

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.: 5555555 Date (dd/mm/yyyy): 14/04/2020

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

[illegible]

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Day : Thursday Hospital Reg. No.: 5555555 Date (dd/mm/yyyy): 15/04/2020

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

[illegible]

