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 I	Reg. No.: 1254	Date (dd/mm/yyyy) : 10/0)4/2020
Mother Name : Anshu requirement for the day:		Baby age(in d	ays):	Total feeding
requirement to	r tne aay: _			

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	7:00 AM														
2															
3															
4															
5															
6															
7															
8															
9															
10															
11															