

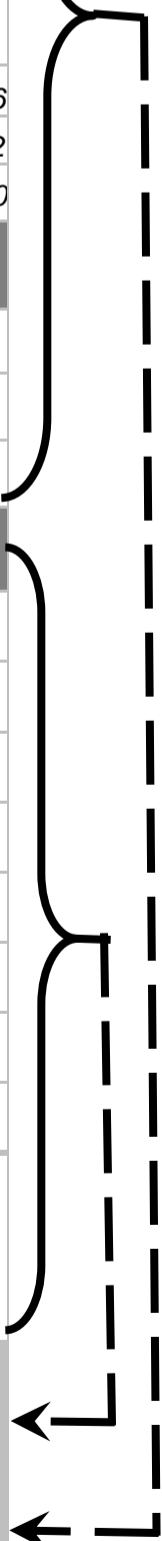
# FEVER ASSESSMENT CHECKLIST

LAMPIRAN 1

RECOGNITION			
CRITERIA	Yes	No	Details
Live in /travel to dengue area	<input type="checkbox"/>	<input type="checkbox"/>	
Fever	<input type="checkbox"/>	<input type="checkbox"/>	
Aches & pains	<input type="checkbox"/>	<input type="checkbox"/>	
Nausea and/or vomiting	<input type="checkbox"/>	<input type="checkbox"/>	
Rash	<input type="checkbox"/>	<input type="checkbox"/>	
Leucopenia	<input type="checkbox"/>	<input type="checkbox"/>	
Any Warning Signs	<input type="checkbox"/>	<input type="checkbox"/>	
Warning Signs		Yes	Details
Persistent vomiting/ diarrhoea (≥3x over last 24h)		<input type="checkbox"/>	
Any abdominal pain/ tenderness		<input type="checkbox"/>	
Lethargy/ restlessness/ confusion		<input type="checkbox"/>	
Tender liver		<input type="checkbox"/>	
Third space fluid accumulation		<input type="checkbox"/>	
Spontaneous bleeding tendencies		<input type="checkbox"/>	
Raised Hct with rapid drop in platelet		<input type="checkbox"/>	(In the absence of baseline values)
<i>Male ≤60: Hct&gt;46</i>			
<i>Male &gt;60: Hct&gt;42</i>			
<i>Female all ages: Hct&gt;40</i>			
Other criteria for admission		Yes	Details
Syncope		<input type="checkbox"/>	
Diarrhoea		<input type="checkbox"/>	
Social factor		<input type="checkbox"/>	
Special group		Yes	Details
Obese		<input type="checkbox"/>	
Pregnant		<input type="checkbox"/>	
Heart failure/ CKD/ CLD		<input type="checkbox"/>	
DM		<input type="checkbox"/>	
HPT		<input type="checkbox"/>	
IHD		<input type="checkbox"/>	
COPD		<input type="checkbox"/>	
Age >65		<input type="checkbox"/>	
History of getting treatment for the same symptoms in the past 5 days		<input type="checkbox"/>	
<b>ADMIT if ANY WARNING SIGNS present or presence of other criterion for admission. CONSIDER admission for patients in the special group even in the absence of warning signs.</b> <b>NOTIFICATION MANDATORY UNDER CDC ACT</b>			

**PROCEED WITH LAB Ix IF PRESENCE OF FEVER WITH 2 OTHER SIGNS/ SYMPTOMS LISTED**

Patient DETAILS			
Name :			
IC No / MRN :			
WCC:		Temp:	
Hb:		BP/MAP:	
Hct:		HR:	
Plt:		CRT:	
NS1Ag/IgM/IgG:		RR:	
SEVERE DENGUE		Yes	Details
Hypotension SBP<90 or MAP<60 or SBP drop >40mmHg from known baseline		<input type="checkbox"/>	
Shock index: HR > SBP or impaired perfusion		<input type="checkbox"/>	
Third space fluid accumulation with respiratory distress		<input type="checkbox"/>	
Disturbed conscious level		<input type="checkbox"/>	
Any bleed GI/ non-mucosal and non-cutaneous/ supra-physiological		<input type="checkbox"/>	
Specific organ dysfunction (pls specify)		<input type="checkbox"/>	
CRITICAL CARE REVIEW & FAST-TRACK			
instructions			
1. Review features of severe dengue present.			
2. Specify start and end time of fluid regime			
Date & Time of:			
Fever onset:			
Critical phase onset:			
Phase:			
Febrile	<input type="checkbox"/>	Critical	<input type="checkbox"/>
		Recovery	<input type="checkbox"/>
Diagnosis			
DENGUE FEVER WITHOUT WARNING SIGNS			<input type="checkbox"/>
DENGUE FEVER WITH WARNING SIGNS			<input type="checkbox"/>
SEVERE DENGUE			<input type="checkbox"/>
NOT DENGUE			<input type="checkbox"/>
IMPRESSION:			
Dr:			
Date and time:			



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