CHIEF COMPLAINTS
FEVER- 4 DAYS

HISTORY OF PRESENTING ILLNESS
Patient came with c/o fever since 4 days, intermittent ,high grade, asssociated with chills and rigors
h/o hematuria
no h/o altered sensorium
no h/o vomiting/ nausea/ headache
no h/o cough/expectoration/abdominal pain/diarrhoea/fever/sore throat/burning micturition

PAST HISTORY
NOT k/c/o HTN,PTB,BA
Known case of DM

FAMILY HISTORY
No history of Diabetes Mellitus, Hypertension, Tuberculosis, Asthma or IHD in the Family

PERSONAL HISTORY
Diet: Mixed.
Appetite: normal
Sleep: Adequate.
Bowel and Bladder: regular
no substance abuse

GENERAL EXAMINATION
Patient is conscious and cooperative, well oriented to time, place and person. Moderately built and nourished.
no pallor,no icterus, cyanosis or oedema,clubbing ,lymphadenopathy absent
vitals
PULSE 80/min
BP 140/90 mm HG
RR 20/min
TEMPERATURE 98.6

LAB INVESTIGATION

08-06-2015 : Haemoglobin : 14.1g/dl, Leukocyte Count Total : 2600/cumm, Mchc : 34.9g/dl, Mch : 31.8pg, Mcv : 91.2fl, Packed Cell Volume : 40.4%, Platelet Count : 103000/cumm, Red Blood Cell
10-06-2015 : Platelet Count : 68000/cumm,
12-06-2015 : Packed Cell Volume : 47.0%, Haemoglobin : 16.0g/dl,
12-06-2015 : Platelet Count : 28000/cumm, Platelet Count : 30000/cumm,
13-06-2015 : Platelet Count : 45000/cumm,
14-06-2015 : Platelet Count : 76000/cumm,

TREATMENT
IVF DNS/NS @ 100ml/hr
T.Dolo 650 mgTID
T.Neurobion OD
Syp.Ascoril 5ml tid
T.Rantac 150mg BD
INJ.EMEST 4MG SOS
INJ.TRAMADOL 50MG SOS
4 UNIT PLATELET CONCENTRATED IS TRANSFUSED