

Date/Time _____ RN/LC/MD _____

Supplementation Initiated for:

- ☐ Hypoglycemia: glucose ____mg%
- ☐ Excessive wt loss: ____% at ____hours of age
- ☐ Failure to latch at ____hours
- ☐ Delayed lactogenesis
- ☐ Jaundice related to decreased intake (per MD)
- ☐ LBW/IUGR requiring caloric suppl. (per MD or LC)
- ☐ Mother/baby separation; explain _____
- ☐ Maternal insistence
- ☐ Other _____

Education provided re Risks & Benefits of formula: Yes No

If No, explain: _____

Supplement (check all that apply):

- ☐ EBM cc _____
- ☐ Formula cc _____
- ☐ SNS (at breast)
- ☐ Finger
- ☐ Cup
- ☐ Bottle
- ☐ Mother pumping? Yes No: _____

If No, explain: _____