KMC Register

S/N	Name of newborn	Name of mother	Medical record number	Sex M/F	Date of birth D/M/Y Birth Weight In grams	Date of KMC initiation (D/M/Y)	Maternal HIV status 1. Positive 2. Negative 3.Unknown	If admitted Major Admission Diagnosis: 1. prematurity 2. suspected sepsis 3. Respiratory distress 4. Perinatal asphyxia 5. Anemia 6. congenital malformation 7.Other (Specify)	Breast feeding 1. yes 2. No If yes(1) A. Suckling B. Expressed 1 or 2 / A or B		KMC initiated 1. Yes 2. No	Outcome on discharge 1. improved 2. No change 3. Died 4. Referred 5. Other (specify)	Date of discharge Discharge weight in grams	Wereda Facility of Delivery	Tabia Kushet (Ketena)	Mother (Family) Phone number	Form completed by	Remark Referred for 1. ICU care 2. For KMC