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.:** 012345   **Date (dd/mm/yyyy)**: 12/04/2020

Mother Name : Priya   **Baby age(in days):** _____   **Total feeding requirement for the day**: _____

S.No.	Time of feeding (From, to)	Feeding method and measurement (fill in where applicable)									Supplements Received (name and dose)					Nurse Signature
		Direct breast feeding (in min)	Expressed breast feed (EBF) (in ml)	Mixed Feeding (in ml)				Other:* IV Type		Vit D3	Calcium	HMF	Iron	Other	
				EBF	Formula	Other	Net	In ml/hr	In drop/min						
1	8:00 AM														
2															
3															
4															
5															
6															
7															
8															
9															
10															
11															