

DIAGNOSIS
DENGUE FEVER

CHIEF COMPLAINTS
FEVER X 3 DAYS
COUGH WITH EXPECTORATION X 3 DAYS

HISTORY OF PRESENTING ILLNESS
PATIENT WAS APPARENTLY NORMAL 3DAYS BACK WHEN SHE DEVELOPED FEVER LOW GRADE INTERMITTENT
ASSOCIATED WITH CHILLS
H/O COUGH WITH EXPECTORATION SINCE 3 DAYS. SPUTUM WAS SCANTY AND YELLOW IN COLOUR
H/O HEADACHE AND BODYACHE SINCE 3 DAYS
NO H/O CHEST PAIN

PAST HISTORY
No history of , DM,Tuberculosis, Asthma or IHD

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

PERSONAL HISTORY
Diet: Mixed.
Appetite: Good.
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, icterus, cyanosis, clubbing, lymphadenopathy or oedema
PULSE 72
BP 110/70
RR 16
TEMPERATURE 98 F

TREATMENT
TAB DOLO 650MG STAT + TID
IVF NS @ 100ML /HR
TAB RANTAC 150MG 1-0-1
SYP ALEX 2TSP TID