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 : Thursday **Hospital Reg. No.:** 5555555 **Date (dd/mm/yyyy)**: 14/04/2020

Mother Name : Abc **Baby age(in days):** 3 days **Total feeding requirement for the**

day: _____

	Time of		F	eeding (fil	eeding method and measurement (fill in where applicable)					Supplements Received					
S.No.		Direct breast		k IV Type	ype (name and dose)										
	(Trom, to)	feeding (in min)	(EBF) (in ml)	EBF	Formula	Other	Net	In ml/hr	In drop/min	Vit D3	Calcium	нмғ	Iron	Other	Signature
1	1:00 PM														
2	3:30 PM		20												
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 : Thursday **Hospital Reg. No.:** 5555555 **Date (dd/mm/yyyy)**: 15/04/2020

Mother Name : Abc Baby age(in days): 3 days Total feeding requirement for the

day: _____

S.No.	Time of		F		method and I in where a					Supplements Received					Nurse Signature				
		Direct breast	Expressed breast feed	N	lixed Feedin	ıg (in ml	l)	Other:*	IV Type		(name a	and de	ose)	Signature					
	(11011, 10)	feeding (in min)	(EBF) (in ml)	EBF	Formula	Other	Net	In ml/hr	In drop/min	Vit D3	Calcium	нмғ	Iron	Other					
1	4:00 AM																		
2	8:06 AM		4																
3	9:00 AM																		
4	11:00 AM		185																
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 : Thursday **Hospital Reg. No.:** 5555555 **Date (dd/mm/yyyy)**: 16/04/2020

Mother Name : Abc Baby age(in days): 3 days Total feeding requirement for the

day: _____

S.No.	Time of			eeding (fil	method and l in where aj	l measur pplicable	ement			Supplements Received					Nurse Signature
		Direct breast	Expressed breast feed	N	Aixed Feedin	ng (in ml)	Other:*	IV Type	(name and dose)			dose) Signatu	Signature	
	(From, to)	feeding (in min)	(EBF) (in ml)	EBF	Formula	Other	Net	In ml/hr	In drop/min	Vit D3	Calcium	нмғ	Iron	Other	Signature
1	1:00 AM		4												
2	3:00 AM														
3	9:04 AM		105												
4															
5															
6															
7															
8															
9															
10															
11															