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	.: 843621	Date (dd/mm/yyyy) : 31/03/2020			
Mother Name:	J	Baby ag	Baby age(in days):			
feeding requirement for the day:						

S.No.	(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	9:00 AM														
2															
3															
4															
5															
6															
7															
8															
9															
10															
11															