## **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 :** Sunday **Hospital Reg. No.:** 4689 **Date (dd/mm/yyyy)**: 18/04/2020

**Mother Name :** Sita **Baby age(in days):** 2 days **Total feeding requirement for the** 

day: \_\_\_\_\_

	Time of feeding ( From, to)	Feeding method and measurement (fill in where applicable)									Supplements Received				
S.No.		Direct breast	Expressed breast feed	Mixed Feeding (in ml)				Other:*	(name and dose)					Signature	
		feeding (in min)	(EBF) (in ml)	EBF	Formula	Other	Net	In ml/hr	In drop/min	Vit D3	Calcium	нмғ	Iron	Other	
1	2:00 PM														
2	7:00 PM														
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: Sunday Hospital Reg. No.: 4689 Date (dd/mm/yyyy): 19/04/2020

Mother Name : Sita Baby age(in days): 2 days Total feeding requirement for the

day: \_\_\_\_\_

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

7								
8								
9								
10								
11								