

FEVER ASSESSMENT CHECKLIST

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"/>		<i>(In the absence of baseline values)</i>
<i>Male ≤60: Hct>46</i>			
<i>Male >60: Hct>42</i>			
<i>Female all ages: Hct>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"/>		
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. NOTIFICATION MANDATORY UNDER CDC ACT			

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 <i>(pls specify)</i>	<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:			

