## **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 :** Monday **Hospital Reg. No.:** 112244 **Date (dd/mm/yyyy)**: 13/04/2020

Mother Name : Anu Baby age(in days): 4 days Total feeding requirement for the

day: \_\_\_\_\_

	Time of feeding ( From, to)	Feeding method and measurement (fill in where applicable)										Supplements Received				
S.No.		Direct breast	Expressed breast feed	Mixed Feeding (in ml)				Other:*	(name and dose)					Signature		
		feeding (in min)	(EBF) (in ml)	EBF	Formula	Other	Net	In ml/hr	In drop/min	Vit D3	Calcium	нмғ	Iron	Other		
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**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 :** Monday **Hospital Reg. No.:** 112244 **Date (dd/mm/yyyy)**: 14/04/2020

Mother Name : Anu Baby age(in days): 4 days Total feeding requirement for the

day:

	Time of feeding ( From, to)	Feeding method and measurement (fill in where applicable)									Supplements Received				
S.No.		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	
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