

TREATMENT CONTINUATION SHEET

SNCU Reg. No..... Date of Admission.....

Baby of (Mother's name)..... Sex.....

Birth Weight Doctor Incharge

	Date..... Wt..... PND.....	Date..... Wt..... PND.....
Oxygen and Other Supportive Care		
I / V Drugs		
I / V Fluids		
Oral Drugs and Feeding		
Investigations Advised		
Planning for Next Day		

CLINICAL CONDITION RECORD

Clinical Findings on Round and Advise	Date..... Wt..... PND.....	Date..... Wt..... PND.....
<div>Morning Round</div> <div>Doctor's Name</div> <div></div> <div></div> <div>Time</div> <div></div> <div>Signature</div> <div></div>		
<div>Evening Round</div> <div>Doctor's Name</div> <div></div> <div></div> <div>Time</div> <div></div> <div>Signature</div> <div></div>		
<div>Night Round</div> <div>Doctor's Name</div> <div></div> <div></div> <div>Time</div> <div></div> <div>Signature</div> <div></div>		