INDIAN MEDICAL ASSOCIATION TAMIL NADU STATE BRANCH



GENERAL ADVISORY ON

MANAGEMENT OF SEASON'S FEVER (DENGUE)

- 1. Make sure it's really the first day of fever (may be got treatment elsewhere).
- 2. Make sure there are no warning signs- restlessness, positive torniquet test, petechial spots, mucosal bleed, abdominal cramps or black stools- Do CBC, ELISA if in doubt.
- 3. CBC increased Hematocrit and reduced platelets- probability of Dengue high
- 4. Avoid card tests Do ELISA for confirmation- NS1 in the first five days & IgM next five days of fever
- 5. Type A- Any viral fever Dengue negative
 Type B- Dengue positive with mild to moderate symptoms
 Type C- Dengue positive with severe symptoms- haemorrhagic, shock
- 6. Type A- can treat in your clinic or consulting rooms with injections and tablets Type B- should admit and treat (only if you have back up emergency facilities) Type B& C- health care facilities with only primary care- refer Type C- Always refer to tertiary care facilities and government centres with facility for dengue treatment.
- 7. Adequate hydration is the key- neither overload nor allow dehydration
- 8. Make sure patient needs injections- can't tolerate oral, children who refuse oral, fever with fits, unconscious Use of injections - only in Type A- sparingly that too Paracetamol only"- IV better than IM
- 9. Avoid NSAIDs and steroids definitely not Diclofenac- tablet or injection
- 10. No need for platelets infusion until count gets down to 10,000 Platelets Infusions needed only in shock or haemorrhagic fever In extreme cases FFP,or whole blood transfusion maybe needed.