TREATMENT CONTINUATION SHEET

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

Baby of (Mother's name): Test 2 **Sex:** Male

Birth Weight: 1258 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