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.: 66353 Date (dd/mm/yyyy): 24/04/2020

Mother Name : Gudiya Baby age(in days): 36 days Total feeding requirement for

the day: _____

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

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.: 66353 Date (dd/mm/yyyy): 28/04/2020

Mother Name : Gudiya Baby age(in days): 36 days Total feeding requirement for

the day:

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

7								
8								
9								
10								
11								

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.: 66353 Date (dd/mm/yyyy): 30/04/2020

Mother Name : Gudiya Baby age(in days): 36 days Total feeding requirement for

the day: _____

	Time of		F	eeding (fil	eeding method and measurement (fill in where applicable)				S	Nurse					
S.No.		Direct breast		IV Type	Гуре (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	3:00 PM		20												
2															
3															
4															
5															
6															
7															
8															
9															
10															
11															