HISTORY OF PRESENTING ILLNESS

PATIENT CAME WITH C/O FEVER SINCE 2 DAYS, SUDDEN IN ONSET, HIGH GRADE, ON AND OFF NATURE,

ASSOCIATED WITH CHILLS AND RIGORS.

NO H/O LOOSE STOOLS.

NO H/O COUGH, CORYZA, CHEST PAIN.

NO H/O BURNING MICTURATION OR DECREASED URINE OUTPUT.

PAST HISTORY

NO H/O SIMILAR COMPLAINTS IN THE PAST

NO H/O DIABETES MELLITUS, HYPERTENSION, BRONCHIAL ASTHMA, TUBERCULOSIS OR EPILEPSY.

FAMILY HISTORY

NOTHING SIGNIFICANT.

PERSONAL HISTORY

DIET-MIXED

SLEEP- ADEQUATE

APPETITE- ADEQUATE

BOWEL AND BLADDER HABITS-REGULAR

NO H/O SUBSTANCE ABUSE.

GENERAL PHYSICAL EXAMINATION

PATIENT IS MODERATELY BUILT AND NOURISHED.

CONSCIOUS AND ORIENTED TO TIME, PLACE AND PERSON.

NO PALLOR, ICTERUS, CLUBBING, CYANOSIS, LYMPHADENOPATHY AND PEDAL OEDEMA.

PULSE-88BPM

BP-120/80MM OF HG

RR-18 BREATHS/MIN

TEMP-98.6*F

HARMOGI ORIN

: 13.5g/dl [14_18g/dl] : 39.4% [40_54%]

PACKED CELL VOLUME

PLATELET COUNT

: 120000/cumm [150000_500000/cumm]

. 729/ [50 70%]

PLATELET COUNT

: 93000/cumm [150000 500000/cumm]

30-10-2014

Serum Creatinine

: 1.38mg/dl [0.7_1.2mg/dl]

HAEMOGLOBIN

: 12.9g/dl [14 18g/dl]

PACKED CELL VOLUME

: 37.5% [40 54%]

PLATELET COUNT

: 76000/cumm [150000 500000/cumm]

HAEMOGLOBIN

PACKED CELL VOLUME

[4.0g/dl] [4.11] [8g/dh-mi 2000/cumm [4000_11000/cumm]

: 40.2% [40_54%]

PLATELET COUNT

: 51000/cumm [150000 500000/cumm]

HAEMOGLOBIN

: 14.4g/dl [14_18g/dl]

LEUKOCYTE COUNT TOTAL

: 3400/cumm [4000_11000/cumm]

PACKED CELL VOLUME

: 42.6% [40_54%]

PLATELET COUNT

: 37000/cumm [150000_500000/cumm]

02-11-2014

HAEMOGLOBIN

: 14.8g/dl [14_18g/dl]

PACKED CELL VOLUME

: 43.4% [40 54%]

PLATELET COUNT

: 25000/cumm [150000 500000/cumm]

PLATELET COUNT

: 51000/cumm [150000_500000/cumm]

03-11-2014

HAEMOGLOBIN

: 13.8g/dl [14_18g/dl]

PACKED CELL VOLUME

: 40.5% [40_54%]

PLATELET COUNT

: 66000/cumm [150000 500000/cumm]

TREATMENT

T. DOLO 650MG SOS T. PAN 40MG 1-0-0

T SUPRADYN 0-1-0 CAP STREPSILS

SAD CODEINE

