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: Saturday Hospital Reg. No.: 54001 Date (dd/mm/yyyy): 10/04/2020

Mother Name: Mother Number 01 **Baby age(in days):** 2 days **Total feeding**

requirement for the day:

	Time of feeding (From, to)	Feeding method and measurement (fill in where applicable)									Supplements Received (name and dose)				
S.No.		Direct breast	Expressed breast feed	Mixed Feeding (in ml)				Other:* IV Type		(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	
1	1:00 AM														
2	6:00 AM														
3	10:00 AM														
4	1:00 PM														
5	2:00 PM		50												
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: Saturday Hospital Reg. No.: 54001 Date (dd/mm/yyyy): 11/04/2020

Mother Name: Mother Number 01 Baby age(in days): 2 days Total feeding

requirement for the day: _____

S.No.	Time of feeding (From, to)	Feeding method and measurement (fill in where applicable)									Supplements Received				
		eding Direct	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	8:00 AM		50												
2	5:00 PM		100												
3															
4															
5							·							·	
6															

7								
8								
9								
10								
11								