

DENGUE FEVER
PHARYNGITIS

CHIEF COMPLAINTS

Fever with chills x 5 days
Cough 5 days

HISTORY OF PRESENTING ILLNESS

Patient gives a history of cough since 5 days, insidious in onset, gradual progression, along with white mucoid sputum expectoration, no aggravating or relieving factors no postural variation. No h/o blood in sputum or throat ache. Associated with fever with chills along with generalised bodyache. Fever was insidious in onset, of intermittent type associated with chills not relieved on medication. No h/o breathlessness or chest pain.
No bleeding manifestations or joint pain.
No other relevant history.

PAST HISTORY

No history of Diabetes Mellitus, Hypertension, Tuberculosis, Asthma or IHD

FAMILY HISTORY

Nothing significant

PERSONAL HISTORY

Diet: Mixed.
Appetite: Good.
Sleep: reduced
Bowel and Bladder: Regular and normal.
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: 80/min
BP: 110/80 mmHg
RR: 18/min
TEMPERATURE: 98.6°F

TREATMENT

T PCT 650mg SOS
SYP Tex
IVF NS/RL @ 100ml/hr
C Amox 1-1-1
T Sinarest 1-1-1
T OFLOMAC 400 MG 1-0-1