Name : _____
R/N : _____
Age : _____
I/C : _____

Sex : _____
Weight : _____ kg
Height : _____ cm
Ward: _____

**DENGUE CARE CHART**
**DEPARTMENT** _____
**HOSPITAL** _____

ALERT SENIOR IF IN RED CATEGORIES *(SEE KEY BESIDE)*

Date / Time

**Immunology** Date Taken: _____

*(please circle):*

IgM Pos / Neg

IgG Pos / Neg

NS1 Pos / Neg

**NURSE TO FILL IN**

Non-invasive BP mmHg

Systolic BP ˅

Diastolic BP ˄

Pulse Rate • bpm

if ≤ 50 please INFORM DR

Pulse Pressure X

if <20 please INFORM DR

Respiratory Rate •

if >24 please INFORM DR.

if >24 DR to do ABG

SpO2 %

**DOCTOR TO FILL IN**

CRT

Pulse volume

Temperature of extremities

Bleeding

Abdominal pain

Vomiting

Hct (Male >45% Female >40%)

Hb

Plt

WCC

ALT

$HCO_3$ (Actual)

Bleeding: P(provoked); S(Spontaneous) + M(mucosal; C(cutaneous)

Abdominal pain: + / -

Vomiting: No or Yes (number of times/day)

Key : CRT: I (immediate); <2s; ≥2s

Pulse volume: N(normal); W(weak); A(absent)

Temperature of extremities: W (warm); C (cold)