ADULT DENGUE PATIENT MONITORING

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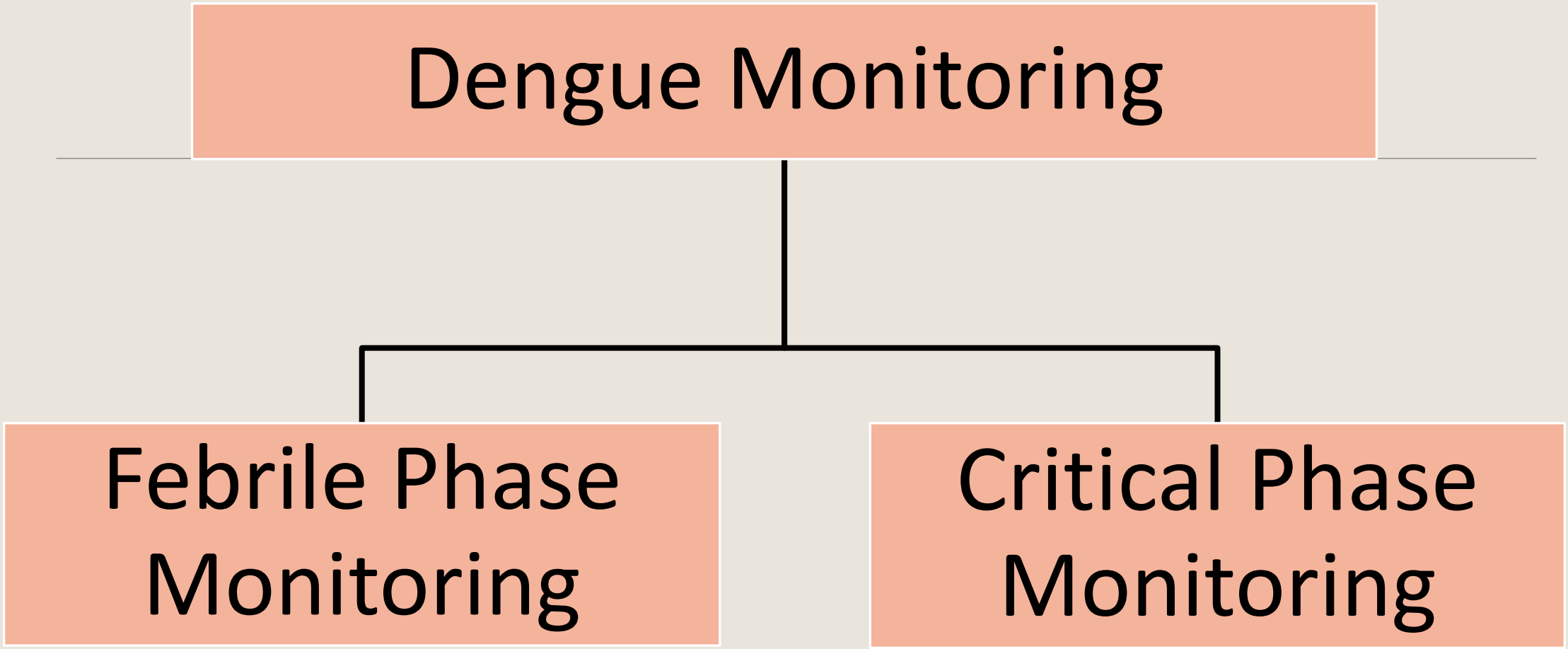
CONTENTS

- Febrile Phase monitoring chart.
- Indications to Call For Immediate Advice.
- Critical phase monitoring chart.

