

TREATMENT CONTINUATION SHEET

NBSU Reg. No..... Date of Admission.....

Baby of (Mother's name)..... Sex.....

Birth Weight..... Doctor Incharge.....

	Date..... Wt..... PND.....	Date..... Wt..... PND.....
Oxygen and Other Supportive Care		
I / V Drugs		
I / V Fluids		
Oral Drugs		
Feeding		
Investigations Conducted (Results with Date)		
Planning for Next Day		

CLINICAL CONDITION RECORD

Clinical Findings on Round and Advise	Date..... Wt..... PND.....	Date..... Wt..... PND.....
Morning Round Doctor's Name _____ _____ Time _____ Signature _____ _____		
Evening Round Doctor's Name _____ _____ Time _____ Signature _____ _____		
Night Round Doctor's Name _____ _____ Time _____ Signature _____ _____		