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: Friday Hospital Reg. No.: Date (dd/mm/yyyy): 27/03/2020

Mother Name : And Then 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		
		breast breast feeding (in (EBF)	Expressed	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	12:00 PM														
2	1:00 PM		200												
3	1:57 PM														
4	9:00 PM		100												
5	1:00 AM		0												
6															
7															
8															
9															
10															
11															