**1.6.1 Name and address of birth facility:** CHC Dalmau

**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): 19/10/2017

**1.10 Gestational age** (in weeks): 36 Weeks

**1.11 Weight of baby at admission to KMC unit** (in grams): 1890 grams

**1.12**

| <b>G</b> | <b>P</b> | <b>A</b> | <b>L</b> |
|----------|----------|----------|----------|
| 2        | 3        | 0        | 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:** Sarla Devi

**2.2 Name of the father:** Shiv Sagar

**2.3 Name & relation of accompanying family member(s)**

Sarla Devi

Mother

**2.4 Contact detail (At least 2 close contact numbers)**

**Phone / Mobile Number**

**Relations**

9721782552

Sarla Devi

9838335419

Shiv Sagar

**2.4.1 Name and Number of ASHA:** \_\_\_\_\_

**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:** 2050

**Gram Sabha-Hamlet/ House NO.:** Dhiranpur Mu.

**Address:** Nevada Patti

**Pin Code:** \_\_\_\_\_

**Near:** School

**Signature of Nurse at the time of admission.**

**Signature of Doctor**

Srimati Basanti Kumari

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:** 208/607

**Mother Name:** Sarla Devi

**Date of Birth(dd/mm/yyyy):** 01/07/2018

**Birth Weight(in grams):** 1930

| 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   | 01/07/2018      | 2:19 AM          | 1890                                      |  |   |         |            |                                   |
| 2   | 02/07/2018      | 6:55 AM          | 1820                                      | -70  | 70 loss   |         |            |                                   |
| 3   | 03/07/2018      | 6:44 PM          | 1840                                      | +20  | 50 loss   |         |            |                                   |
| 4   | 05/07/2018      | 7:58 AM          | 1900                                      | +60  | 10 gain   |         |            |                                   |
| 5   | 06/07/2018      | 4:20 AM          | 1920                                      | +20  | 30 gain   |         |            |                                   |

**Date of discharge(dd/mm/yy):**06/07/2018 **Weight of discharge(in grams):** 1920

**Net gain/loss since admission(in grams)(+/-):** -10

### 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:** Sunday **Hospital Reg. No.:** 208/607

**Date of Birth(dd/mm/yy) :** 01/07/2018 **Mothers Name:** Sarla Devi

| 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    | 1:05 AM              | 2:00 AM              | 00:55   |   | Mother       |            |                 |
| 2    | 4:00 AM              | 6:00 AM              | 02:00   |   | Mother       |            |                 |
| 3    | 6:20 AM              | 8:20 AM              | 02:00   |   | Mother       |            |                 |
| 4    | 8:30 AM              | 10:30 AM             | 02:00   |   | Mother       |            |                 |
| 5    | 10:40 AM             | 12:40 PM             | 02:00   |   | Mother       |            |                 |

|   |         |          |       |  |              |  |  |
|---|---------|----------|-------|--|--------------|--|--|
| 6   | 1:00 PM | 3:00 PM  | 02:00 |  | Mother       |  |  |
| 7   | 3:20 PM | 5:20 PM  | 02:00 |  | Mother       |  |  |
| 8   | 5:30 PM | 7:30 PM  | 02:00 |  | Grand Mother |  |  |
| 9   | 8:45 PM | 10:00 PM | 01:15 |  | Mother       |  |  |
| Total KMC duration in 24 hours (8 am to 8 am):<br>16:10 |         |          |       |  |              |  |  |

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**Day:** Monday **Hospital Reg. No.:** 208/607

**Date of Birth(dd/mm/yy) :** 01/07/2018 **Mothers Name:** Sarla Devi

| 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   | 10:30 PM             | 1:00 AM              | 02:30   |   | Mother       |            |                 |
| 2   | 1:30 AM              | 3:00 AM              | 01:30   |   | Mother       |            |                 |
| 3   | 3:20 AM              | 6:45 AM              | 03:25   |   | Mother       |            |                 |
| 4   | 7:00 AM              | 9:40 AM              | 02:40   |   | Mother       |            |                 |
| 5   | 9:45 AM              | 10:20 AM             | 00:35   |   | Aunty        |            |                 |
| 6   | 10:40 AM             | 11:10 AM             | 00:30   |   | Mother       |            |                 |
| Total KMC duration in 24 hours (8 am to 8 am):<br>11:10 |                      |                      |   |   |              |            |                 |

