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 : Saturday **Hospital Reg. No.:** 125/874 **Date (dd/mm/yyyy)**: 04/04/2020

Mother Name : Ryjetj Baby age(in days): 37 days Total feeding requirement for

the day: ____

	Time of			eeding (fil	method and l in where a	l measuı pplicable	rement			s	upplemei	nts Re	eceive	d	Nurse
S.No.		Direct breast	Expressed breast feed	N	Mixed Feeding (in ml)			Other:* IV Type		(name and dose)				Signature	
	(From, to)	feeding (in min)	(EBF) (in ml)	EBF	Formula	Other	Net	In ml/hr	In drop/min	Vit D3	Calcium	HMF	Iron	Other	
1	12:03 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 : Saturday **Hospital Reg. No.:** 125/874 **Date (dd/mm/yyyy)**: 27/03/2020

Mother Name: Ryjetj Baby age(in days): 37 days Total feeding requirement for

	Time of		F		method and I in where a					Supplements Received				Nurse	
S.No.		Direct breast	Expressed breast feed	N	Mixed Feeding (in ml)		Other:* IV Type		(name and dose)				Signature		
	(110111, 00)	feeding (in min)	in (EBF) (in ml)	EBF	Formula	Other	Net	In ml/hr	In drop/min	Vit D3	Calcium	нмғ	Iron	Other	
1	1:00 AM														
2	1:01 AM		25												
3															
4															
5															
6															-

7								
8								
9								
10								
11								

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 : Saturday **Hospital Reg. No.:** 125/874 **Date (dd/mm/yyyy)**: 28/03/2020

Mother Name: Ryjetj Baby age(in days): 37 days Total feeding requirement for

				eeding (fil	method an Il in where a	d measu pplicabl	rement e)	;		S	uppleme	nts Re	eceive	d	Nurse
S.No.	Time of feeding (From, to)	Direct breast	Expressed breast feed	N	Aixed Feedi	ng (in m	l)	Other:*	IV Type	(name and dose)				Signature	
	(11011) (0)	feeding (in min)	(EBF) (in ml)	EBF	Formula	Other	Net	In ml/hr	In drop/min	Vit D3	Calcium	нмғ	Iron	Other	
1	12:00 AM														
2	12:00 AM														
3	12:00 AM														
4	12:00 AM														
5	12:02 AM														
6	12:00 AM														
7	12:03 AM														
8	12:00 AM														
9	12:05 AM														
10	12:00 AM														
11	12:00 AM														
12	1:00 AM														
13	1:00 AM														
14	1:00 AM														
15	1:00 AM														
16	1:00 AM														
17	1:00 AM														
18	12:06 AM														

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 : Saturday **Hospital Reg. No.:** 125/874 **Date (dd/mm/yyyy)**: 04/04/2020

Mother Name : Ryjetj Baby age(in days): 37 days Total feeding requirement for

the day: ____

	Time of			eeding (fil	method and l in where a	l measuı pplicable	rement			s	upplemei	nts Re	eceive	d	Nurse
S.No.		Direct breast	Expressed breast feed	N	Aixed Feedir	ng (in m)	Other:*	· IV Type		(name a	and d	ose)		Signature
	(From, to)	feeding (in min)	(EBF) (in ml)	EBF	Formula	Other	Net	In ml/hr	In drop/min	Vit D3	Calcium	HMF	Iron	Other	
1	12:03 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 : Saturday **Hospital Reg. No.:** 125/874 **Date (dd/mm/yyyy)**: 27/03/2020

Mother Name: Ryjetj Baby age(in days): 37 days Total feeding requirement for

	Time of		F		method and I in where a					S	uppleme			d	Nurse
S.No.		Direct breast	Expressed breast feed	N	Aixed Feedin	ıg (in ml)	Other:*	IV Type		(name a	and do	ose)		Signature
	(110111, 00)	feeding (in min)	(EBF) (in ml)	EBF	Formula	Other	Net	In ml/hr	In drop/min	Vit D3	Calcium	нмғ	Iron	Other	
1	1:00 AM														
2	1:01 AM		25												
3															
4															
5															
6															-

7								
8								
9								
10								
11								

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 : Saturday **Hospital Reg. No.:** 125/874 **Date (dd/mm/yyyy)**: 28/03/2020

Mother Name: Ryjetj Baby age(in days): 37 days Total feeding requirement for

				eeding (fil	method an Il in where a	d measu pplicabl	rement e)	;		S	uppleme	nts Re	eceive	d	Nurse
S.No.	Time of feeding (From, to)	Direct breast	Expressed breast feed	N	Aixed Feedi	ng (in m	l)	Other:*	IV Type		(name a	and d	ose)		Signature
	(11011) (0)	feeding (in min)	(EBF) (in ml)	EBF	Formula	Other	Net	In ml/hr	In drop/min	Vit D3	Calcium	нмғ	Iron	Other	
1	12:00 AM														
2	12:00 AM														
3	12:00 AM														
4	12:00 AM														
5	12:02 AM														
6	12:00 AM														
7	12:03 AM														
8	12:00 AM														
9	12:05 AM														
10	12:00 AM														
11	12:00 AM														
12	1:00 AM														
13	1:00 AM														
14	1:00 AM														
15	1:00 AM														
16	1:00 AM														
17	1:00 AM														
18	12:06 AM														