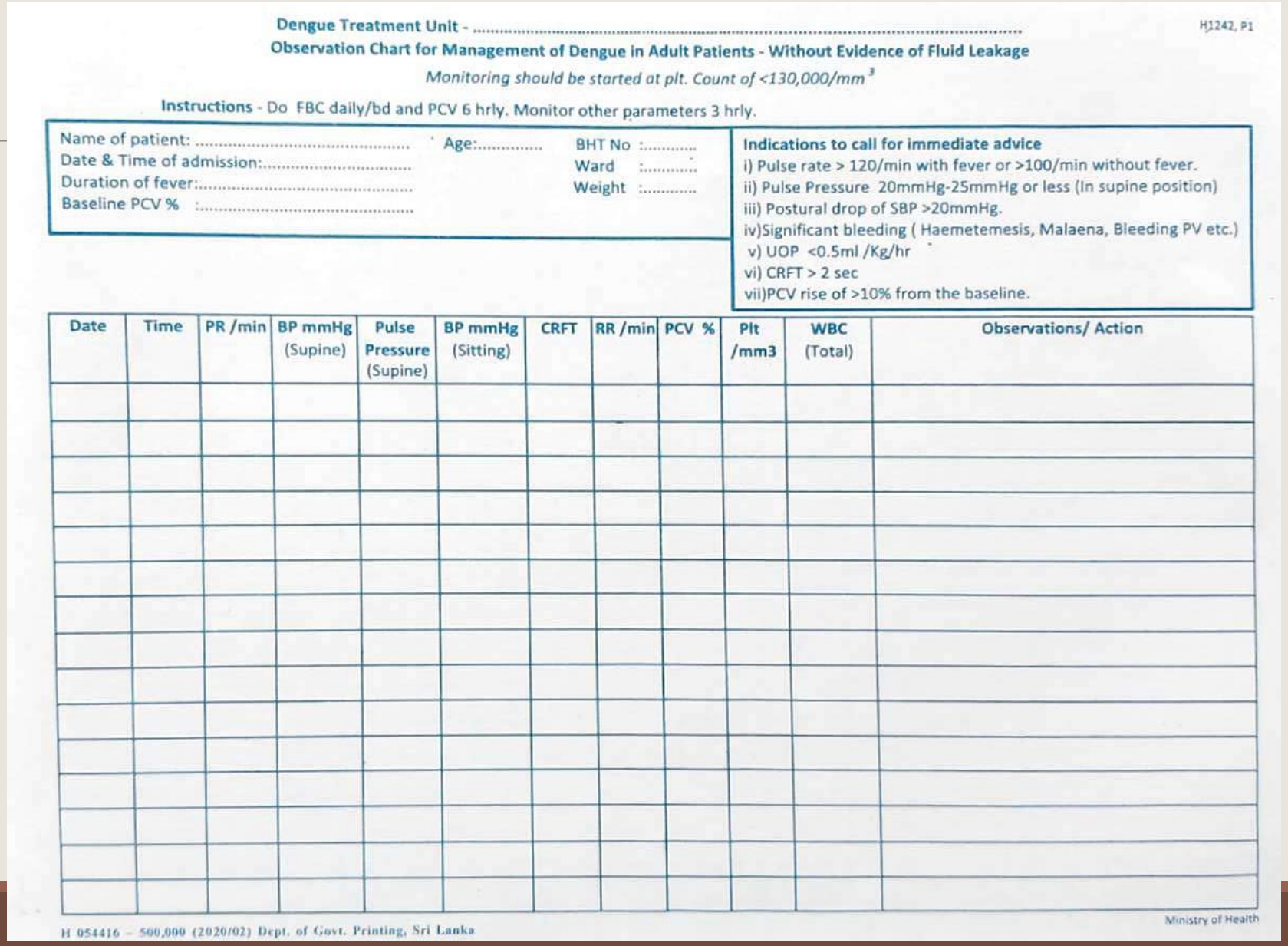
Why Is It Necessary to Monitor Dengue Patients?

- Identify the commencement of critical phase.
- Identify early shock.
- As a guide for fluid management.


Dengue Monitoring
Febrile Phase Monitoring
Critical Phase Monitoring

Dengue Febrile Phase Monitoring Chart

- Monitoring should be started at platelet count of <130,000/mm3.
- Monitor vital parameters 3hrly.
- PCV 6hrly.
- Maintain IP/OP chart.
- Do FBC daily/ bd.



Dengue Treatment Unit - .....

H1242, P1

Observation Chart for Management of Dengue in Adult Patients - Without Evidence of Fluid Leakage

Monitoring should be started at plt. Count of <130,000/mm³

Instructions - Do FBC daily/bd and PCV 6 hrly. Monitor other parameters 3 hrly.

Name of patient: ..... Age:..... BHT No :.....
Date & Time of admission:..... Ward :.....
Duration of fever:..... Weight :.....
Baseline PCV % :.....

Indications to call for immediate advice
i) Pulse rate > 120/min with fever or >100/min without fever.
ii) Pulse Pressure 20mmHg-25mmHg or less (In supine position)
iii) Postural drop of SBP >20mmHg.
iv)Significant bleeding (Haemetemesis, Malaena, Bleeding PV etc.)
v) UOP <0.5ml /Kg/hr
vi) CRFT > 2 sec
vii)PCV rise of >10% from the baseline.

