

TREATMENT CONTINUATION SHEET

SNCU Reg. No:

Date of Admission: 01-01-1970

Baby of (Mother's name): Hai A Great

Sex: Female

Birth Weight: 2000 gm

Doctor Incharge:

| | | |
|---|--|---|
| | Date: Wt: N/A PND: 0 days | Date: Wt: PND: |
| Oxygen and Other Supportive Care | | |
| I/V Drugs | | |
| I/V Fluids | | |
| Oral Drugs and Feeding | | |
| Investigations Advised | | |
| Planning for Next Day | | |

This Sheet has to be filled by Doctor Incharge of Patient