## **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: Friday Hospital Reg. No.: 3256 Date (dd/mm/yyyy): 09/04/2020

Mother Name: Baby age(in days): 34 days Total feeding requirement for the

day: \_\_\_\_\_

	Time of feeding ( From, to)	Feeding method and measurement (fill in where applicable)									Supplements Received				
S.No.		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	1:00 AM		25												
2	8:00 AM		5												
3	8:01 AM		25												
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: Friday Hospital Reg. No.: 3256 Date (dd/mm/yyyy): 01/05/2020

Mother Name: Baby age(in days): 34 days Total feeding requirement for the

day: \_\_\_\_\_

S.No.	Time of feeding ( From, to)		Supplements Received					Nurse							
		Direct 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	1:00 PM														
2	4:03 PM		50												
3	4:10 PM		80												
4	4:49 PM		30												
5															
6															

7								
8								
9								
10								
11								