Date	Time	PR /min	BP mmHg (Supine)	Pulse Pressure (Supine)	BP mmHg (Sitting)	CRFT	RR /min	PCV %	Plt /mm3	WBC (Total)	Observations/ Action

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Ministry of Health

Parameters to be Checked During Febrile Phase

- ✓ Body Temperature
- ✓ Pulse Rate , Pulse Volume
- ✓ Respiratory Rate
- ✓ Blood Pressure
- ✓ Pulse Pressure
- ✓ CRFT
- ✓ PCV
- ✓ Platelet Count
- ✓ WBC
- ✓ IP/OP

Indications to Call for Immediate Advice

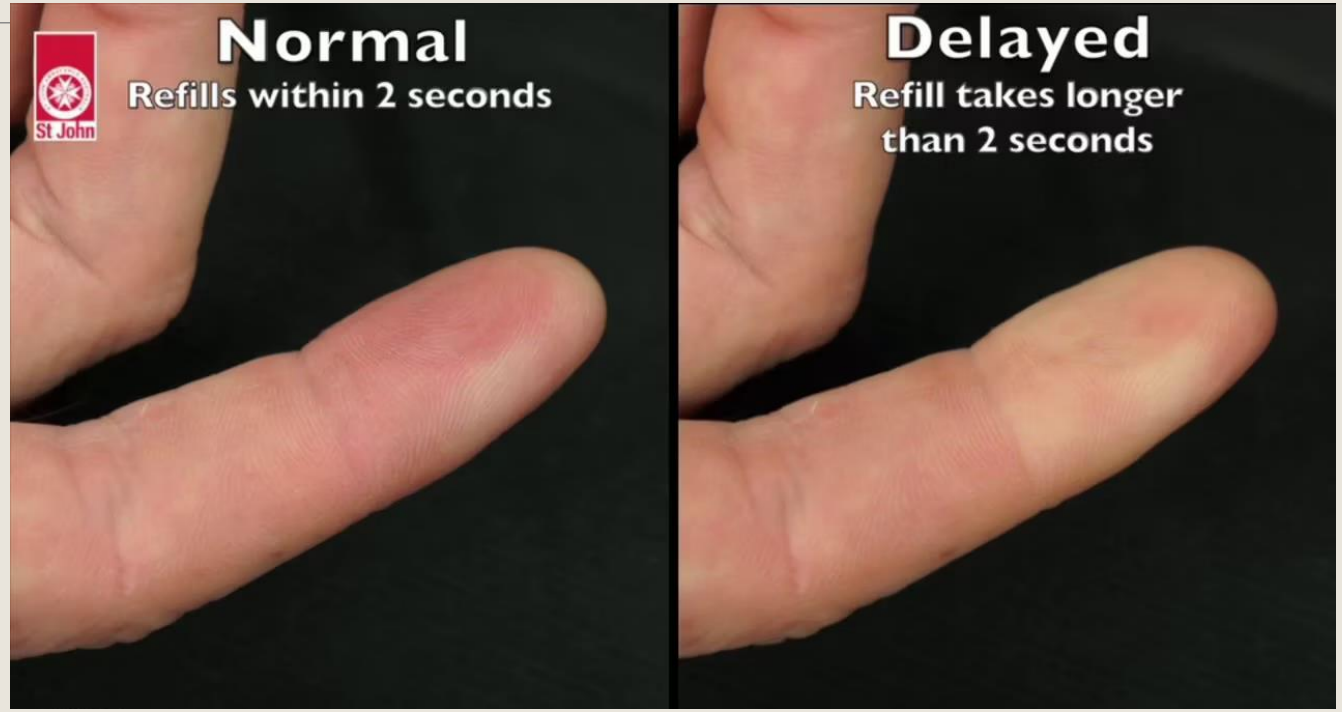
1. Pulse Rate
   - >120/min with fever
   - >100/min with out fever

Indications to Call for Immediate Advice

2. Pulse pressure 20mmHg-25mmHg or less (In supine Position)

3. Postural Drop of SBP >20mmHg

4. CRFT > 2sec


Normal
Refills within 2 seconds
St John
Delayed
Refill takes longer
than 2 seconds

5. UOP < 0.5ml/kg/hr

- Confirm patients body weight.

If Patient's body weight,

> 50kg - Fluid should be calculated to the ideal body weight (50Kg).

< 50Kg - Fluid should be calculated to the actual body weight.

6. PCV rise of >10% from the baseline.

- If the PCV rising;

  20% - patient is in leaking phase

  30% - patient may be in shock.

7. Significant bleeding (Hematemesis, Malena, Bleeding PV etc.)

- Dropping PCV from baseline. (Even without obvious reason)

H1242, P1

Dengue Treatment Unit - National Institute of Infectious Diseases.

Observation Chart for Management of Dengue in Adult Patients - Without Evidence of Fluid Leakage

Monitoring should be started at plt. Count of <130,000/mm³

Instructions - Do FBC daily/bd and PCV 6 hrly. Monitor other parameters 3 hrly.

