24-HOUR FOOD INTAKE CHART Complete one chart for every 24-hour period

Name:	Hospital ID Number:		Admission weight (kg):		Today's weight (kg):	
DATE:		TYPE OF FEED:		GIVE: Fe	eds of ml	
Time	a. Amount offered (ml)	b. Amount left in cup (ml)	c. Amount taken orally (a-b)	d. Amount taken by NG, if needed (ml)	e. Estimated amount vomited (ml)	f. Watery diarrhoea (if present, yes)
				-	6	
		Column totals	С.	d.	e.	Total yes:
Total volume taken over 24 hours = amount taken orally (c) + amount taken by NG (d) - total amount vomited (e) = ml						