

INVESTIGATION SHEET

SNCU Reg. No..... Date of Admission.....

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

Investigation	Date:	Date:	Date:	Date:	Date:
Hb					
PCV					
Total WBC Count					
Differential WBC Count					
Band Form/I.T. Ratio					
Platelet Count					
Peripheral Smear					
PT / PTTK / FDP					
CRP					
Random Blood Glucose					
Blood Urea Nitrogen					
Serum Creatinine					
Serum Calcium					
Serum Sodium					
Serum Potassium					
Serum Bilirubin : Total / Indirect / Direct					
SGPT					
Total Protein/Ser. Albumin					
Urine R&M					
Stool for Occult Blood					
Blood Gas : Arterial / Venous	Date : Time : FIO2 : PH : PCO2: PO2: HCO3: Satn :	Date : Time : FIO2 : PH : PCO2: PO2: HCO3: Satn :	Date : Time : FIO2 : PH : PCO2: PO2: HCO3: Satn :	Date : Time : FIO2 : PH : PCO2: PO2: HCO3: Satn :	Date : Time : FIO2 : PH : PCO2: PO2: HCO3: Satn :
C.S.F.	Date : Cells < ^P _L Sugar : Protein : Culture :			Date : Cells < ^P _L Sugar : Protein : Culture :	
Urine Culture	Date :			Date :	
Blood Culture	Date :			Date :	
X-Ray	Date :			Date :	
USG	Date :			Date :	
CT / MRI	Date :			Date :	
Any Other	Date :			Date :	