

CHIEF COMPLAINTS

Fever since 2 days
Headache and bodyache since 2 days

HISTORY OF PRESENTING ILLNESS

Patient was apparently normal 2 days back . he now comes with complaints of fever since 2 days . Insidious in onset , severe grade .associated with chills, no rigors .
fever reduced on taking medications but did not subside . no h/o night sweats .
he also gives h/o headache associated with fever , b/i frontal headache . dragging in nature . No aggravating or relieving factors

he complains of backache and body ache occasionally . no h/o giddiness . no h/o cough, chest pain . no h/o palpitations .
no h/o vomiting . no h/o burning micturition . no pain abdomen

PAST HISTORY

No history of Diabetes Mellitus, hypertension , 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: reduced . 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

VITALS - PULSE- 86bpmn BP - 130/80 mmhg RR -20 per min TEMPERATURE - afebrile

LAB INVESTIGATION

11-05-2015 : Haemoglobin : 10.7g/dl, Leukocyte Count Total : 4400/cumm, Mchc : 31.1g/dl, Mch : 20.5pg, Mcv : 65.9fl, Packed Cell Volume : 34.3%, Platelet Count : 11000/cumm, Red Blood Cell Count : 5.21million/cumm, Neutrophils : 71%, Lymphocytes : 18%, Eosinophils : 01%, Monocytes : 10%, Basophils : 00%, **Other Cells** Method : Manual -, Erythrocyte Sedimentation Rate : 06mm/1st hour, **Malarial Parasite Smear** Presence of parasites Negative, Plasma Glucose Random : 108mg/dl, Serum Urea : 24mg/dl, Serum Creatinine : 1.11mg/dl, Serum Sodium : 134mEq/L, Serum Potassium : 3.36mEq/L, Serum Chloride : 92.2mEq/L, **Hiv Rapid** HIV 1 & 2 **ANTIBODIES** NON-REACTIVE, **COMMENTS** : This is a screening test. HIV testing and reporting done as per NACO guidelines., **Hbsag (Hepatitis B Surface Antigen) Rapid** HBsAg NON-REACTIVE, **COMMENTS** : This is a screening test. HBsAg ELISA has more sensitivity and specificity. HBV DNA PCR can be done to confirm early stages of infection., **Hcv (Hepatitis C Virus) Rapid** HCV antibodies NON-REACTIVE, **COMMENTS** : This is only a screening test. HCV RNA PCR is the confirmatory test.,
13-05-2015 : Platelet Count : 24000/cumm,
14-05-2015 : Platelet Count : 15000/cumm, **Abo Grouping & Typing** TEST RESULT O Rh (D) POSITIVE ,
15-05-2015 : Platelet Count : 31000/cumm,
16-05-2015 : Platelet Count : 35000/cumm,
17-05-2015 : Platelet Count : 29000/cumm,

REFERRAL

nil

TREATMENT

Tab supradyn 0-1-0
Tab do/o 650 mg sos
Inj dexta 8 mg
Steam inhalation bd
Saline nebulisation