## 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: Thursday Hospital Reg. No.: 55555 Date (dd/mm/yyyy): 15/04/2020

Mother Name : Sunita Baby age(in days): 4 days Total feeding requirement for

the day: \_\_\_\_

S.No.	Time of feeding ( From, to)		Supplements Received					Nurse							
		Direct breast	Expressed breast feed	Mixed Feeding (in ml)				Other:*	(name and dose)					Signature	
		feeding (in min)	(EBF) (in ml)	EBF	Formula	Other	Net	In ml/hr	In drop/min	Vit D3	Calcium	нмғ	Iron	Other	
1	2:00 PM														
2	2:20 PM		10												
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: Thursday Hospital Reg. No.: 55555 Date (dd/mm/yyyy): 16/04/2020

Mother Name : Sunita Baby age(in days): 4 days Total feeding requirement for

the day:

S.No.	Time of feeding ( From, to)		Supplements Received					Nurse							
		breast breas feeding (in (EBI	Expressed	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	8:00 AM		10												
2	10:00 AM		25												
3	12:00 PM		50												
4	2:00 PM		35												
5															
6															

7								
8								
9								
10								
11								