

### **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:** f3df1112151431

**Mother Name:**

**Date of Birth(dd/mm/yyyy):** 01/01/1970

**Birth Weight(in grams):**

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

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