

*From the Principal's Desk .....*

**DO'S AND DON'T'S FOR MANAGING DENGUE  
FEVER/DENGUE HAEMORRHAGIC FEVER CASES**

**HOW TO RECOGNIZE DENGUE FEVER/DENGUE HAEMORRHAGIC  
FEVER**

Dengue Fever (DF) is an acute febrile illness of 2-7 days duration (sometimes with two peaks) with two or more of the following manifestations:

- Headache  
Retro - orbital pain
- Myalgia / arthralgia
- Rash
- Hemorrhagic manifestation ( petechiae and positive tourniquet test ) and
- Leucopenia

In children, DF is usually mild. In some adults, DF may be the classic incapacitating disease with severe bone pain and recovery may be associated with prolonged fatigue and depression.

**Dengue Haemorrhagic Fever ( DHF) is a probable case of dengue and haemorrhagic tendency evidenced by one or more of the following :**

- **Positive topurniquet test**
- **Petechiae , ecchymosis or purpura**
- **Bleeding from mucosa (mostly epistaxis or bleeding from gums) , injection sites or other sites**
- **Haematemesis or melena**
- **Thrombocytopaemia (platelets 100,000 /cu.mm or less ) and**
  
- **Evidence of plasma leakage due to increased capillary permeability manifested by one or more of the following :**
  - **A > 20 % rise in haematocrit for age and sex**
  - **A > 20% drop in haematocrit following treatment with fluids as compared to baseline**
  - **Signs of plasma leakage ( pleural effusion , ascites or hypoproteinaemia)**

**Dengue Shock Syndrome ( DSS) All the above criteria of DHF plus signs of circulatory failure manifested by rapid and weak pulse , narrow pulse pressure ( < or equal to 20 mm Hg) , hypotension for age , cold and clammy skin and restlessness.**

The above descriptions of DF/DHF/DSS are adequate for guiding doctors to treat the disease. However, for reporting of the disease, cases should be classified as suspected DF/DHF/DSS on the basis of the above criteria. Added serological evidence would categorize them into probable and confirmed cases.

### **DO'S AND DON'T'S FOR PATIENTS**

If you or any family member is suffering from suspected dengue fever, it is important to carefully watch yourself or relative for the next 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. You should therefore watch the patient for two days even after fever disappears.

### **WHAT TO DO :**

- ❖ Keep body temperature below 39 degree centigrade. Give the patient Paracetamol ( not more than four times in 24 hours ) as per the dose prescribed below:

<b>AGE</b>	<b>DOSE ( TABLET 250 GM)</b>	<b>MG/ DOSE</b>
< 1 year	$\frac{1}{4}$ tablet	60
1- 4 years	$\frac{1}{2}$ tablet	60 - 120
5 years and above	1 tablet	240

❖ Give large amounts of fluids ( water , soup , milk , juice ) along with the patient's normal diet .

❖ The patient should take complete rest

❖ Immediately consult a doctor if any of the following manifestations appear . :

- Red sopts or points on the skin;
- Bleeding from the nose or gums;
- Frequent vomiting;
- Vomiting with blood;
- Black stools;
- Sleepiness;
- Constant crying;
- Abdominal pain;
- Excessive thirst (dry mouth );
- Pale, cold or clammy skin;
- Difficulty in breathing.

### **WHAT NOT TO DO:**

- ❖ Do not wait in case the above symptoms appear . Immediately consult a doctor . It is crucial to quickly get treatment in case of these complications.
- ❖ Do not take Aspirin or Brufen or Ibuprofen.

With best wishes ,

John Andrew Bagul

Principal