## CHIEF COMPLAINTS

GENERALISED WEAKNESS -4 DAYS

FEVER- 1 DAY

### HISTORY OF PRESENTING ILLNESS

Patient came with c/o fever since 1 day, intermittent, asssociated with chills and rigors h/o vomiting present, multiple episodes h/o nausea and headache no h/o cough/expectoration/abdominal pain/diarrhoea/fever/sore throat/burning micturition

## **PAST HISTORY**

k/c/o DM onT triglynase Nn HTN,PTB,BA

## **FAMILY HISTORY**

No history of Diabetes Mellitus, Hypertension, Tuberculosis, Asthma or IHD in the Family

## PERSONAL HISTORY

Diet: Mixed. Appetite: normal Sleep: Adequate.

Bowel and Bladder:regular

## **GENERAL EXAMINATION**

Patient is conscious and cooperative, well oriented to time, place and person. Moderately built and

no pallor, no icterus, cyanosis or oedema, clubbing, lymphadenopathy absent

vitals

PULSE 80/min

BP 130/80 mm HG RR 20/min TEMPERATURE 101

# TREATMENT

IVF NS @ 75ml/hr

T.Dolo 650 mg T.Supradyn