## **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: Friday Hospital Reg. No.: 1254 Date (dd/mm/yyyy): 04/04/2020

Mother Name : Testing Baby age(in days): 8 days Total feeding requirement for

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

S.No.	Time of		F	eeding (fil	method and l in where a	measur oplicable	rement			S	uppleme	nts Re	eceive	d	Nurse
		Direct breast	Expressed breast feed	N	Mixed Feedir	ıg (in ml	)	Other:*	ther:* IV Type (na		(name a	and d	ose)		Signature
	(11011, 10)	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		12												
2															
3															
4															
5															
6															
7															
8															
9															
10															
11															

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Day: Friday Hospital Reg. No.: 1254 Date (dd/mm/yyyy): 09/04/2020

Mother Name: Testing Baby age(in days): 8 days Total feeding requirement for

the day:

S.No.	Time of		F		method and l in where aj					S	uppleme			d	Nurse
		Direct breast	Expressed breast feed	N	Aixed Feedin	g (in m	l)	Other:*	IV Type		(name a	and do	ose)		Signature
	( , ,	feeding (in min)	(EBF) (in ml)	EBF	Formula	Other	Net	In ml/hr	In drop/min	Vit D3	Calcium	HMF	Iron	Other	
1	8:00 AM														
2	8:01 AM		12												
3															
4															
5															
6															

7								
8								
9								
10								
11								

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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: Friday Hospital Reg. No.: 1254 Date (dd/mm/yyyy): 10/04/2020

Mother Name: Testing Baby age(in days): 8 days Total feeding requirement for

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

S.No.	Time of			eeding (fil	method and l in where a	l measur pplicable	rement e)			S	uppleme	nts Re	eceive	d	Nurse Signature
		Direct breast	Expressed breast feed	N	Mixed Feeding (in ml)				Other:* IV Type			and dose) Signat	Signature		
	( From, to)	feeding (in min)	(EBF) (in ml)	EBF	Formula	Other	Net	In ml/hr	In drop/min	Vit D3	Calcium	HMF	Iron	Other	
1	1:00 AM														
2	8:00 AM														
3															
4															
5															
6															
7															
8															
9															
10															
11															