

DENGUE ASSESSMENT CHECKLIST

CRITERIA	RECOGNITION		Details
	Yes	No	
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 ($\geq 3x$ 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)

Male ≤ 60 : Hct >46

Male >60 : Hct >42

Female all ages: Hct >40

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"/>	

**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.**

Instructions

1. Please notify

PATIENT DETAILS	
Name :	
IC No / MRN :	

WCC:	Temp:
Hb:	BP/MAP:
Hct:	HR:
Plt:	CRT:
	RR:

SEVERE DENGUE	Yes	Details
Hypotension SBP <90 or MAP <60 or SBP drop >40 mmHg 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

- Review features of severe dengue present.
- 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"/>

Dr:	
Date:	