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: Wednesday Hospital Reg. No.: 65428 Date (dd/mm/yyyy): 13/04/2020

Mother Name : Renu Baby age(in days): 9 days Total feeding requirement for the

day: _____

	Time of		Feeding method and measurement (fill in where applicable)											d	Nurse
S.No.		ling Direct	Expressed breast feed	Mixed Feeding (in ml)				Other:		Signature					
			feeding (in (EBF) (in	EBF	Formula	Other	Net	In ml/hr	In drop/min	Vit D3	Calcium	HMF	Iron	Other	
1	7:00 AM		8												
2															
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: Wednesday Hospital Reg. No.: 65428 Date (dd/mm/yyyy): 20/04/2020

Mother Name : Renu Baby age(in days): 9 days Total feeding requirement for the

day:

	Time of feeding (From, to)		Feeding method and measurement (fill in where applicable)											d	Nurse
S.No. fe		Direct breast feeding (in min)	Expressed breast feed	N	Aixed Feedin	g (in ml)	Other:*	IV Type		Signature				
	(11011)		(EBF) (in ml)	EBF	Formula	Other	Net	In ml/hr	In drop/min	Vit D3	Calcium	нмғ	Iron	Other	
1	6:20 AM														
2															
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: Wednesday Hospital Reg. No.: 65428 Date (dd/mm/yyyy): 21/04/2020

Mother Name : Renu Baby age(in days): 9 days Total feeding requirement for the

day: _____

	Time of feeding (From, to)		Feeding method and measurement (fill in where applicable)											d	Nurse
S.No.		Direct breast	Expressed breast feed	Mixed Feeding (in ml)				Other:*	k IV Type		Signature				
		feeding (in min)	(EBF) (in ml)	EBF	Formula	Other	Net	In ml/hr	In drop/min	Vit D3	Calcium	HMF	Iron	Other	
1	9:45 AM														
2	1:45 PM														
3	3:30 PM														
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: Wednesday Hospital Reg. No.: 65428 Date (dd/mm/yyyy): 22/04/2020

Mother Name : Renu Baby age(in days): 9 days Total feeding requirement for the

day: ____

			Si	Nurse											
S.No	Time of feeding (From, to)	Direct breast	Expressed breast feed (EBF) (in ml)	Mixed Feeding (in ml)				Other:*		Signature					
	(11011, 10)	feeding (in min)		EBF	Formula	Other	Net	In ml/hr	In drop/min	Vit D3	Calcium	нмғ	Iron	Other	
1	6:50 AM		8												

2	11:45 AM	10							
3									
4									
5									
6									
7									
8									
9									
10									
11			·						