

CHIEF COMPLAINTS

Fever since 1 week
Loose stools 1 day back
Vomiting 1 day back

HISTORY OF PRESENTING ILLNESS

The patient was apparently well 1 week back following which he developed fever, high grade, intermittent with chills. History of vomiting 1 day - 2 episodes, contained food particles, not foul smelling, not blood tinged, non projectile. History of loose stools, 5-6 episodes / day - liquid forms, no blood / mucous, no worms. No history of loss of appetite, headache, myalgia, breathlessness. No history of cough, pain abdomen, burning micturition.

GENERAL EXAMINATION

Patient is conscious and cooperative, well oriented to time, place and person.
Moderately built and nourished.
No pallor, icterus, cyanosis, clubbing, lymphadenopathy or oedema
PULSE- 48 / min
BP- 130/ 90 mm Hg
RR - 16 / min
TEMPERATURE - afebrile

LAB INVESTIGATION

09-06-2015 : Haemoglobin : 14.8g/dl, Leukocyte Count Total : 3200/cumm, Mchc : 33.5g/dl, Mch : 30.9pg, Mcv : 92.4fl, Packed Cell Volume : 44.0%, Platelet Count : 36000/cumm, Red Blood
10-06-2015 : Haemoglobin : 14.5g/dl, Packed Cell Volume : 42.9%, Platelet Count : 34000/cumm,
11-06-2015 : Haemoglobin : 12.8g/dl, Platelet Count : 42000/cumm, Packed Cell Volume : 38.1%,
12-06-2015 : Haemoglobin : 13.4g/dl, Platelet Count : 91000/cumm, Packed Cell Volume : 39.8%,
13-06-2015 : Haemoglobin : 13.6g/dl, Packed Cell Volume : 41.5%, Platelet Count : 190000/cumm,

REFERRAL

nil

TREATMENT

T. Calpol 500 mg SOS
T. Pan 40 mg 1-0-0
C. Becelac 2-2-2

IVF NS / DNS at 75 ml / hr
Inj. Emsest 4 mg IV SOS
Syp. Sucrafil 2 tsp TID