# Paediatric Treatment Review

**Patient:** 

**Ward:** 

**Date of Admission:** 

**Date of discharge:** 

**Main reason for admission:** 

**Other problems:** 

(Insert date and tick each item used on each day)

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**Treatment:**

- Antibiotics: IV
- Oral
- TB
- Anticonvulsant
- ART
- Anti-failure
- Steroids
- Sedation
- Supplements
- Blood products
- Other:

**Investigations:**

- FBC
- U&E
- LFT / CMP
- HIV
- LP
- ABG
- Serology
- B/C
- Other cultures
- Mantoux
- TB culture
- CXR
- Other X-rays
- CT / MRI / U/S
- Other:

**Comment:**

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