## **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 :** Friday **Hospital Reg. No.:** 593628 **Date (dd/mm/yyyy)**: 10/04/2020

Mother Name: Rw4w4s4 Baby age(in days): 4 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	HMF	Iron	Other	
1	1:00 PM														
2	1:00 AM														
3															
4															
5															
6															
7															
8															
9															
10															
11															