

## 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 : Friday      Hospital Reg. No.: 2      Date (dd/mm/yyyy): 03/01/2020**

**Mother Name :** Test 2      **Baby age(in days):** \_\_\_\_\_      **Total feeding requirement for the day:** \_\_\_\_\_

[illegible]