DIAGNOSIS
DENGUE FEVER

CHIEF COMPLAINTS
Fever since 5 days
Bodyache since 5 days

HISTORY OF PRESENTING ILLNESS Patient was apparently normal 5 days ago when she developed fever since 5 days associated with chills,insideous onset,high grade,continuous type associated with bodyache and joint pain.
No history of cough,breathelessness,vomiting .
patient diagnosed with dengue from outside.

PAST HISTORY K/C/O Diabetes Mellitus, Hypertension.No history of 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: 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, icterus, cyanosis, clubbing, lymphadenopathy or oedema
PULSE -80/min BP-120/80mm Hg RR - 16cpm TEMPERATURE -98.6F

....
TREATMENT
IVF NS at 75 ml/hr
T.CALPOL 500mg TID
T.OPTINEURON OD
T.RANTAC 150mg BD
SYP ASCORIL 2tsp TID
STEAM INHALATION BD