

**A. MAJOR QUESTIONS : (PLEASE FILL UP)**

1	What is the amount of oral fluid intake by the patient?	
2	What is the type of fluid consumed by the patient?	
3	What is the urine output of the patient?	
4	How frequent is the patient urinating?	
5	What is the estimated volume of the urine discharged by the patient?	
6	What are type of activities shown by the patient during this phase?	
7	Family/Neighbour having dengue ?	
8	Travelled to dengue affected area ?	
9	Any Pain Killer (NSAID) taken ?	
10	List of any other medication taken ?	

**B. OTHER IMPORTANT QUESTIONS (TO BE ASKED BY REGISTERED DOCTOR):**

1	What is the mental state of the patient?	
2	What is the present hydration state of the patient?	
3	What is the pulse rate of the patient?	
4	Does the patient is having any kind of skin redness/(rashes) in the body?	Yes <input checked="" type="radio"/> No <input checked="" type="radio"/>
5	Is the patient undergoing any sort of bleeding?	Yes <input checked="" type="radio"/> No <input checked="" type="radio"/>

**C. CLINICAL INVESTIGATION (TO BE ADVISED BY REGISTERED DOCTOR ON CASE TO CASE BASIS):**

1	SEROLOGICAL TEST (PART1)	ELISA(NS1)	MAC - ELISA	RT-PCR	IgG-ELISA
2	SEROLOGICAL TEST (PART2)	HI	CF	NT	
3	TOURNIQUET TEST				
4	FBC (BASELINE HAEMATOCRIT)				
5	LEUKOPENIA TEST (CBC)				
6	HEMATOCRIT TEST				
7	LFT				
8	GLUCOSE				
9	SERUM ELECTROLYTE				
10	CREATININE				
11	BICARBONATE/LACTATE				
12	CARDIAC ENZYME				
13	ECG				
14	URINE SPECIFIC GRAVITY				
15	SGPT/SGOT				

**D. OBSERVATION OF CO-MORBID ILLNESS (PLEASE TICK WHERE EVER APPLICABLE) :**

1	HEPATIC	Chronic viral hepatitis Cirrhosis of liver Haepatomegaly
2	DENGUE MYOCARDITIC	
3	HYPERTENSION	
4	DIABETIC	
5	ATN	
6	ALTERED SENSORIUM	
7	ACUTE ENCEPHALOPATHY	
8	MASSIVE HAEMOPYTESIS IN TB	
9	MASSIVE PLEURAL EFFUSION	
10	ARDS	