

TREATMENT CONTINUATION SHEET

SNCU Reg. No:

Date of Admission: 01-01-1970

Baby of (Mother's name): Fyiojgffiobfdii56

Sex: Male

Birth Weight: 5899 gm

Doctor Incharge:

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| | Date: Wt: N/A PND: 4 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