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

Mother Name : Reeta Baby age(in days): 46 days Total feeding requirement for

the day: _____

	Time of	Feeding method and measurement (fill in where applicable) Supplements Received									d	Nurse Signature			
S.No.	feeding (From, to) Direct Expressed breast feed		Expressed breast feed	N	Mixed Feeding (in ml) Other:* IV Typ						(name a	e and dose) Signatu		Signature	
		EBF	Formula	Other	Net	In ml/hr	In drop/min	Vit D3	Calcium	нмғ	Iron	Other			
1	5:05 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.: 453 Date (dd/mm/yyyy): 15/04/2020

Mother Name : Reeta Baby age(in days): 46 days Total feeding requirement for

the day:

S.No.	Time of	Feeding method and measurement (fill in where applicable) Supplements Received															
		Direct breast	Expressed breast feed	N	Mixed Feedin	ıg (in ml)	Other:*	IV Type		(name a	and do	ose)		Signature		
	(110111, 10)	feeding (in min)	(EBF) (in ml)	EBF	Formula	Other	Net	In ml/hr	In drop/min	Vit D3	Calcium	нмғ	Iron	Other	Nurse Signature		
1	12:00 PM		25														
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.: 453 Date (dd/mm/yyyy): 30/04/2020

Mother Name : Reeta Baby age(in days): 46 days Total feeding requirement for

the day: _____

	Time of		F	eeding (fil	method and l in where a	l measur pplicable	rement e)			Si	uppleme	nts R	eceive	d	
S.No.	feeding	ding Direct Expressed Mixed Feeding (in ml) Other:* IV Type	k IV Type			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	4:00 PM														
2	5:00 PM														
3															
4															
5															
6															
7															
8															
9															
10															
11															