

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.: 14 **MCTS No.:** --

Baby of: Unknown

Date of admission to KMC unit (dd/mm/yyyy): 01/01/1970 **Time of admission** (am/pm): 06:03 AM

1- BACKGROUND INFORMATION

1.1 Date of Birth (dd/mm/yyyy): 10/12/2019

1.2 Sex: Male

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

1.4 type of admission: Inborn/ Outborn

1.5 Weight at birth (in grams): 1250 grams

1.6 Place of birth:

1.6.1 Name and address of birth facility: Other

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): 01/01/1970

1.10 Gestational age (in weeks): 2606 Weeks

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

1.12

G	P	A	L

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: _____

2.2 Name of the father: _____

2.3 Name & relation of accompanying family member(s)

Dbbss

Unknown

2.4 Contact detail (At least 2 close contact numbers)

Phone / Mobile Number

Relations

2.4.1 Name and Number of ASHA: _____

2.5 Religion:

2.6 Caste:

2.7 Address:

Rural/Urban: _____

State/Country: ,

District:

Block/ Area/ Muhalla:

Gram Sabha-Hamlet/ House NO.: _____

Address: _____

Pin Code: _____

Near: _____

3- ORGANISATION DETAIL

3.1 Organisation Name: _____

3.2 Organisation Number: _____

3.3 Organisation Address: _____

Signature of Nurse at the time of admission.

Signature of Doctor

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: 14

Mother Name:

Date of Birth(dd/mm/yyyy): 10/12/2019

Birth Weight(in grams): 1250

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	10/12/2019	6:03 AM	1250					
2	10/12/2019	6:03 AM		-1250	1250 loss		Seema	

Date of Discharge(dd/mm/yy):11/12/2019 **Weight of discharge(in grams):** 1525

Net gain/loss since admission(in grams)(+/-): -1250

DISCHARGE CHECKLIST FOR KMC UNIT

Hospital Reg. No.: 14 **MCTS NO.:**

Name of mother: **Date of discharge :**11/12/2019

Number of days spend in KMC room (excluding days spent in SNCU/ NBSU): 18241 days
weight on discharge(in grams): 1525 grams

Net weight gain/loss since admission(in grams): -1250

type of discharge : Referral

In case of referral

Name and address of facility referred to: gs

reason for referral: f

DISCHARGE CHECKLIST FOR KMC UNIT

Signature of Nurse/Doctor

Signature of Family Member