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.: 12121 Date (dd/mm/yyyy): 18/04/2020

Mother Name : Archana Baby age(in days): 2 days Total feeding requirement for

the day: _____

S.No.	Time of feeding (From, to)	Feeding method and measurement (fill in where applicable)									Supplements Received (name and dose)				
		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 PM														
2	4:00 PM		56												
3	5:00 PM		10												
4	5:30 PM		10												
5															
6															
7															
8															
9															
10															
11															