HISTORY OF PRESENTING ILLNESS
Patient came with complaits of fever 1week,associated with chills and rigors,generalized body pain,complaints of vomiting 2 episodes contain food particles.No history of cough,headache,yellowish discolouration ofveyes,breathlesness,abdominal pain,bleeding manifestation

PAST HISTORY
Not a known DM/HTN/TB/ASTHMA

FAMILY HISTORY
Nothing significant.

PERSONAL HISTORY
diet-mixed;
appetite-normal
sleep-adequate;
bowel and bladder-regular.
BP : 110/80 mmhg,PULSE : 80 bpm,RR: 20/MIN,temp : 99 f
patient was conscious, co-operative, well oriented to time place and person. moderately built & nourished.
no pallor, icterus, clubbing, cyanosis, lymphadenopathy, edema.

HAEMOGLOBIN : 13.4g/dl [12_15g/dl]

PACKED CELL VOLUME : 40.1% [36_47%]
PLATELET COUNT : 134000/cumm [150000_500000/cumm]

02-11-2014

PACKED CELL VOLUME : 38.6% [36_47%]
PLATELET COUNT : 120000/cumm [150000_500000/cumm]

03-11-2014

PACKED CELL VOLUME : 38.2% [36_47%]
PLATELET COUNT : 148000/cumm [150000_500000/cumm]

REFERAL
Nil

TREATMENT
IVF NS/DNS @ 75ML/ HR
T Dolo 650 mg
Inj.vegacef 1g iv bd (ATD)