

Inpatient number:

Name of baby:

Birthweight or highest weight: __ . __ __ __ kg

Medications to be given ONCE only i.e. stat doses or loading doses				
Medication:	Dose per kg:	Total Dose:	Route	Sign, date, time when medication is given

Baby's age in days:	Day			Day			Day			Day			Day			Day					
Date to be given:	__/__/__			__/__/__			__/__/__			__/__/__			__/__/__			__/__/__					
Time to be given:	0600	1200	1800	0600	1200	1800	0600	1200	1800	0600	1200	1800	0600	1200	1800	0600	1200	1800	0600	1200	1800
Medication: Dose per kg: Total dose: OD / BD / TDS IV / IM / PO Start date: Stop date:																					
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