## TREATMENT CONTINUATION SHEET

SNCU Reg. No: Date of Admission: 01-01-1970

Baby of (Mother's name): Kajal Sex: Male

**Birth Weight:** 1850 gm **Doctor Incharge:** 

	<b>Date:</b> <b>Wt:</b> N/A <b>PND:</b> 1 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