## **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: Wednesday Hospital Reg. No.: 55550 Date (dd/mm/yyyy): 02/05/2020

**Mother Name :** Error Test **Baby age(in days):** 6 days **Total feeding requirement** 

for the day:

	J														
S.No.	Time of			eeding (fil	method and l in where aj	l measur pplicable	ement			Sı	uppleme	nts Re	eceive	d	Nurse Signature
		Direct breast	Expressed breast feed	N	Aixed Feedin	ıg (in ml	)	Other:*	IV Type	(name and dose)					Signature
	(11011, 10)	feeding (in min)	(EBF) (in ml)	EBF	Formula	Other	Net	In ml/hr	In drop/min	Vit D3	Calcium	нмғ	Iron	Other	
1	1:00 PM														
2	2:00 PM		15												
3															
4															
5															
6															
7															
8															
9															
10							·								
11															

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**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: Wednesday Hospital Reg. No.: 55550 Date (dd/mm/yyyy): 04/05/2020

Mother Name : Error Test Baby age(in days): 6 days Total feeding requirement

for the day: \_\_\_\_\_

S.No.	Time of									Supplements Received					Nurse
		Direct breast	Expressed breast feed	N	Aixed Feedir	ıg (in ml	)	Other:*	IV Type		(name	and do	ose)		Signature
	(11011, 10)	feeding (in min)	(EBF) (in ml)	EBF	Formula	Other	Net	In ml/hr	In drop/min	Vit D3	Calcium	нмғ	Iron	Other	Signature
1	8:00 AM														
2	8:01 AM		25												
3	10:00 AM		22												
4															
5															
6															

7								
8								
9								
10								
11								

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**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: Wednesday Hospital Reg. No.: 55550 Date (dd/mm/yyyy): 06/05/2020

Mother Name : Error Test Baby age(in days): 6 days Total feeding requirement

for the day: \_\_\_\_\_

	Time of		F	eeding (fil	method and l in where a	l measur pplicable	rement			S	uppleme	nts Re	eceive	d	Nurse Signature er
S.No.		Direct breast	Expressed breast feed	N	Aixed Feedir	ıg (in ml	)	Other:*	IV Type	(name and dose)				lose) Signature	
	( From, to)	feeding (in min)	(EBF) (in ml)	EBF	Formula	Other	Net	In ml/hr	In drop/min	Vit D3	Calcium	нмғ	Iron	Other	
1	8:00 AM														
2															
3															
4															
5															
6															
7															
8															
9															
10															
11															