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

HISTORY OF PRESENTING ILLNESS

The patient was apparently well 1week 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 lose stools, 5-6 episodes / day - liquid forms, no blood / mucous, no worms. No history of loss of appetite, headache, mayalgia, breathlessness. No history of cough, pain abdomen, burning micturation.

GENERAL EXAMINATION

Patient is consious 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