

## 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.: 54001      Date (dd/mm/yyyy): 10/04/2020**

**Mother Name :** Mother Number 01      **Baby age(in days):** 2 days      **Total feeding requirement for the day:**

[illegible]

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**Day : Saturday      Hospital Reg. No.: 54001      Date (dd/mm/yyyy): 11/04/2020**

**Mother Name :** Mother Number 01      **Baby age(in days):** 2 days      **Total feeding requirement for the day:**

[illegible]

[illegible]