## **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.: 135 Date (dd/mm/yyyy): 11/04/2020

**Mother Name :** Pooja **Baby age(in days):** 4 days **Total feeding requirement for the** 

day: \_\_\_\_\_

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

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

Mother Name : Pooja Baby age(in days): 4 days Total feeding requirement for the

day: \_\_\_\_\_

S.No.	Time of		F		method and l in where aj					Supplements Received					Nurse	
		Direct breast	Expressed breast feed	N	Aixed Feedin	g (in m	)	Other:*	IV Type		(name a	and d	ose)		Signature	
	(110111, 00)	feeding (in min)	(EBF) (in ml)	EBF	Formula	Other	Net	In ml/hr	In drop/min	Vit D3	Calcium	нмғ	Iron	Other	Signature	
1	7:00 PM		20													
2																
3																
4																
5																
6																

7								
8								
9								
10								
11								

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**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.: 135 Date (dd/mm/yyyy): 15/04/2020

Mother Name: Pooja Baby age(in days): 4 days Total feeding requirement for the

day: \_\_\_\_\_

S.No.	Time of		F	eeding (fil	eeding method and measurement (fill in where applicable)					Sı	d	Nurse			
		Direct breast	Expressed breast feed	N	Mixed Feeding (in ml) Other:* IV Type	IV Type		Signature							
	(110m, to)	feeding (in min)	(EBF) (in ml)	EBF	Formula	Other	Net	In ml/hr	In drop/min	Vit D3	Calcium	нмғ	Iron	Other	
1	12:00 PM		20												
2															
3															
4															
5															
6															
7															
8															
9															
10															
11															