

## 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.:** 123456      **Date (dd/mm/yyyy):** 24/09/2020

**Mother Name :** Test Mother      **Baby age(in days):** 4 days      **Total feeding requirement for the day:** \_\_\_\_\_

[illegible]