## 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: Sunday Hospital Reg. No.: 1896 Date (dd/mm/yyyy): 13/04/2020

**Mother Name :** Savita **Baby age(in days):** 6 days **Total feeding requirement for** 

the day: \_\_\_\_

S.No.	Time of feeding ( From, to)	Feeding method and measurement (fill in where applicable)									Supplements Received				
		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	нмғ	Iron	Other	
1	2:00 AM														
2	4:00 AM														
3	5:00 AM														
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: Sunday Hospital Reg. No.: 1896 Date (dd/mm/yyyy): 19/04/2020

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

the day:

S.No.	Time of feeding ( From, to)	Feeding method and measurement (fill in where applicable)									Supplements Received				
		g 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	8:20 AM														
2	10:00 AM														
3	11:00 AM														
4															
5													·	·	
6															

7								
8								
9								
10								
11								