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: Saturday Hospital Reg. No.: 2154 Date (dd/mm/yyyy): 11/04/2020

Mother Name : रेशमा Baby age(in days): 8 days Total feeding requirement for the

day: ____

	Time of		Supplements Received					Nurse							
S.No.		Direct breast	Expressed breast feed	Mixed Feeding (in ml)			Other:*		(name a	and d	ose)		Signature		
		feeding (in min)	(EBF) (in ml)	EBF	Formula	Other	Net	In ml/hr	In drop/min	Vit D3	Calcium	нмғ	Iron	Other	
1	1:00 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: Saturday Hospital Reg. No.: 2154 Date (dd/mm/yyyy): 13/04/2020

Mother Name : रेशमा Baby age(in days): 8 days Total feeding requirement for the

day: _____

S.No.	Time of	Feeding method and measurement (fill in where applicable)									Supplements Received				
		feeding Direct Express breast feeding (in (EBF)	Expressed breast feed				Other:* IV Type		(name and dose)					Signature	
			(EBF) (in ml)	EBF	Formula	Other	Net	In ml/hr	In drop/min	Vit D3	Calcium	нмғ	Iron	Other	
1	8:00 AM														
2	11:00 AM														
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: Saturday	Hospital Reg. No.: 2154	Date (dd/mm/yyyy):	18/04/2020
Mother Name : रेश	मा Baby age(in days)	8 days Total fee	ding requirement for the
day:			

	Time of		Supplements Received					Nurse							
S.No.		Direct breast	east breast feed ng (in (EBF) (in	Mixed Feeding (in ml)			Other:*		(name	and d	ose)		Signature		
	(From, to)	feeding (in min)		EBF	Formula	Other	Net	In ml/hr	In drop/min	Vit D3	Calcium	HMF	Iron	Other	
1	10:00 AM														
2															
3															
4															
5															
6															
7															
8															
9															
10															
11															