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.: 5896 Date (dd/mm/yyyy): 16/04/2020

Mother Name : निशा Baby age(in days): 6 days Total feeding requirement for the

day: _____

	Time of feeding (From, to)		Feeding method and measurement (fill in where applicable)											Supplements Received (name and dose)				
S.No.		Direct breast	Expressed breast feed	Mixed Feeding (in ml)				Other:*		Signature								
		feeding (in min)	(EBF) (in ml)	EBF	Formula	Other	Net	In ml/hr	In drop/min	Vit D3	Calcium	нмғ	Iron	Other				
1	3:20 PM		10															
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: Wednesday Hospital Reg. No.: 5896 Date (dd/mm/yyyy): 20/04/2020

Mother Name : निशा Baby age(in days): 6 days Total feeding requirement for the

day:

	Time of feeding (From, to)		F		method and l in where ap					S	d	Nurse			
S.No.		Direct breast feeding (in min)	Expressed breast feed	N	Aixed Feedin	g (in ml)	Other:*	IV Type		Signature				
			(EBF) (in ml)	EBF	Formula	Other	Net	In ml/hr	In drop/min	Vit D3	Calcium	нмғ	Iron	Other	
1	10:40 AM		9												
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: Wednesday Hospital Reg. No.: 5896 Date (dd/mm/yyyy): 21/04/2020

Mother Name : निशा 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	d	Nurse			
S.No.		feeding Direct	Expressed breast feed	Mixed Feeding (in ml)				Other:*		Signature					
			(EBF) (in ml)	EBF	Formula	Other	Net	In ml/hr	In drop/min	Vit D3	Calcium	нмғ	Iron	Other	
1	5:45 AM		10												
2	10:00 AM		8												
3	12:45 PM		10												
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: Wednesday Hospital Reg. No.: 5896 Date (dd/mm/yyyy): 22/04/2020

Mother Name : निशा Baby age(in days): 6 days Total feeding requirement for the

day: _____

	Time of		Feeding method and measurement (fill in where applicable)											Supplements Received				
S.No.		Direct Expressed breast breast feed	N	Mixed Feeding (in ml)				Other:* IV Type			(name and dose)							
	(110m, to)	feeding (in min)	(EBF) (in ml)	EBF	Formula	Other	Net	In ml/hr	In drop/min	Vit D3	Calcium	HMF	Iron	Other				

1	12:55 PM							
2	1:00 PM							
3								
4								
5								
6								
7								
8								
9								
10								
11								