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: Tuesday	Hospital Reg. No.: 97646454	Date (dd/mm/yyyy) : 04/08/2020
Mother Name :	" " " " " " " " " " " " " " " " " " "	Total feeding
requirement for	tne day:	

S.No.	Time of	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	10:57 AM														
2															
3															
4															
5															
6															
7															
8															
9															
10															
11															