## **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.: 4521 Date (dd/mm/yyyy): 11/04/2020

Mother Name : ঘুজা Baby age(in days): 5 days Total feeding requirement for the day:

	Time of		F		method and l in where a					S	Nurse				
S.No.		eeding Direct	Expressed breast feed (EBF) (in ml)	Mixed Feeding (in ml) Other:* IV Type							(name	and d	ose)		Signature
				EBF	Formula	Other	Net	In ml/hr	In drop/min	Vit D3	Calcium	нмғ	Iron	Other	
1	8:00 AM														
2															
3															
4															
5															
6															
7															
8															
9															
10															
11															

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Day : Thursday Hospital Reg. No.: 4521 Date (dd/mm/yyyy): 14/04/2020

Mother Name : पুजा Baby age(in days): 5 days Total feeding requirement for the

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

	Time of		S	Nurse											
S.No.		Direct	Expressed breast feed (EBF) (in ml)	N	Aixed Feedin	ıg (in ml	)	Other:*	IV Type		(name	and d	ose)		Signature
				EBF	Formula	Other	Net	In ml/hr	In drop/min	Vit D3	Calcium	нмғ	Iron	Other	
1	5:00 AM		8												
2															
3															
4															
5														·	
6							·							·	

7								
8								
9								
10								
11								

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<b>Day:</b> Thursday	Hospital Reg. No.: 4521	<b>Date (dd/mm/yyyy)</b> : 15/04/2020
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Mother Name : পুজা Baby age(in days): 5 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	Expressed breast feed	Mixed Feeding (in ml)				Other:*		(name a	and d	ose)		Signature					
		feeding (in min)	(EBF) (in ml)	EBF	Formula	Other	Net	In ml/hr	In drop/min	Vit D3	Calcium	нмғ	Iron	Other					
1	7:00 AM		8																
2																			
3																			
4																			
5																			
6																			
7																			
8																			
9																			
10																			
11																			

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Day: Thursday Hospital Reg. No.: 4521 Date (dd/mm/yyyy): 16/04/2020

Mother Name : पুजा Baby age(in days): 5 days Total feeding requirement for the

day:

	Time of		S	uppleme	d	Nurse									
		Direct breast feeding (in min)	Expressed breast feed (EBF) (in ml)	Mixed Feeding (in ml)				Other:*		Signature					
	(110111, 10)			EBF	Formula	Other	Net	In ml/hr	In drop/min	Vit D3	Calcium	нмғ	Iron	Other	
1	6:00 AM														

2								
3								
4								
5								
6								
7								
8								
9								
10								
11								