Name of patient: Mr. G. perera
Date & Time of admission: 04/08/2023 4pm
Duration of fever: 3 days
Baseline PCV % : 34%

Age: 45 yrs
BHT No : 31075
Ward : 5A
Weight : 56 kg

Indications to call for immediate advice
i) Pulse rate > 120/min with fever or >100/min without fever.
ii) Pulse Pressure 20mmHg-25mmHg or less (In supine position)
iii) Postural drop of SBP >20mmHg.
iv)Significant bleeding (Haemetemesis, Malaena, Bleeding PV etc.)
v) UOP <0.5ml /Kg/hr
vi) CRFT > 2 sec
vii)PCV rise of >10% from the baseline.

Date	Time	PR /min	BP mmHg (Supine)	Pulse Pressure (Supine)	BP mmHg (Sitting)	CRFT	RR /min	PCV %	Plt /mm3	WBC (Total)	Observations/ Action
04/08	4 pm	80/min	100/70	30	112/68	<2sec	24/min	34 %	125	2.7	
	7 pm	78/min	100/70	30	100/68	<2sec	20/min				
	10 pm	84/min	110/68	42	110/70	<2sec	22/min	33%			
05/08	1 am	80/min	100/60	40	110/60	<2sec	24/min				
	4 am	76/min	110/60	50	100/62	<2sec	20/min	35%			
	7 am	80/min	110/70	40	110/72	<2sec	18/min		100	2.1	
	10 am	82/min	110/80	30	110/84	<2sec	22/min	36%			

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Date	Time	PR /min	BP mmHg (Supine)	Pulse Pressure (Supine)	BP mmHg (Sitting)	CRFT	RR (pm)	PCV %	Plt /mm3	WBC (Total)
04/08	4 PM	80/min	100/70	30	112/68	< 2sec	20/min	34 %	125	2.8
	7 PM	78/min	110/80	30	100/68	< 2sec	18/min			
	10 PM	84/min	110/70	40	114/68	< 2sec	16/min	33 %		
05/08	1 AM	80/min	100/60	40	100/70	< 2sec	18/min			
	4 AM	76/min	100/70	30	110/70	< 2sec	20/min	35 %		
	7 AM	80/min	100/68	32	100/60	< 2sec	14/min		90	1.4
	10 AM	82/min	110/70	40	112/68	< 2sec.	18/min	38 %		

PCV Rising

Dropping Platelet counts

Dropping WBC counts

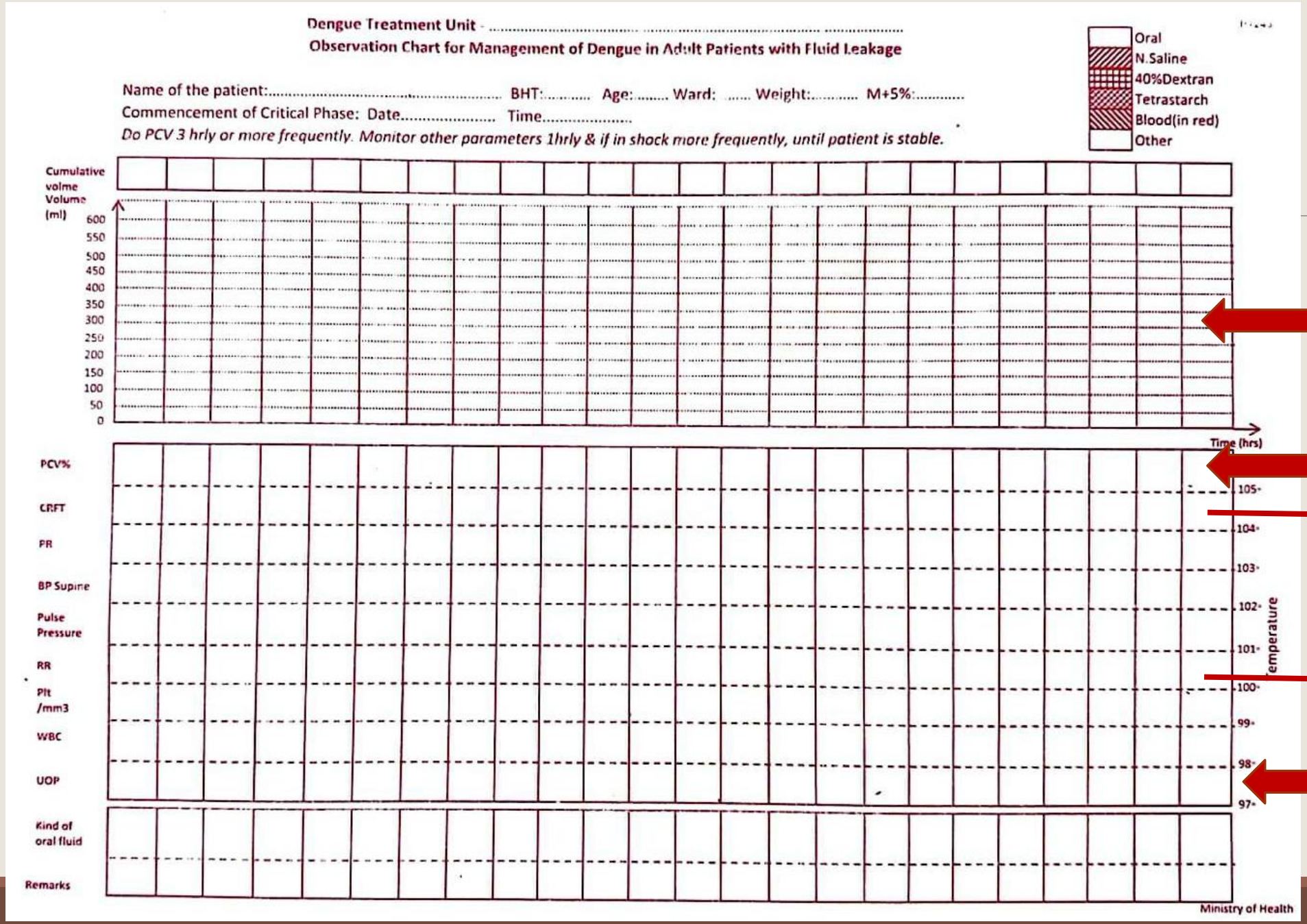
Indications of Entering into Critical Phase from febrile phase

