CHIEF COMPLAINTS
Fever since 3 days
Cough coryza since 3 days
Vomiting since one day

HISTORY OF PRESENTING ILLNESS
Patient was apparently normal 10 days back , then she developed low grade fever with cough treated as upper respiratory tract infection , symptomatically . Previously admitted in fmmc on 30-6-15 discharged on 2-7-15 now again developed fever , no rigor not relieved on taking medication, associated with coryza, running nose and cough, no history of noisy breathing
Child also had multiple episodes of vomiting, one episode of loose stool, no abdominal pain, passing urine normally.

GENERAL PHYSICAL EXAMINATION
No Pallor, Icterus, Cyanosis, Clubbing, Lymphadenopathy, Oedema
Eyes: conjuctival congestion
Throat: congested
BP: 110/70 mm of Hg
Pulse: 130 /min
Temp: 98.6*F
RR: 26/min

CNS: No meningeal signs of irritation, no focal deficits

LAB INVESTIGATION
08-07-2015 : Peripheral Smear Report No H/4267/15 , **Impression** : Normocytic normochromic blood picture with absolute neutrophilia and thrombocytosis. , Erythrocyte Sedimentation Rate : 25mm/1st hour, Haemoglobin : 11.7g/dl, Leukocyte Count Total : 11600/cumm, Mchc : 32.8g/dl, Mch : 26.3pg, Mcv : 80.4fl, Packed Cell Volume : 35.6%, Platelet Count : 601000/cumm, Rdw : 14.0%, Red Blood Cell Count : 4.43million/cumm, Neutrophils : 79%, Lymphocytes : 10%, Eosinophils : 01%, Monocytes : 10%, Basophils : 00%, Serum Crp : 26.76mg/l, Serum Sodium : 134mEq/L, Serum Potassium : 4.88mEq/L, Serum Chloride : 93.4mEq/L, Serum Bicarbonate : 12.2mEq/L, Serum Alt (Sgpt) : 17IU/L, Serum Creatinine : 0.43mg/dl,
09-07-2015 : Packed Cell Volume : 34.2%, Platelet Count : 418000/cumm,
10-07-2015 : Platelet Count : 446000/cumm, Packed Cell Volume : 34.9%,
Chest Xray- Normal
Mantoux- Negative

TREATMENT
IVF 0.9 % NS 30ML /HOUR
TAB FRISIUM 5MG 1/2 -0-1/2
SYP CALPOL 250MG/5ML 3ML TID
SYP CORIMINIC 2MG/5ML 2.5ML TID
INJ CEFTRIAXONE 350 MG TID