

# TREATMENT CONTINUATION SHEET

**SNCU Reg. No:**

**Date of Admission:** 01-01-1970

**Baby of (Mother's name):** □□□□

**Sex:** Male

**Birth Weight:** 2400 gm

**Doctor Incharge:**

	<b>Date:</b> <b>Wt:</b> N/A <b>PND:</b> 10 days	<b>Date:</b> ..... <b>Wt:</b> ..... <b>PND:</b> .....
<b>Oxygen and Other Supportive Care</b>		
<b>I/V Drugs</b>		
<b>I/V Fluids</b>		
<b>Oral Drugs and Feeding</b>		
<b>Investigations Advised</b>		
<b>Planning for Next Day</b>		

**This Sheet has to be filled by Doctor Incharge of Patient**