- Settling of fever
- Rising of PCV
- Decreased UOP (< 0.5ml/kg/hr)
- Dropping WBC Counts
- Platelet Count < 100,000 /mm3
- Reversal of Neutrophil/Lymphocyte ratio
- USS evidence of leakage (Ascites/Pleural effusion)

CRITICAL PHASE

Critical Phase Monitoring Chart

- Consist of two pages.
- Monitoring scheduled for 48hrs.
- Each page monitors for 24hrs.
- Monitor Same parameters as in the febrile phase monitoring chart. But Monitoring frequency will be hourly.
- PCV monitoring 3hrly.



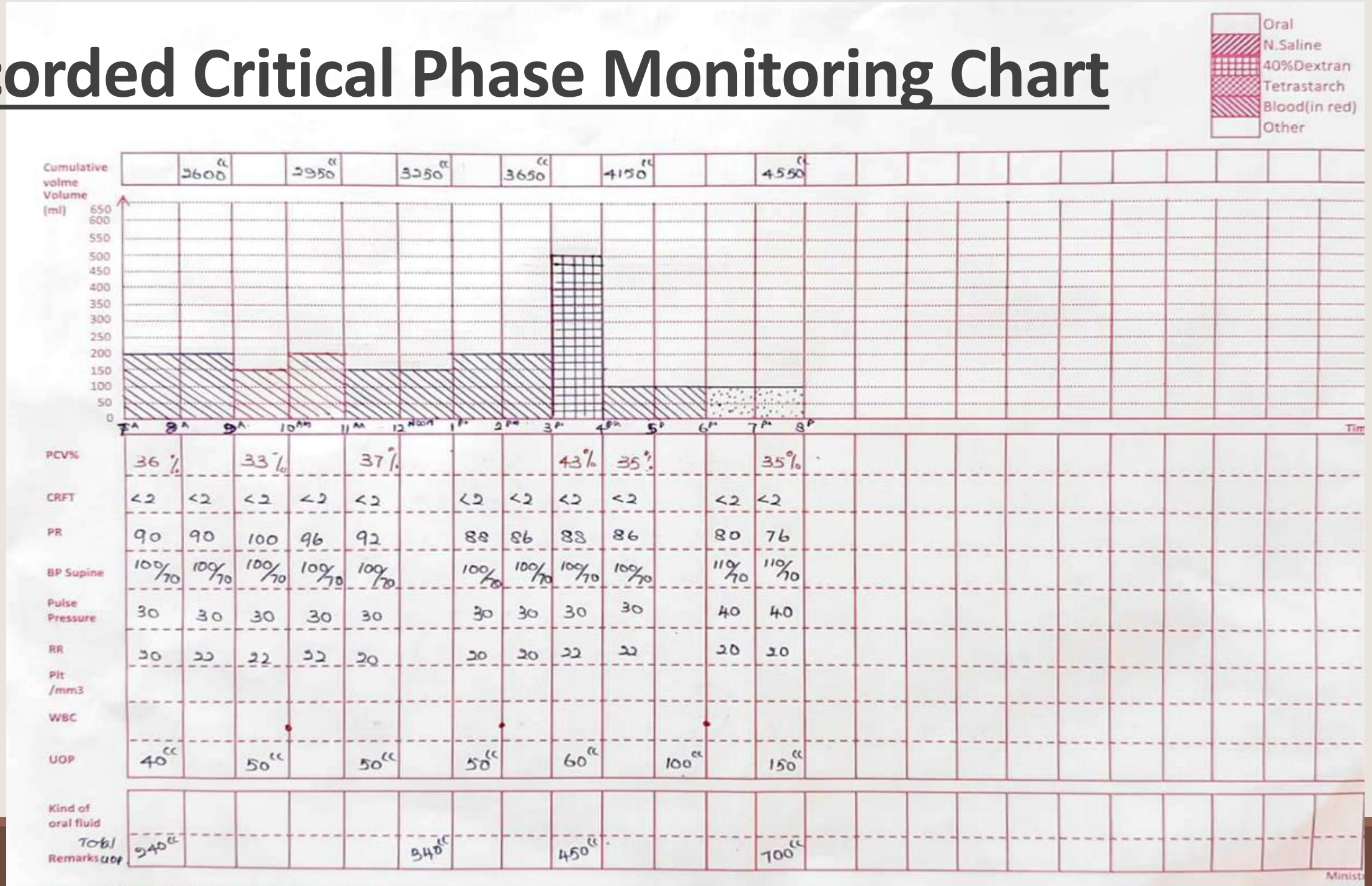
Record the amount and type of fluids.