Day: Saturday **Hospital Reg. No.:** 125/874 **Date (dd/mm/yyyy)**: 04/04/2020

Mother Name: Ryjetj Baby age(in days): 37 days Total feeding requirement for

the day: _____

	Time of		I	eeding (fil	method and l in where a	l measur pplicable	rement			S	uppleme	nts Re	eceive	d	Nurse
S.No.		Direct breast	Expressed breast feed	N	Aixed Feedin	ıg (in ml)	Other:*	IV Type		(name a	and de	ose)		Signature
	(110111, 10)	feeding (in min)	(EBF) (in ml)	EBF	Formula	Other	Net	In ml/hr	In drop/min	Vit D3	Calcium	нмғ	Iron	Other	
1	12:03 AM														
2	1:00 AM														
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: Saturday **Hospital Reg. No.:** 125/874 **Date (dd/mm/yyyy)**: 27/03/2020

Mother Name: Ryjetj Baby age(in days): 37 days Total feeding requirement for

the day: _____

	Time of		F		method and l in where a					S	uppleme			d	Nurse
S.No.		Direct breast	Expressed breast feed	N	Mixed Feedir	ıg (in ml)	Other:*	IV Type		(name a	and d	ose)		Signature
	(From, to)	feeding (in min)	(EBF) (in ml)	EBF	Formula	Other	Net	In ml/hr	In drop/min	Vit D3	Calcium	нмғ	Iron	Other	
1	1:01 AM		25												
2															
3															
4															
5															
6															
7															
8															
9															
10															

11								

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 : Saturday **Hospital Reg. No.:** 125/874 **Date (dd/mm/yyyy)**: 28/03/2020

Mother Name : Ryjetj **Baby age(in days):** 37 days **Total feeding requirement for**

				(fil	method an l in where a	pplicabl	e)			S	upplemei (name a	nts Re	eceive	d	Nurse Signature
S.No.	Time of feeding (From, to)	Direct breast	Expressed breast feed	N	lixed Feedi	ng (in m	l)	Other:*	IV Type		(паше а	ana a	use)		Signature
	, , , , ,	feeding (in min)		EBF	Formula	Other	Net	In ml/hr	In drop/min	Vit D3	Calcium	нмғ	Iron	Other	
1	12:00 AM														
2	12:00 AM														
3	12:00 AM														
4	12:00 AM														
5	12:02 AM														
6	12:00 AM														
7	12:03 AM														
8	12:00 AM														
9	12:05 AM														
10	12:00 AM														
11	12:00 AM														
12	1:00 AM														
13	1:00 AM														
14	1:00 AM														
15	1:00 AM														
16	1:00 AM														
17	1:00 AM														
18	12:06 AM														

the day:	
----------	--

	Time of		F		method and l in where a					S	uppleme	nts Re	ceive	d	Nurse
S.No.		Direct breast	Expressed breast feed	N	Aixed Feedin	ıg (in m	l)	Other:*	IV Type		(name a	and de	ose)		Signature
	(From, to)	feeding (in min)	(EBF) (in ml)	EBF	Formula	Other	Net	In ml/hr	In drop/min	Vit D3	Calcium	нмғ	Iron	Other	
1	12:03 AM														
2	1:00 AM														
3	1:01 AM		25												
4															
5															
6															
7															
8															
9															
10															
11															

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 : Saturday **Hospital Reg. No.:** 125/874 **Date (dd/mm/yyyy)**: 28/03/2020

Mother Name : Ryjetj **Baby age(in days):** 37 days **Total feeding requirement for**

the day: _____

				eeding (fil	method and l in where a	d measu pplicabl	rement e)			Si	uppleme	nts Re	eceive	d	Nurse
S.No.	Time of feeding (From, to)	Direct breast	Expressed breast feed	M	Iixed Feedir	ng (in m	l)	Other:*	IV Type		(name	ana a	ose)		Signature
	(110m, to)	feeding (in min)		EBF	Formula	Other	Net	In ml/hr	In drop/min	Vit D3	Calcium	нмғ	Iron	Other	
1	12:00 AM														
2	12:00 AM														
3	12:00 AM														
4	12:00 AM														
5	12:02 AM														
6	12:00 AM														
7	12:03 AM														
8	12:00 AM														
9	12:05 AM														
10	12:00 AM														
11	12:00 AM														
12	1:00 AM														