

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: 1

Mother Name: Test

Date of Birth(dd/mm/yyyy): 04/01/2020

Birth Weight(in grams): 1234

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	04/01/2020	1:33 AM	1234				Seema	
2	04/01/2020	1:33 AM	1563	+329	329 gain		Seema	

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

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