

## DO'S IN DENGUE FEVER

- Suspected cases of Dengue fever should be carefully watched for a few days since this disease can rapidly become very serious and lead to a medical emergency
- The complications associated with Dengue Fever/Dengue Haemorrhagic Fever usually appear between the third and fifth day of illness. So the patient should be watched for two or three days even after fever subsides.
- Keep body temperature below 39°C. Give the patient paracetamol (not more than four times in 24 hours)
- Give large amounts of fluids (water, soup, milk, juice) along with the patient's normal diet. The patient should be advised complete rest.
- The patient should be hospitalised immediately if any of the following warning signs occur: no clinical improvement, deterioration around the time of defervescence, severe abdominal pain, persistent vomiting, cold and clammy extremities, lethargy or irritability/restlessness, mucosal bleed, Liver enlargement >2cm, Laboratory increase in haematocrit concurrent with decrease in platelet, bleeding (e.g. black stools or coffee-ground vomiting), not passing urine for more than 4–6 hours.
- Cases of Dengue fever/Dengue Haemorrhagic Fever (DF/DHF) should be observed every hour.
- Serial platelet and haematocrit determinations to be done, drop in platelets and rise in haematocrits are essential for early diagnosis of DHF.
- Intravenous fluids to be given judiciously
- Timely intravenous therapy 20ml/kg per hour isotonic crystalloid solution can prevent shock and/or lessen its severity.
- If the patient's condition becomes worse despite giving 20ml/kg/hr for one hour, replace crystalloid solution with colloid solution such as Dextran or plasma. As soon as improvement occurs, replace with crystalloid.
- If improvement occurs, reduce the speed from 20 ml to 10 ml, then to 6 ml, and finally to 3 ml/kg.
- If haematocrit falls, give blood transfusion 10 ml/kg and then give crystalloid IV fluids at the rate of 10ml/kg/hr.
- In case of severe bleeding, give fresh blood transfusion about 20 ml/kg for two hours. Then give crystalloid at 10 ml/kg/hr for a short time (30-60 minutes) and later reduce the speed.
- In case of shock, give oxygen.
- For correction of acidosis (sign: deep breathing), use sodium bicarbonate.

## DON'T'S IN DENGUE FEVER

- Do not give non steroidal anti-inflammatory drugs including Aspirin or Ibuprofen
- Do not give intravenous therapy before evidence of hemorrhage
- While using IV fluids - Do not change the speed of fluid rapidly, i.e., avoid rapidly increasing or rapidly slowing the speed of fluids.

- Do not give blood transfusion unless indicated- indications include reduction in haematocrit or severe bleeding.
- Do not give steroids- Not beneficial
- Do not use antibiotics -Not beneficial a
- Insertion of nasogastric tube to determine concealed bleeding or to stop bleeding (by cold lavage) is not recommended since it is hazardous.

**SIGNS OF RECOVERY:**

- Stable pulse, blood pressure and breathing rate
- Normal temperature
- No evidence of external or internal bleeding
- Return of appetite
- No vomiting
- Good urine output
- Stable haematocrit
- Convalescent confluent petechiae rash

**CRITERIA FOR DISCHARGING PATIENTS:**

- Absence of fever for at least 24 hours without the use of anti-fever therapy
- Return of appetite
- Visible clinical improvement
- Good urine output
- Minimum of three days after recovery from shock
- No respiratory distress from pleural effusion and no ascites
- Platelet count of more than 50,000/mm