

## 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 :** Tuesday      **Hospital Reg. No.:** 14      **Date (dd/mm/yyyy):** 10/12/2019

**Mother Name :**            **Baby age(in days):** 1 days            **Total feeding requirement for the day:**

[illegible]