CHIEF COMPLAINTS

Fever since 4 days Headache and bodyache since 1 day

HISTORY OF PRESENTING ILLNESS

patient was apparently normal 4 days back when he developed fever which was sudden in onset , low grade type , intermittent in nature , gradually progressive. Associated with chills and rigors.

Patient also complains of headache , throbbing type , present over the frontal region. patient also complains of generalized weakness. no h/o abdominal pain /vomitting no h/o cough / breathlessness no h/o burning micturition / hematuria

GENERAL EXAMINATION

Patient is consious and cooperative, well oriented to time, place and person.

Moderately built and nourished. No pallor, icterus, cyanosis, clubbing, lymphadenopathy or oedema PULSE:90bpm
BP :120/80mmhg
RR:20/min
TEMPERATURE:99F

14-06-2015: Haemoglobin: 11.3g/dl, Platelet Count: 69000/cumm, Packed Cell Volume: 34.4%, Plasma Glucose Fasting: 83mg/dl, Serum Urea: 14mg/dl, Serum Creatinine: 0.70mg/dl, Serum Sodium: 139mEq/L, Serum Potassium: 4.02mEq/L, Serum Chloride: 103.8mEq/L, Serum Total Protein: 5.86g/dl, Serum Albumin: 2.96g/dl, Serum Globulin: 2.9g/dl, Serum Total Bilirubin: 0.42mg/dl, Serum Conjugated Bilirubin: 0.26mg/dl, Serum Unconjugated-Bilirubin: 0.16mg/dl, Serum Ast (Sgot): 312IU/L, Serum Alt (Sgpt): 115IU/L, Serum Alkaline Phosphatase: 112IU/L, Serum A/G Ratio: 1.0units, 15-06-2015: Haemoglobin: 10.9g/dl, Packed Cell Volume: 33.6%, Platelet Count: 105000/cumm,

TREATMENT

T.Calpoi 500mg 1-1-1 Inj Pan 40mg IV stat and (b/f) 1-0-0 Inj Emeset 4mg IV Q 8h IVF N5 @ 100ml/hr