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.: 12/15 Date (dd/mm/yyyy): 19/04/2020

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

the day: _____

	Time of			eeding (fil	method and l in where a	l measur pplicable	rement			S	uppleme	nts Re	eceive	d	Nurse
S.No.		Direct breast	Expressed breast feed	Mixed Feeding (in ml) Other:* IV Type						(name	and d	ose)		Signature	
	(FIOII, to)	feeding (in min)	(EBF) (in ml)	EBF	Formula	Other	Net	In ml/hr	In drop/min	Vit D3	Calcium	нмғ	Iron	Other	
1	2:10 PM		15												
2															
3															
4															
5															
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.: 12/15 Date (dd/mm/yyyy): 20/04/2020

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

the day:

	Time of		F		method and l in where a					S	Supplements Received				Nurse
S.No.		eding Direct Expression to Direct brea		Expressed breast feed Mixed Feeding (in ml)			Other:*	IV Type		(name	and do	ose)		Signature	
	, , ,	feeding (in min)	(EBF) (in ml)	EBF	Formula	Other	Net	In ml/hr	In drop/min	Vit D3	Calcium	нмғ	Iron	Other	
1	9:50 PM														
2															
3															
4															
5															
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.: 12/15 Date (dd/mm/yyyy): 21/04/2020

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

the day: _____

	Time of			eeding (fil	method and l in where a	l measur pplicable	rement			S	uppleme	nts Re	eceive	d	Nurse
S.No.		Direct breast	Expressed breast feed	N	Aixed Feedin	ıg (in ml)	Other:*	IV Type	e (name and dose)					Signature
	(From, to)	feeding (in min)	(EBF) (in ml)	EBF	Formula	Other	Net	In ml/hr	In drop/min	Vit D3	Calcium	нмғ	Iron	Other	
1	9:00 PM														
2															
3															
4															
5															
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.: 12/15 Date (dd/mm/yyyy): 23/04/2020

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

the day:

	Time of		F		method and l in where ap					S	uppleme	Nurse			
S.N		Direct breast	Expressed breast feed	Mixed Feeding (in ml) Other:* IV Type							(name a	and de	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	6:00 PM		15												

2								
3								
4								
5								
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.: 12/15 Date (dd/mm/yyyy): 25/04/2020

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

the day: _____

	Time of			eeding (fil	method and l in where a	l measur pplicable	rement e)			S	uppleme	nts Re	eceive	d	Nurse
S.No.		Direct breast	Expressed breast feed	N	Mixed Feedir	ıg (in ml	1)	Other:*	IV Type	(name and dose)					Signature
	(FIOII, to)	feeding (in min)	(EBF) (in ml)	EBF	Formula	Other	Net	In ml/hr	In drop/min	Vit D3	Calcium	нмғ	Iron	Other	
1	4:05 PM														
2															
3															
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