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: Tuesday Hospital Reg. No.: 114 Date (dd/mm/yyyy): 13/04/2020

Mother Name : राधा Baby age(in days): 10 days Total feeding requirement for the

day: _____

	Time of feeding (From, to)		F	eeding (fil	method and l in where a	l measur pplicable	rement e)			S	Nurse				
S.No.		Direct breast	Expressed breast feed	Mixed Feeding (in ml)				Other:*		Signature					
		feeding (in min)	(EBF) (in ml)	EBF	Formula	Other	Net	In ml/hr	In drop/min	Vit D3	Calcium	нмғ	Iron	Other	
1	3:00 PM														
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: Tuesday Hospital Reg. No.: 114 Date (dd/mm/yyyy): 14/04/2020

Mother Name : राधा Baby age(in days): 10 days Total feeding requirement for the

day: _____

	Time of		F		method and l in where ap					Si	Nurse				
S.No.		Direct breast	Expressed breast feed	Mixed Feeding (in ml)				Other:* IV Type			Signature				
(11011, 10)	feeding (in min)	(EBF) (in ml)	EBF	Formula	Other	Net	In ml/hr	In drop/min	Vit D3	Calcium	нмғ	Iron	Other		
1	7:01 AM														
2	9:00 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: Tuesday	Hospital Reg. No.: 114	Date (dd/mm/yyyy) : 16/04/202
--	---------------------	------------------------	--------------------------------------

Mother Name : राधा Baby age(in days): 10 days Total feeding requirement for the

day: _____

	Time of		Feeding method and measurement (fill in where applicable)											Supplements Received					
S.No.		eding Direct	Expressed breast feed	Mixed Feeding (in ml)				Other:*	(name and dose)					Signature					
			reeaing (in (EBF) (in	EBF	Formula	Other	Net	In ml/hr	In drop/min	Vit D3	Calcium	HMF	Iron	Other					
1	2:00 PM																		
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: Tuesday Hospital Reg. No.: 114 Date (dd/mm/yyyy): 21/04/2020

Mother Name : राधा Baby age(in days): 10 days Total feeding requirement for the

day:

	Time of	Feeding method and measurement (fill in where applicable)										Supplements Received					
S.No.		Direct breast	Expressed breast feed	N	Mixed Feeding (in ml)			Other:*		Signature							
	(110m, to)	feeding (in min)	(EBF) (in ml)	EBF	Formula	Other	Net	In ml/hr	In drop/min	Vit D3	Calcium	нмғ	Iron	Other			
1	11:00 AM																

2								
3								
4								
5								
6								
7								
8								
9								
10								
11								