Do PCV 3hrly

Monitor parameters 1hrly.

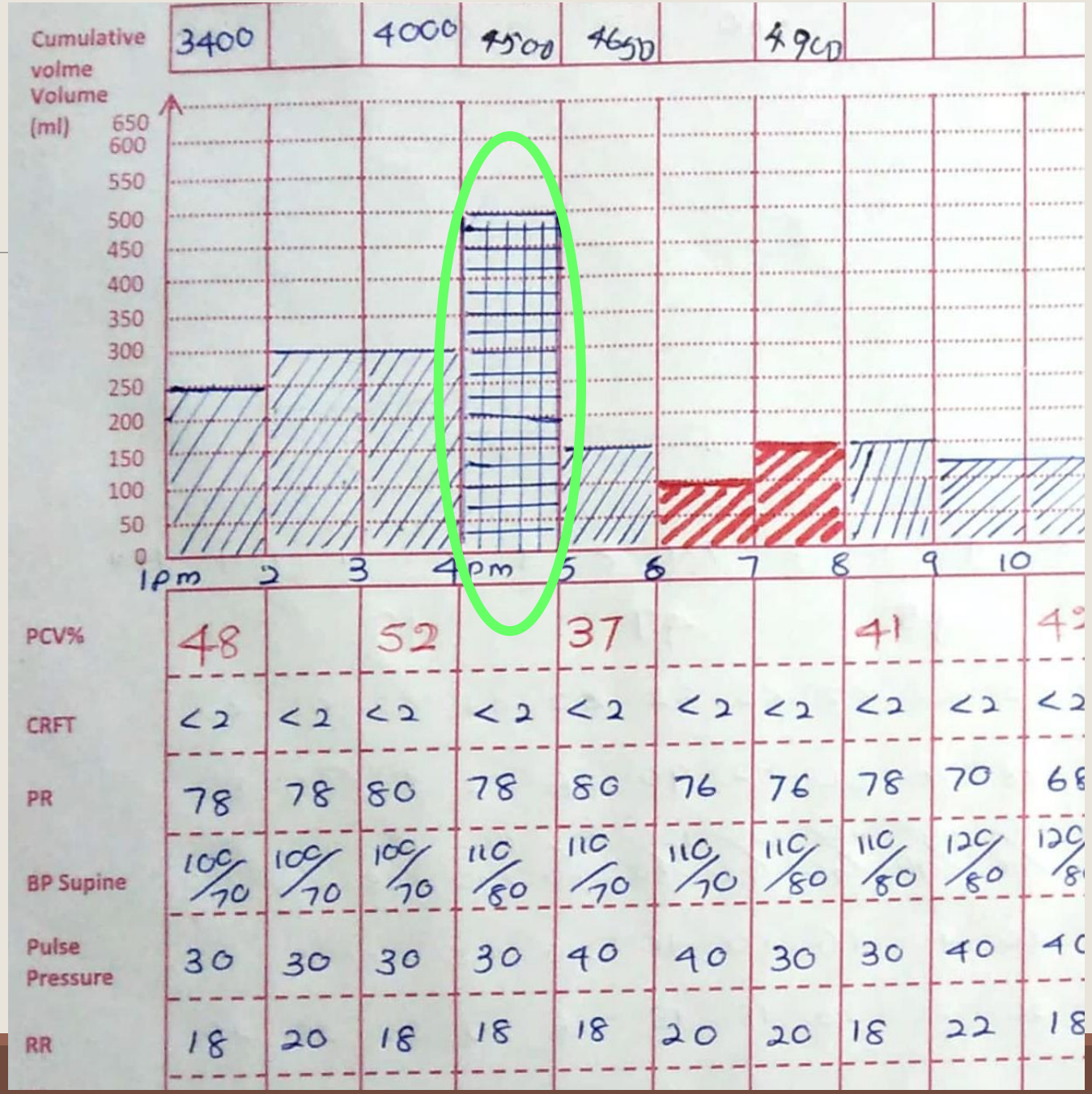
Measure UOP 2hrly

Recorded Critical Phase Monitoring Chart



