

DIAGNOSIS
VIRAL HEPATITIS A

COMPLAINTS
Fever with chills 5 days
Vomiting 5 days

HISTORY OF PRESENTING ILLNESS

Patient came with c/o fever since 5 days insidious in onset, high grade, intermittent type, associated with chills no rigors. Patient also c/o vomiting since 5 days, non projective type, vomitus contained food particles, non bile stained non blood stained. 2-3 episodes per day. No h/o loose stools, no h/o cough with expectoration, no h/o burning micturition.

PAST HISTORY
No h/o HTN, DM, IHD, Asthma, TB
No previous surgeries

FAMILY HISTORY
Nothing significant

PERSONAL HISTORY
diet- mixed
sleep- disturbed
appetite- decreased
bowel and bladder habits- regular
no substance abuse

SYSTEMIC EXAMINATION

Patient conscious, co-operative, well oriented to time place and person.
icterus present
No pallor, cyanosis, clubbing, lymphadenopathy or edema.
PULSE - 70BPM
RR - 16CPM
BP - 120/80MMHG
TEMP - afebrile

TREATMENT
FUDOL 650 MG
FUDOL IV 150 MG
TAB PANTOP
TAB OPTINEURON

