

FORM D : DAILY WEIGHT MONITORING FORM

Objective: To record the pre-feed weight of the baby admitted in the KMC unit, and compare it with the weight of the previous day and admission weight. To be filled by nurse on duty in the KMC room after weighing.

Hospital Registration Number: 12345

Mother Name: Asha

Date of Birth(dd/mm/yyyy): 17/04/2020

Birth Weight(in grams): 2000

| Day | Date (dd/mm/yy) | Time of weighing | Weight of baby without clothes (in grams) | Todays weight- yesterdays weight (+,- or unchanged) | Net gain/loss since admission (Todays weight- Admission weight) | Remarks | Nurse Name | Signature or nurse talking weight |
|-----|--------------------|---------------------|---|---|---|---------|------------|--|
| 1 | 17/04/2020 | 1:33 AM | 2000 | | | | Vimla | |

Date of discharge(dd/mm/yy):-----/-----/----- **Weight of discharge(in grams):**

Net gain/loss since admission(in grams)(+/-):