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**Day:** Tuesday **Hospital Reg. No.:** 208/607

**Date of Birth(dd/mm/yy) :** 01/07/2018 **Mothers Name:** Sarla Devi

| S.No  | Starting time of KMC | Stopping time of KMC | Duration of KMC per episode<br>(if KMC duration ≥ 1 hour then record in hours if < 1 hour please record in minutes) | Reason for pausing KMC<br>(Breast feeding, doctor checkup, mothers mealtime, mothers personal care, family visit, discomfort, complications, etc.) | KMC Provider | Nurse Name | Nurse Signature |
|---|----------------------|----------------------|---|--|--------------|------------|-----------------|
| 1   | 2:00 AM              | 4:00 AM              | 02:00   |  | Mother       |            |                 |
| 2   | 4:45 AM              | 7:00 AM              | 02:15   |  | Mother       |            |                 |
| 3   | 7:20 AM              | 8:45 AM              | 01:25   |  | Mother       |            |                 |
| 4   | 9:00 AM              | 11:30 AM             | 02:30   |  | Mother       |            |                 |
| 5   | 12:30 PM             | 2:00 PM              | 01:30   |  | Mother       |            |                 |
| 6   | 12:30 PM             | 2:00 PM              | 01:30   |  | Mother       |            |                 |
| 7   | 2:20 PM              | 5:00 PM              | 02:40   |  | Mother       |            |                 |
| 8   | 5:30 PM              | 9:00 PM              | 03:30   |  | Mother       |            |                 |
| Total KMC duration in 24 hours (8 am to 8 am):<br>17:20 |                      |                      |   |  |              |            |                 |

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**Day:** Wednesday **Hospital Reg. No.:** 208/607

**Date of Birth(dd/mm/yy) :** 01/07/2018 **Mothers Name:** Sarla Devi

| S.No | Starting time of KMC | Stopping time of KMC | Duration of KMC per episode<br>(if KMC duration ≥ 1 hour then record in hours if < 1 hour please record in minutes) | Reason for pausing KMC<br>(Breast feeding, doctor checkup, mothers mealtime, mothers personal care, family visit, discomfort, complications, etc.) | KMC Provider | Nurse Name | Nurse Signature |
|------|----------------------|----------------------|---|--|--------------|------------|-----------------|
| 1    | 1:00 AM              | 5:59 AM              | 04:59   |  | Mother       |            |                 |
| 2    | 5:51 AM              | 7:35 AM              | 01:44   |  | Mother       |            |                 |
| 3    | 8:10 AM              | 8:30 AM              | 00:20   |  | Mother       |            |                 |
| 4    | 8:35 AM              | 9:10 AM              | 00:35   |  | Mother       |            |                 |
| 5    | 9:15 AM              | 11:00 AM             | 01:45   |  | Grand Mother |            |                 |
| 6    | 11:15 AM             | 12:50 PM             | 01:35   |  | Mother       |            |                 |



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**Day:** Friday **Hospital Reg. No.:** 208/607

**Date of Birth(dd/mm/yy) :** 01/07/2018 **Mothers Name:** Sarla Devi

| S.No | Starting time of KMC                                    | Stopping time of KMC | Duration of KMC per episode<br>(if KMC duration >= 1 hour then record in hours if < 1 hour please record in minutes) | Reason for pausing KMC<br>(Breast feeding, doctor checkup, mothers mealtime, mothers personal care, family visit, discomfort, complications, etc.) | KMC Provider | Nurse Name | Nurse Signature |
|------|---|----------------------|--|--|--------------|------------|-----------------|
| 1    | 1:00 AM   | 2:00 AM              | 01:00  |  | Mother       |            |                 |
| 2    | 3:00 AM   | 6:00 AM              | 03:00  |  | Mother       |            |                 |
| 3    |   |                      |  |  |              |            |                 |
| 4    |   |                      |  |  |              |            |                 |
| 5    |   |                      |  |  |              |            |                 |
| 6    |   |                      |  |  |              |            |                 |
| 7    |   |                      |  |  |              |            |                 |
| 8    |   |                      |  |  |              |            |                 |
|      | Total KMC duration in 24 hours (8 am to 8 am):<br>04:00 |                      |  |  |              |            |                 |

