

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 : Thursday Hospital Reg. No.: 344835648 Date (dd/mm/yyyy): 26/12/2019

Mother Name : Anita **Baby age(in days):** 15 days **Total feeding requirement for the day:**

[illegible]