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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of Facility** | | | |  | | | | | | | | | |
| **KMC Case Record Form in the KMC facility (To be filled Daily by Staff Nurses)** | | | | | | | | | | | | | |
| **Time of initiation of Breast Feeding** | | |  | | | | | | | | | | |
| **Date** | **Time** | **SSC duration** | | | **Given By Mother / Others (Specify)** | **Total Hours of KMC** | **Feeding** | | **Temperature in (°F)** | **Peripheries (Cold/ Warm)** | **Activity (Normal / Lethargic)** | **Color Pink / Peripheral cyanosis / central Cyanosis / Pallor** | **SPO2** |
| **No. of breast Milk feeds** | **No. of Top Milk feeds (Specify Milk Type)** |
| **Weight of Baby In Grams** | **8 AM to 2 PM**  **\_\_\_\_\_\_\_\_\_\_**  **Sign. Staff Nurse**  **\_\_\_\_\_\_\_\_\_\_\_**  **Sign. MO** | **\_\_\_\_\_\_\_\_\_\_\_ AM/PM to \_\_\_\_\_\_\_\_\_\_\_AM/PM** | | |  |  |  |  |  |  |  |  |  |
| **\_\_\_\_\_\_\_\_\_\_\_ AM/PM to \_\_\_\_\_\_\_\_\_\_\_AM/PM** | | |  |
| **\_\_\_\_\_\_\_\_\_\_\_ AM/PM to \_\_\_\_\_\_\_\_\_\_\_AM/PM** | | |  |
| **\_\_\_\_\_\_\_\_\_\_\_ AM/PM to \_\_\_\_\_\_\_\_\_\_\_AM/PM** | | |  |
| **\_\_\_\_\_\_\_\_\_\_\_ AM/PM to \_\_\_\_\_\_\_\_\_\_\_AM/PM** | | |  |
| **2 PM to 8 PM**  **\_\_\_\_\_\_\_\_\_\_\_**  **Sign. Staff Nurse**  **\_\_\_\_\_\_\_\_\_\_\_**  **Sign. MO** | **\_\_\_\_\_\_\_\_\_\_\_ AM/PM to \_\_\_\_\_\_\_\_\_\_\_AM/PM** | | |  |  |  |  |  |  |  |  |  |
| **\_\_\_\_\_\_\_\_\_\_\_ AM/PM to \_\_\_\_\_\_\_\_\_\_\_AM/PM** | | |  |
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| **\_\_\_\_\_\_\_\_\_\_\_ AM/PM to \_\_\_\_\_\_\_\_\_\_\_AM/PM** | | |  |
| **\_\_\_\_\_\_\_\_\_\_\_ AM/PM to \_\_\_\_\_\_\_\_\_\_\_AM/PM** | | |  |
| **8 PM to 8 AM**  **\_\_\_\_\_\_\_\_\_\_\_**  **Sign. Staff Nurse**  **\_\_\_\_\_\_\_\_\_\_\_**  **Sign. MO** | **\_\_\_\_\_\_\_\_\_\_\_ AM/PM to \_\_\_\_\_\_\_\_\_\_\_AM/PM** | | |  |  |  |  |  |  |  |  |  |
| **\_\_\_\_\_\_\_\_\_\_\_ AM/PM to \_\_\_\_\_\_\_\_\_\_\_AM/PM** | | |  |
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| **\_\_\_\_\_\_\_\_\_\_\_ AM/PM to \_\_\_\_\_\_\_\_\_\_\_AM/PM** | | |  |

**KMC Facility Incharge**