

**COMPLAINTS**

Cough since 8 days  
Fever since 6 days

**PAST HISTORY**

No h/o dm, htn or ihd

**FAMILY HISTORY**

Nothing significant

**PERSONAL HISTORY**

Sleep - normal appetite - normal diet - mixed bowel and bladder - regular,

**GENERAL EXAMINATION**

Patient was conscious, cooperative, well oriented with time, place and person. moderately built and nourished  
pallor, icterus, cyanosis, clubbing, lymphadenopathy, edema absent

PR-80 bpm BP- 130/80mmHg TEMP - 98.6F RR-18 CYCLES / MIN

**TREATMENT**

IV fluids  
Tab Supradyn 0-1-0  
Tab Par 40mg IV OD  
Inj Voveran 1 amp IM  
Inj Emeset 4mg IV TID  
Cap Becelac 2-2-2