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 : Monday	Hospital	Reg. No.: 12343	Date (dd/mm/yyyy) : 13/04/2020						
Mother Name : Sunita		Baby age(in days):		Total feeding					
requirement for	\mathbf{r} the day: $_$								

S.No.	Time of feeding (From, to)	Feeding method and measurement (fill in where applicable)						Supplements Received				Nurse			
			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	8:05 AM														
2	9:40 AM														
3	11:58 AM														
4	2:03 PM														
5	3:16 PM		10												
6															
7															
8															
9															
10															
11															