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.: 5287 Date (dd/mm/yyyy): 27/04/2020

Mother Name : Sangita **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				
		ing Direct	Expressed breast feed (EBF) (in ml)	Mixed Feeding (in ml) Other:* IV Type					IV Type	(name and dose)					Signature
				EBF	Formula	Other	Net	In ml/hr	In drop/min	Vit D3	Calcium	нмғ	Iron	Other	
1	10:00 AM														
2															
3															
4															
5															
6															
7															
8															
9															
10															
11															

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.: 5287 Date (dd/mm/yyyy): 28/04/2020

Mother Name : Sangita 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	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	10:00 AM														
2															
3															
4															
5															
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