HISTORY OF PRESENTING ILLNESS
The patient was apparently well 5 days back,when she developed loose stools watery ,not blood stained.The patient also had 3-4 episodes of vomiting ,contained food particles,non bilious.not blood stained,associated with abdominal pain,colicky in nature.The patient also had fever,low grade,not associated with chills and rigors.No history of pain abdomenNo history of joint pain.

PAST HISTORY
Known case of diabetes mellitus,hypertension,ischemic heart disease
No history of b Tuberculosis, Asthma

FAMILY HISTORY
Not significant

PERSONAL HISTORY
Diet: Mixed.
Appetite: Good.
Sleep: Adequate.
Bowel and Bladder: Regular.
No substance abuse.

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 -80/min,BP -120/80mmhg,RR -14/min,TEMPERATURE-afebrile

HAEMOGLOBIN : 12.6g/dl [14_18g/dl]

T.Dolo 650mg SOS (5 tablet)
T.Magpep 40mg 1-0-0x 3 days