FACILITY LBW

LOG													
AT ENROLLMENT													
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New or continuing	LBW / KMC Number				Name of HSA	HSA phone number	Baby date of birth	Birth Weight	Date of admission to HF	Weight on Admission if referred	Date KMC Started	Weight KMC Started	Type of KMC
KMC?		Mother's name	Baby's name	Village / Address									i
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AT FACILITY DISCHARGE										
Vital status at discharge from facility (alive / dead)	date of discharge or date of death	Was PNC explained & conducted before discharge?	Weight at Discharge	discharge reported to HSA? Y/N	date of discharge call	nearest HF				

FACILITY FOLLOW-UP VISITS										E1	FINAL BABY OUTCOME			
1st Follow-up Visit at Facility		2nd Follow-up Visit at Facility			3rd Follow-up Visit at Facility			4th Follow-up Visit at Facility						
Date	Weight	Next Visit	Date	Weight	Next Visit	Date	Weight	Next Visit	Date	Weight	Next Visit		date of last	weight at last follow-up