

DENGUE FEVER CASE SHEET

NAME:

AGE/ SEX:

AREA:

PHONE NUMBER :

FEVER DAYS

AFEBRILE..... DAYS

PHASE OF ILLNESS: FEBRILE/ CRITICAL/ CONVALESCENCE

BODYACHEPRESENT/ ABSENT

ABDOMINAL PAIN.....PRESENT/ ABSENT

BLEEDS (MALENA, HEMATURIA, BLEEDING GUMS)

PRESENT/ ABSENT

VOMITING PRESENT/ ABSENT

RASH PRESENT/ ABSENT

LAST VOIDED URINE

H/O SEIZURE

H/O TRAVEL

O/E

CONSCIOUS/ UNCONSCIOUS

ORIENTED/ DISORIENTED

TACHYPNOEIC/ NOT TACHYPNOEIC

HEART RATE:

RESPIRATORY RATE:

BLOOD PRESSURE:

PULSE PRESSURE:

CAPILLARY REFILL TIME:

CVS: S1 S2 +

TACHYCARDIA/ NO TACHYCARDIA

RS: BILATERAL AIR ENTRY – EQUAL

ANY DULLNESS

ANY REDUCED BREATH SOUNDS

P/A: LIVER PALPABLE

LIVER SPAN:

TENDERNESS:

FLUID:

CNS: HIGHER FUNCTIONS:

**DIAGNOSIS: 1.DENGUE WITHOUT WARNING
SIGNS**

2. DENGUE WITH WARNING SIGNS

3. SEVERE DENGUE

PLAN: ADMISSION/REFERRAL/OPD

