National Institute of Virology

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Dengue Case Investigation

Hospital	
OPD	
Referred by	
Address	

Name of Patient						
Age		Sex		Pregnancy	Yes/No	Month
Complete Address						
Telephone No.						
Work address :						
Telephone No.						
CLINICAL DATA						
Date of 1st Symptom						
Date of Specimen collection 1		2				
Type of specimen						

Symptom	Yes / No					
Fever						
Headache						
Eye Pain						
Body Pain						
Joint Pain						
Rash						
Nausea / vomiting						
Diarrhea						
Chills						
Petechiae						
Purpura / Ecchymoses						
Haematamesis						
Malena						
Epistaxis						
Bleeding gums						
Hematuria						
Vaginal bleeding						
Nasal congestion						
Sore throat						
Jaundice						
Abdominal Pain						
Edema						

EPIDEMIOLOGIC DATA :
Past history of dengue, yes/no/don't know
When
History of travel in last 15 days

Record Sheet

Date of Hospitalization

Follow up	1	2	3	4
Temp				
Pulse / BP Headache				
Tourniquet test (P.N. ND)				
Hepatomegaly				
Cold, clammy sweat				
Restlessness				
Lethargy				
Effusions				
Other				
Hematocrit (%)				
Platelets / cumm				
Hemoglobin				
WBC Total				
DC				
Serum albumin				
Serum ALT				
Serum AST				
Serum bilirubin				
Hematuria				
MP in PBS				
Blood for IgM				
Aucte				
Convalescent				
Treatment				
LR / NSS				
Plasma				
Blood				
Lab IgM				
RT-PCR				
Isolation (TC/MBr)				