## 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 Req. No.:** 208/607      **Date (dd/mm/yyyy):** 01/01/1970

**Mother Name :** Sarla Devi      **Baby age(in days):** 198 days      **Total feeding requirement for the day:**

[illegible]

|    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|----|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 2  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 8  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 9  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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**Day :** Monday      **Hospital Reg. No.:** 208/607      **Date (dd/mm/yyyy):** 01/01/1970

**Mother Name :** Sarla Devi      **Baby age(in days):** 198 days      **Total feeding requirement for the day:** \_\_\_\_\_

| S.No. | Time of feeding<br>( From, to) | Feeding method and measurement<br>(fill in where applicable) |   |                       |         |       |     |                 |             | Supplements Received<br>(name and dose) |             |         |          |           | Nurse<br>Signature |
|-------|--------------------------------|--|---|-----------------------|---------|-------|-----|-----------------|-------------|---|-------------|---------|----------|-----------|--------------------|
|       |                                | Direct breast<br>feeding (in min)                            | Expressed breast<br>feed (EBF) (in<br>ml) | Mixed Feeding (in ml) |         |       |     | Other:* IV Type |             | Vit<br>t<br>D<br>3                      | Calciu<br>m | HM<br>F | Iro<br>n | Othe<br>r |                    |
|       |                                |  |   | EBF                   | Formula | Other | Net | In<br>ml/hr     | In drop/min |   |             |         |          |           |                    |
| 1     |                                |  |   |                       |         |       |     |                 |             |   |             |         |          |           |                    |
| 2     |                                |  |   |                       |         |       |     |                 |             |   |             |         |          |           |                    |
| 3     |                                |  |   |                       |         |       |     |                 |             |   |             |         |          |           |                    |
| 4     |                                |  |   |                       |         |       |     |                 |             |   |             |         |          |           |                    |
| 5     |                                |  |   |                       |         |       |     |                 |             |   |             |         |          |           |                    |
| 6     |                                |  |   |                       |         |       |     |                 |             |   |             |         |          |           |                    |
| 7     |                                |  |   |                       |         |       |     |                 |             |   |             |         |          |           |                    |
| 8     |                                |  |   |                       |         |       |     |                 |             |   |             |         |          |           |                    |
| 9     |                                |  |   |                       |         |       |     |                 |             |   |             |         |          |           |                    |
| 10    |                                |  |   |                       |         |       |     |                 |             |   |             |         |          |           |                    |
| 11    |                                |  |   |                       |         |       |     |                 |             |   |             |         |          |           |                    |

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**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.:** 208/607      **Date (dd/mm/yyyy):** 01/01/1970



### Total feeding requirement

[illegible][illegible]

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**Day :** Monday      **Hospital Reg. No.:** 208/607      **Date (dd/mm/yyyy):** 01/01/1970

**Mother Name :** Sarla Devi      **Baby age(in days):** 198 days      **Total feeding requirement for the day:** \_\_\_\_\_

[illegible]

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**Day :** Monday      **Hospital Reg. No.:** 208/607      **Date (dd/mm/yyyy):** 01/01/1970

**Mother Name :** Sarla Devi      **Baby age(in days):** 198 days      **Total feeding requirement for the day:**

[illegible]

|    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|----|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 6  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 8  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 9  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

### **DISCHARGE CHECKLIST FOR KMC UNIT**

**Hospital Reg. No.:** 208/607      **MCTS NO.:**

**Name of mother:** Sarla Devi      **Date of discharge :** 06/07/2018

**Number of days spend in KMC room (excluding days spent in SNCU/ NBSU):** 197 days  
**weight on discharge(in grams):** 1920 grams

**Net weight gain/loss since admission(in grams):** -10

**Type of discharge :** Normal Discharge

#### **In case of referral**

**Name and address of facility reffered 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