

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Time: \_\_\_\_\_

**CLERKING SHEET FOR SUSPECTED DENGUE CASES/FEVER CASES**

NAME: \_\_\_\_\_ I/C \_\_\_\_\_

AGE: \_\_\_\_\_ Contact number: \_\_\_\_\_

Fever onset: \_\_\_\_/\_\_\_\_/\_\_\_\_ Days of fever: \_\_\_\_\_ days

**History:** (please circle and tick as appropriate)

1. Are you from a dengue prone area/ recent fogging? Yes / No
2. Anyone with recent history of fever in your house? Yes / No
3. Previous history of dengue illness? Yes / No
4. Patient's complaint
  - Body ache Yes / No
  - headache Yes / No
  - retro orbital pain Yes / No
  - rash Yes / No
  - Others .....
  - .....
  - .....
  - .....

**4 key questions:**

1. How much can the patient tolerate orally?
  - can't tolerate at all       < 4 cups of water       4-6 cups over the past 12 hours
2. Passing urine
  - NPU past 12 hours       minimal urine, concentrated       4-6 x past 12 hours
3. Patient's activity past 24 hours
  - can't do anything- lie in bed only       moderate activities       able to do usual activities
4. Presence of **Warning Signs**

- Vomiting?       Yes ( No of times \_\_\_\_/ day, for \_\_\_\_ days)       No
- Diarrhea?       Yes ( No of times \_\_\_\_/ day, for \_\_\_\_ days)       No
- Abdominal pain?       Yes ( for \_\_\_\_ days)       No
- Bleeding/ bruising?       Yes ( please specify site \_\_\_\_\_)       No
- Plasma leakage?       Yes (  Ascites       Pleural effusion)       No

**Physical examinations:**

BP	: _____ mmHg	Resp Rate ( per min)	: > 24 / < 24
Pulse Pressure	: _____ mmHg	Temp:	_____ 'C
(SBP- DBP)			
* <b>PP ≤ 20 mmHg</b> is an <b>ALERT SIGN</b>			
Pulse Rate	: _____ bpm	Lungs:	_____
Volume	: _____	Abdomen: ascites	<input type="checkbox"/> yes <input type="checkbox"/> No
CRT	: < 2 sec / > 2 sec	hepatomegaly	<input type="checkbox"/> Yes ___ cm <input type="checkbox"/> No
Peripheries:	warm / cold	Others:	_____

**Investigations:**

• PCV/ HCT	: _____ %	• TWBC	: _____ X 10 <sup>9</sup> /l	• Platelet	: _____ x 10 <sup>9</sup> /l
• Hb	: _____ g/ dl	• NS1 Antigen	: +ve / -ve		
• Dengue serology:		IgM	+ve / -ve		
		IgG	+ve / -ve		

**DIAGNOSIS:**

- Dengue  Yes  No
- Primary Dengue / Secondary Dengue ( depending on the serology test)
- Which phase  
 Febrile  Critical phase. Defervescence \_\_\_\_\_ hours  Recovery Phase
- In Shock  Yes  No
- With warning signs  Yes  No
- Other diagnosis: .....

**Plan of management:**

- \_\_\_\_\_ Dengue monitoring card given
- \_\_\_\_\_  Yes  No  Not applicable
- \_\_\_\_\_

**Prescription:**


---



---



---

Name Of doctor, signature and official stamp: \_\_\_\_\_