

CHIEF COMPLAINTS

FEVER- 4 DAYS

HISTORY OF PRESENTING ILLNESS

Patient came with c/o fever since 4 days, intermittent ,high grade, associated 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

NCT 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.EM/EST 4MG SOS
INJ.TRAMADOL 50MG SOS
4 UNIT PLATELET CONCENTRATED IS TRANSFUSED