## ANEXO No. 6: FORMATO DE INGESTA DE ALIMENTOS EN 24 HORAS DURANTE LA FASE I

**Nombre del niño o niña: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ H.C. \_\_\_\_\_\_\_\_\_\_\_**

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| **FECHA** | **HORA** | **TIPO DE ALIMENTO** | **VOLUMEN OFRECIDO** | **VOLUMEN DEJADO** | **CANTIDAD TOMADA** | **VÓMITO ESTIMADO (ml)** | **DIARREA LÍQUIDA (SI – NO)** |
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