

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): 24/03/2020

Mother Name : **Baby age(in days):** 1 days **Total feeding requirement for the day:**

[illegible]