

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 : Wednesday **Hospital Reg. No.:** 55550 **Date (dd/mm/yyyy):** 02/05/2020

Mother Name : Error Test **Baby age(in days):** 6 days **Total feeding requirement for the day:** _____

[illegible]

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Day : Wednesday **Hospital Reg. No.:** 55550 **Date (dd/mm/yyyy):** 04/05/2020

Mother Name : Error Test **Baby age(in days):** 6 days **Total feeding requirement for the day:** _____

[illegible]

[illegible]

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Day : Wednesday **Hospital Reg. No.:** 55550 **Date (dd/mm/yyyy):** 06/05/2020

Mother Name : Error Test **Baby age(in days):** 6 days **Total feeding requirement for the day:**

[illegible]