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: Wednesday Hospital Reg. No.: 111 Date (dd/mm/yyyy): 09/09/2020

Mother Name : Mother1 **Baby age(in days):** 1 days **Total feeding requirement for**

the day: _____

| S.No. | Time of feeding (From, to) | Feeding method and measurement (fill in where applicable) | | | | | | | | | Supplements Received | | | | Nurse |
|-------|-----------------------------------|--|--|-----------------------|---------|-------|-----|-----------------|-------------|-----------------|----------------------|-----|------|-------|-----------|
| | | Direct breast feeding (in min) | Expressed breast feed (EBF) (in ml) | Mixed Feeding (in ml) | | | | Other:* IV Type | | (name and dose) | | | | | Signature |
| | | | | EBF | Formula | Other | Net | In ml/hr | In drop/min | Vit D3 | Calcium | HMF | Iron | Other | |
| 1 | 1:00 PM | | | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | | | | |
| 8 | | | | | | | | | | | | | | | |
| 9 | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | |
| 11 | | | | | | | | | | | | | | | |