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: Tuesday	Hospital Reg. No.: 5889860	Date (dd/mm/yyyy) : 08/09/2020						
Mother Name : D	hdk Baby age(in days):	Total feeding						
requirement for t	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	нмғ	Iron	Other	
1	1:00 AM		122												
2															
3															
4															
5															
6															
7															
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9															
10															
11															