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 R | eg. No.: 2 | Date (dd/mm/yyyy) : 03/01/2020 | |
|---------------------|---------------|-------------------|---------------------------------------|----------------------|
| Mother Name : | : Test 2 | Baby age(i | n days): | Total feeding |
| requirement fo | or the day: _ | | | |

| S.No. | (From to) | Feeding method and measurement (fill in where applicable) | | | | | | | Supplements Received | | | | Nurse | | |
|-------|-----------|--|--|-----------------------|---------|-------|-----------------|----------|----------------------|--------|---------|-----|-------|-----------|--|
| | | breast b | 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 | | 10 | | | | | | | | | | | | |
| 2 | 2:00 AM | | 14 | | | | | | | | | | | | |
| 3 | 3:00 AM | | | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | | | | |
| 8 | | | | | | | | | | | | | | | |
| 9 | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | |
| 11 | | | | | | | | | | | | | | | |