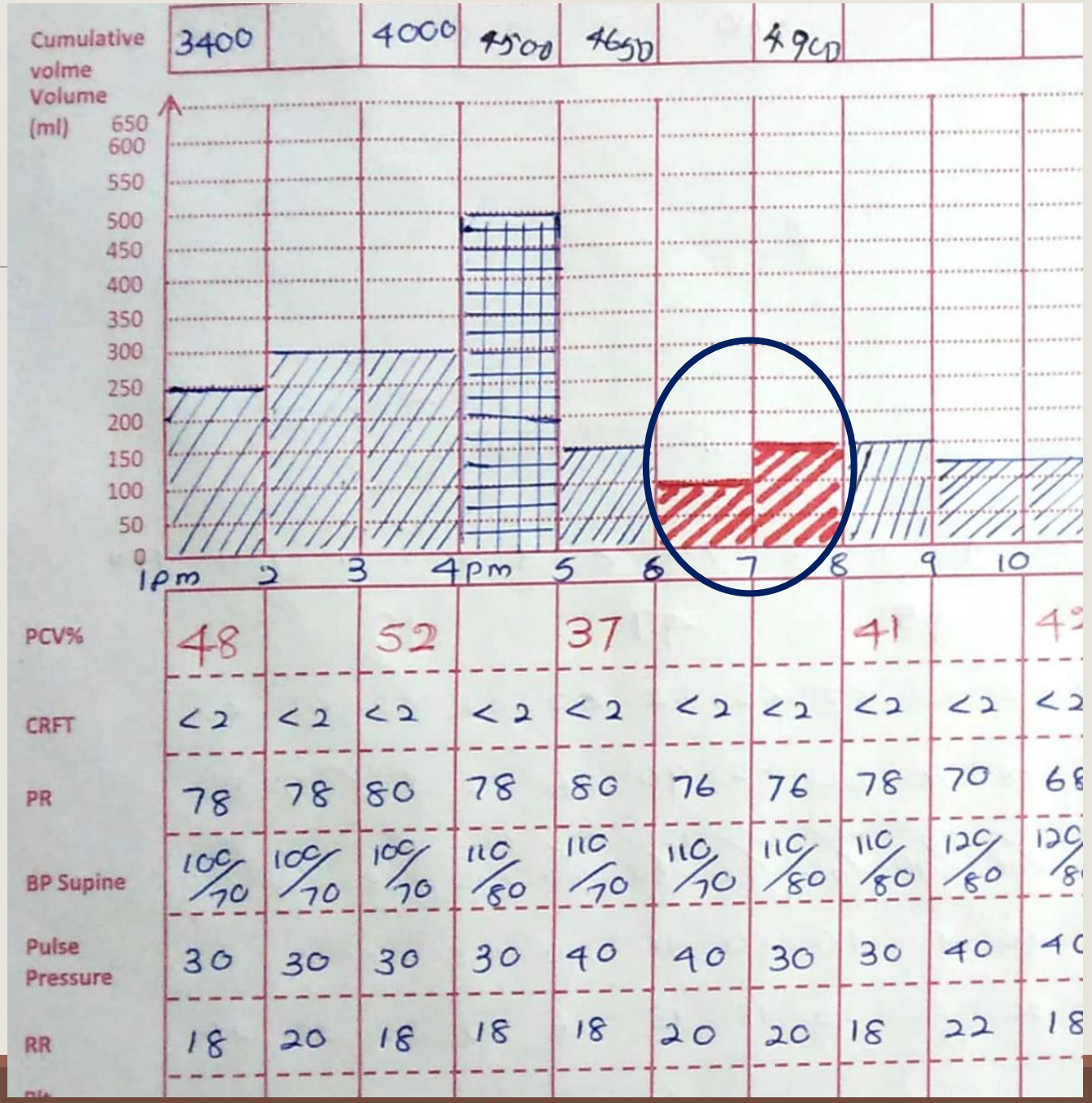
Dextran Administering

- Administration of40% dextran bolus 10ml/Kg/hr.
- After the bolus check PCV in 30 minutes.
- Expected PCV drop 8-10.



