CHIEF COMPLAINTS : Fever x 3 days
Vomiting x 3 days

HISTORY OF PRESENTING ILLNESS : Patient who was apparently normal 3 days back when came with c/o fever , intermittent type , high grade associated with fever with chills ,
no rigors , associated with bodyache and headache ,
Patient also complained of vomiting since 3 days , non projectile , vomitus contained food particles , non foul smelling , non blood stained .
no h/o nausea
no h/o abdominal pain
no h/o loose stools

PERSONAL HISTORY

Diet: Mixed. Appetite: Good. Sleep: Adequate. Bowel and Bladder: Regular. No substance abuse.

GENERAL EXAMINATION

Patient is consious and cooperative, well oriented to time, place and person. Moderately built and nourished.
No pallor, icterus, cyanosis, clubbing, lymphadenopathy or oedema
PULSE- 88bpm ,
BP-130/80 mm hg ,
RR-16/min
TEMPERATURE- 98.6F

LAB INVESTIGATION

30-05-2015 : Haemoglobin : 12.0g/dl, Leukocyte Count Total : 3100/cumm, Mchc : 33.1g/dl, Mch : 27.5pg, Mcv : 83.1fl, Packed Cell Volume : 36.2%, Platelet Count : 200000/cumm, Red

31-05-2015 : Haemoglobin : 11.2g/dl, Packed Cell Volume : 33.5%, Platelet Count : 159000/cumm,

01-06-2015 : Haemoglobin : 11.7g/dl, Packed Cell Volume : 35.1%, Platelet Count : 151000/cumm, **Urine Blood** Negative, **Urine Ketone Bodies** Negative, **Ph** 7.0, **Urine Protein** Negative, **Urine Sugar (Qualitative)** Negative, **Colour** Pale Yellow, **Transperancy** Clear, **Specific Gravity** 1.010, **Bile Salts** Negative, **Bile Pigments** Negative, **Urine Microscopy** RBCs Nil, Pus Cells : 2-3, Epithelial Cells : Occasional, Crystals : Negative, Casts : Nil, Others : NIL,

02-06-2015 : Haemoglobin : 11.8g/dl, Packed Cell Volume : 35.1%, Platelet Count : 139000/cumm,

REFERRAL-nil

TREATMENT:
IV FLUIDS NS @ 100ML/HR
TAB DOLO 650 MG TID
INJ PAN 40 MG TID
INJ EMESET 4 MG SOS
TAB BEPLEX FORTE 0-0-1
TAB ATARAX 10 MG 1-0-1