

TREATMENT CONTINUATION SHEET

SNCU Reg. No:

Date of Admission: 01-01-1970

Baby of (Mother's name): □□□□□□

Sex: Male

Birth Weight: 2020 gm

Doctor Incharge:

	Date: Wt: N/A PND: 7 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