## **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

<b>Day :</b> Friday	Hospital Reg. No	<b>).:</b> 11	<b>Date (dd/mm/yyyy)</b> : 10/04/2020	
Mother Name	: Yu And Then	Baby	age(in days):	Total
feeding requir	rement for the day	:		

S.No.	(From to)	Feeding method and measurement (fill in where applicable)								Supplements Received				Nurse	
		Direct breast feeding (in min)	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	12:00 PM		10												
2															
3															
4															
5															
6															
7															
8															
9															
10															
11															