

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 : Saturday **Hospital Reg. No.:** 6944388123 **Date (dd/mm/yyyy):** 04/01/2020

Mother Name : Krati **Baby age(in days):** 29 days **Total feeding requirement for the day:** _____

[illegible]