## TREATMENT CONTINUATION SHEET

SNCU Reg. No:	<b>Date of Admission:</b> 01-01-1970
Baby of (Mother's name):	Sex: Male
Birth Weight: 1254 gm	Doctor Incharge:

	<b>Date:</b> <b>Wt:</b> N/A <b>PND:</b> 35 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