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: Monday I | Hospital Reg. No.: 165 | Date (dd/mm/yyyy) : 06/01/2020 | | | | | | |
|--------------------|--------------------------|---------------------------------------|---------------|--|--|--|--|--|
| Mother Name : Ah | dh Baby age(in da | ys): | Total feeding | | | | | |
| requirement for tl | ne day: | | | | | | | |

| S.No. | Time of | Feeding method and measurement (fill in where applicable) | | | | | | Supplements Received | | | | Nurse | | | |
|-------|----------|--|--------------------------|-----------------------|---------|-------|-----------------|----------------------|-----------------|--------|---------|-------|------|-----------|--|
| | | breast breast feeding (in (EB) | Expressed breast feed | Mixed Feeding (in ml) | | | Other:* IV Type | | (name and dose) | | | | | Signature | |
| | | | (EBF) (in ml) | EBF | Formula | Other | Net | In ml/hr | In drop/min | Vit D3 | Calcium | нмғ | Iron | Other | |
| 1 | 12:00 AM | | | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | | | | |
| 8 | | | | | | | | | | | | | | | |
| 9 | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | |
| 11 | | | | | | | | | | | | | | | |