

CHECKLIST FOR DONOR BREAST MILK

CHECK EXPIRY DATE

CONFIRM PATIENT ID

**DOCUMENT DONOR BREAST MILK BATCH NO
ON BOTH SIGN OUT AND INTAKE/OUTPUT**

**ATTACH ADDRESSOGRAPH LABELS TO
BOTH HALVES OF MILK BANK LABEL**

**STORE TOP HALF IN
POLYPOCKET (*END OF BED
NOTES FOR CNS_p TO COLLECT*)**

**STORE BOTTOM HALF IN
PATIENT CHART WITH DATE &
TIME OF ADMINISTRATION
AND SIGN**