

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: 12

Mother Name: My

Date of Birth(dd/mm/yyyy): 06/01/2020

Birth Weight(in grams): 1250

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	06/01/2020	1:33 AM	1250				Seema	
2	06/01/2020	1:33 AM	1365	+115	115 gain		Seema	

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

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