## **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 ( $8 \, \text{AM} - 8 \, \text{Am}$ ), 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.: 1 Date (dd/mm/yyyy): 03/01/2020

**Mother Name :** Test **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				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	1:00 AM		10												
2	1:01 AM		16												
3	1:05 AM														
4															
5															
6															
7															
8															
9															
10															
11															