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.:** 555555 **Date (dd/mm/yyyy)**: 14/04/2020

Mother Name : Ratna Baby age(in days): 4 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 PM | | | | | | | | | | | | | | |
| 2 | 3:01 PM | | | | | | | | | | | | | | |
| 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 : Friday **Hospital Reg. No.:** 555555 **Date (dd/mm/yyyy)**: 17/04/2020

Mother Name : Ratna Baby age(in days): 4 days Total feeding requirement for

the day: _____

| S.No. | Time of feeding (From, to) | Feeding method and measurement (fill in where applicable) | | | | | | | | | Supplements Received | | | | |
|-------|-----------------------------------|--------------------------------------------------------------|----------------------------------------------|---------------------------------------|---------|-------|-----|----------|-----------------|--------|----------------------|-----|------|-----------|--|
| | | Direct | 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 | 4:00 PM | | 120 | | | | | | | | | | | | |
| 2 | 5:00 PM | | 105 | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | | | | |

| 7 | | | | | | | | |
|----|--|--|--|--|--|--|--|--|
| 8 | | | | | | | | |
| 9 | | | | | | | | |
| 10 | | | | | | | | |
| 11 | | | | | | | | |