

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 : Friday Hospital Reg. No.: 1 Date (dd/mm/yyyy): 03/01/2020

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

[illegible]