

### Patient Information:

- **Name:** John Doe
- **Age:** 32
- **Gender:** Male
- **Admission Date:** September 25, 2024
- **Discharge Date:** October 5, 2024
- **Attending Physician:** Dr. Susan Chao

### Previous Medical History:

- **Allergies:** None known. Skin tests and historical patient reports show no adverse reactions to common allergens or medication.
- **Chronic Conditions:** Hypertension managed with Lisinopril 10 mg daily, diagnosed 2 years prior. Regular follow-ups have shown controlled blood pressure readings.
- **Previous Hospitalizations:** No previous hospitalizations for infectious diseases; appendectomy performed at age 20.
- **Family Medical History:** Father diagnosed with Type 2 Diabetes Mellitus at age 50, currently managed with diet and metformin. Mother has a history of hypothyroidism treated with levothyroxine. No siblings. No genetic disorders or hereditary cancers noted in the extended family.

### Admission Details:

- **Reason for Admission:** The patient presented in the emergency department with a three-day history of escalating symptoms including high fever peaking at 39.7°C, severe headaches primarily in the frontal region, marked myalgia, joint pains particularly in the knees and wrists, and a noticeable rash on the trunk and lower limbs.
- **Initial Assessment:** Physical examination revealed a flushed appearance, minor petechiae on the chest, and swollen joints. Initial laboratory tests showed thrombocytopenia with a platelet count of 100,000 per microliter, and liver enzymes slightly elevated. Dengue Fever was suspected based on symptoms and recent outbreak reports in the area.
- **Diagnostic Tests:** Dengue Fever confirmed through positive NS1 antigen and elevated IgM antibodies specific to the Dengue virus. Further serotyping identified the infection as caused by Dengue virus serotype 2 (DENV-2).

- **Hospital Course Overview:** Admitted to the infectious disease ward under standard isolation precautions to prevent vector transmission. Administered IV fluids to manage dehydration, antipyretics for fever control, and analgesics for pain management. Close monitoring of vital signs and blood counts was performed, with particular attention during the critical phase for signs of Dengue Hemorrhagic Fever or shock.

#### **Daily Hospital Care Log:**

- **Day 1-3:** Patient received IV hydration therapy with a balanced electrolyte solution to address signs of hemoconcentration. Fever managed with acetaminophen, avoiding NSAIDs due to risk of hemorrhage in the context of thrombocytopenia. Pain managed with acetaminophen as well.
- **Day 4:** Noted mild abdominal pain and persistent high fever. Ultrasound performed to rule out abdominal complications; results normal. Platelets dropped to 85,000, monitored twice daily.
- **Day 5-7:** Patient showed signs of improvement with a decrease in fever and resolution of headaches. Oral hydration emphasized, and diet gradually advanced from liquids to soft foods.
- **Day 8:** Full shift to oral medication as fever resolved. Continued platelet recovery noted, reaching 120,000. Patient reported feeling generally better, with reduced joint pain.
- **Day 9:** Pre-discharge counseling conducted, focusing on recovery phase management, signs of potential complications, and the importance of follow-up care.
- **Day 10:** Discharged after final assessment showed stable vital signs, improved laboratory markers, and the patient's verbal affirmation of feeling significantly better.

#### **Post-Discharge Care Plan:**

##### **Medications:**

- **Paracetamol 500 mg:** Prescribed for fever or pain, not to exceed 2 grams per day.
- **Hydration Salts:** Oral rehydration salts to be used to maintain electrolyte balance.
- **Vitamin Supplement:** Daily multivitamin with emphasis on Vitamin C and Zinc for immune support.

- **Probiotic Supplement:** Daily probiotic recommended to restore gut flora, which may be disrupted by the disease or its treatment.

#### **Follow-Up Care:**

- **Follow-Up Appointments:** Scheduled for October 10, 2024, with Dr. Susan Chao to review recovery progress and address any ongoing symptoms. Additional follow-up on October 20, 2024, to ensure complete resolution of symptoms and normalization of blood counts.
- **Symptom Monitoring:** Patient advised to monitor for any resurgence of fever, development of localized pain, especially in the abdomen, or any signs of bleeding, such as gum bleeding or easy bruising, which would necessitate immediate medical attention.

#### **Lifestyle and Recovery Recommendations:**

- **Activity Level:** Gradual return to normal activities advised. Patient encouraged to start with light activities, such as walking and stretching, and progressively return to more strenuous activities based on energy levels and physical comfort.
- **Diet:** Encouraged to eat balanced meals rich in fruits, vegetables, proteins, and whole grains to support immune system function and overall recovery. Avoid alcohol and reduce caffeine intake during the recovery period.
- **Hydration:** Emphasized the importance of adequate fluid intake to prevent dehydration and support normal body functions.
- **Rest:** Adequate rest is crucial for recovery. The patient is advised to ensure sufficient sleep and include periods of rest throughout the day to allow the body to heal.

#### **Physician's Closing Remarks:**

- **Dr. Susan Chao:** "John has responded well to the treatment regimen, showing significant improvement from his initial presentation. It is imperative to follow the outlined post-discharge care plan, particularly the medication schedule, follow-up appointments, and lifestyle recommendations, to ensure a full recovery. Immediate attention to any signs of complication is crucial. The prognosis is good with adherence to these guidelines."