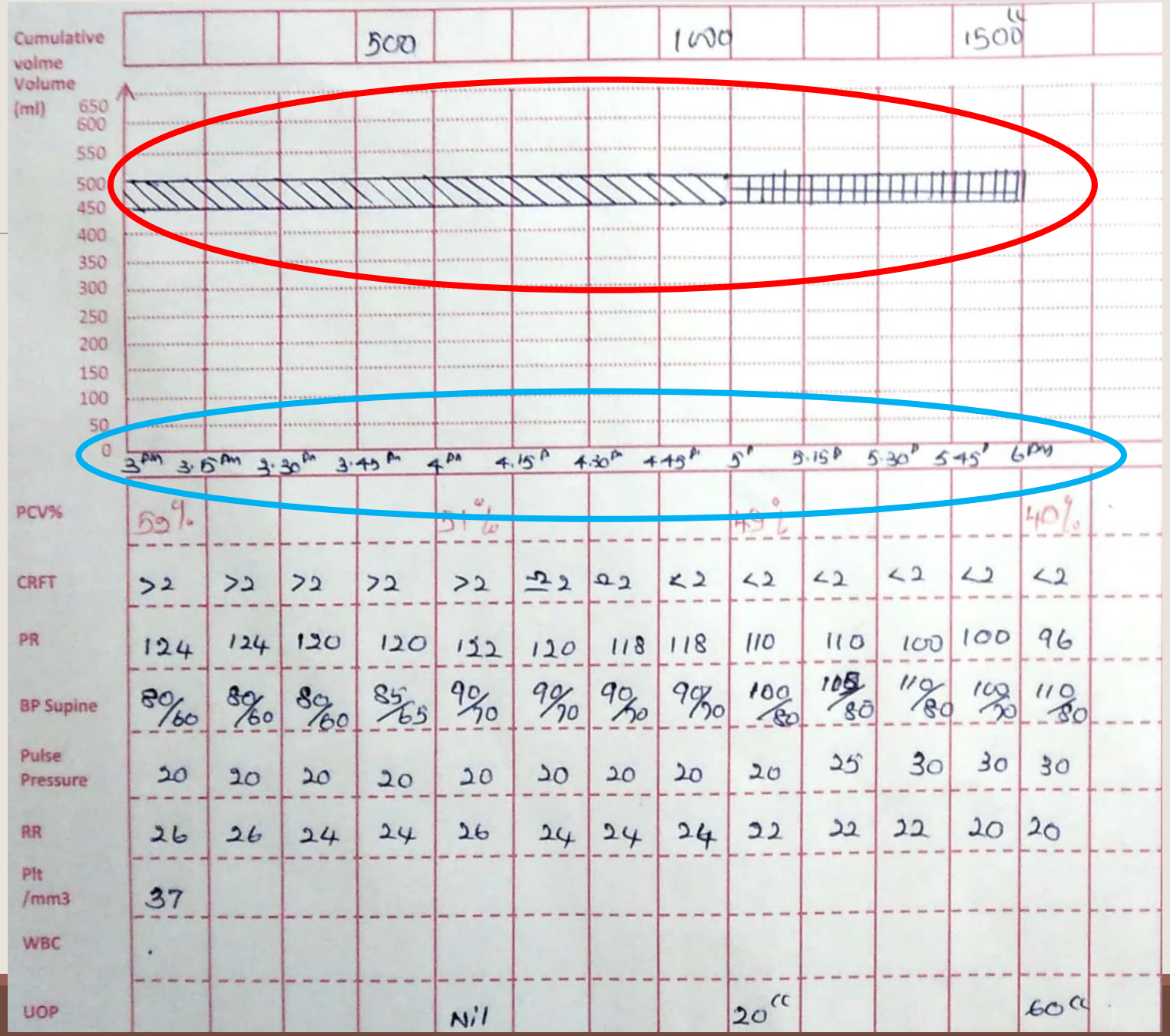
Blood transfusion

- Transfuse blood as 5ml/Kg/hr.
- Do a PCV 30 minutes after the transfusion.
- Expected PCV rise 3-5.



If Patient is in Shock;

- Administer O_2 as soon as possible.
- monitoring parameters 15 min apart.



Advantages of critical phase monitoring chart

- Early detection of shock.
- As a guide for fluid management.
- Identify complications.

  Eg: Bleeding

  Fluid overload

Why we should emphasize monitoring ?

Early detection & Prevent Complications.

Prevent death

& Save a life

THANK YOU…