

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.: Date (dd/mm/yyyy): 14/04/2020

Mother Name : Raha Of My **Baby age(in days):** 8 days **Total feeding requirement**
for the day: _____

[illegible]