

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: 26/692

Mother Name: Krishna Wati

Date of Birth(dd/mm/yyyy): 26/08/2018

Birth Weight(in grams): 1930

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	26/08/2018	8:49 AM	1930				Neelam	
2	27/08/2018	9:04 AM	1820	-110	110 loss		Neelam	
3	28/08/2018	9:44 AM	1820	+0	110 loss		Neelam	
4	29/08/2018	9:48 AM	1820	+0	110 loss		Kirti	
5	30/08/2018	1:53 PM	1820	+0	110 loss		Poornima	
6	31/08/2018	8:44 AM	1860	+40	70 loss		Poornima	

Date of discharge(dd/mm/yy):03/11/2018 **Weight of discharge(in grams):**

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