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 ($8 \, \text{AM} - 8 \, \text{Am}$), so as to compare the total quantity to the total feeding requirement. To be filled by nurse on duty in the KMC

Day : Saturday **Hospital Reg. No.:** 6944388123 **Date (dd/mm/yyyy)**: 04/01/2020

Mother Name : Krati Baby age(in days): 29 days Total feeding requirement for

the day: _____

S.No.	Time of feeding (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	5:00 AM														
2	7:00 AM		65												
3															
4															
5															
6															
7															
8															
9															
10															
11															