



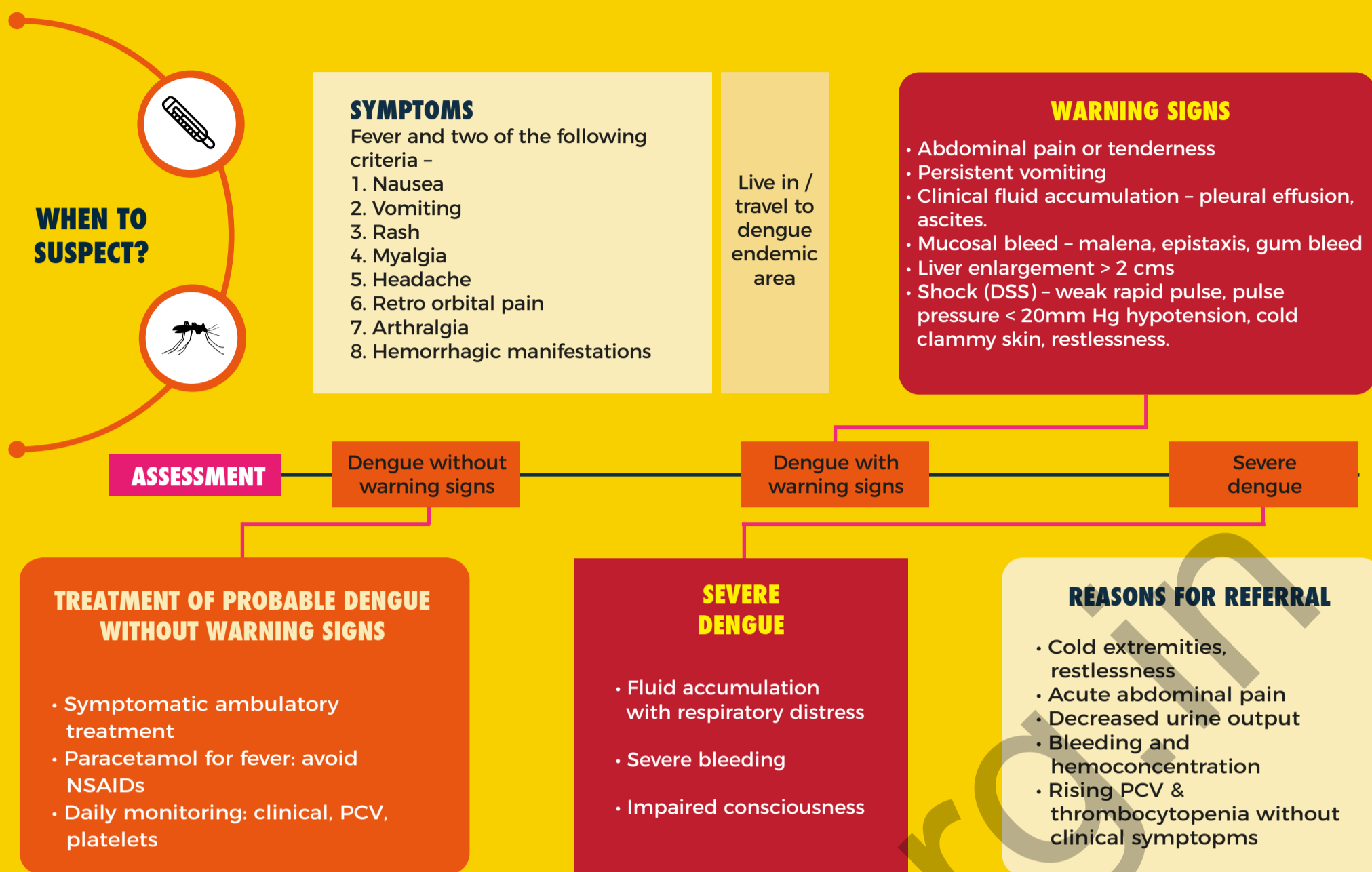
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Ministry of Health and Family Welfare, Government of India



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Standard Treatment Workflow (STW) for the Management of DENGUE FEVER

ICD-10-A90



INVESTIGATIONS

ESSENTIAL

- Hb, TLC, DLC, Platelets, PCV
- Positive tourniquet test
- NS1 antigen (ELISA method)

DESIRABLE

- Chest X-ray
- LFT, RFT,
- CPK, albumin
- USG abdomen
- Dengue IgM

OPTIONAL

- Echocardiography
- PCR - dengue
- CVP monitoring
- USC guided measurement of collapsibility of IVC for monitoring hypovolemia

SHOCK

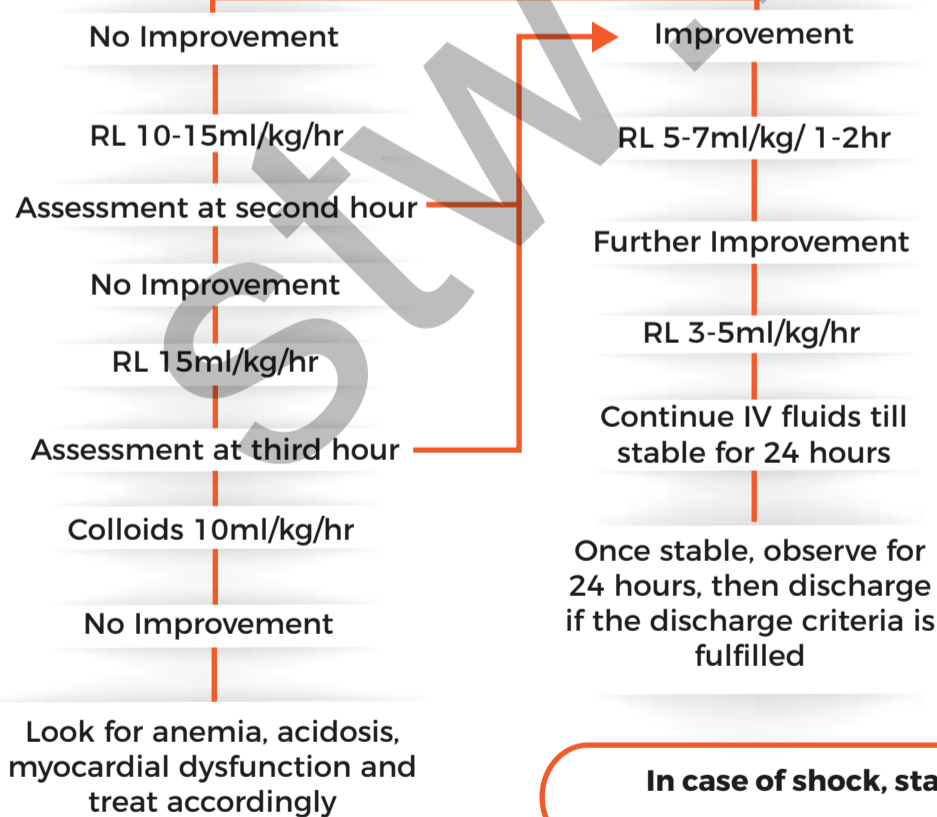
Assess airway, breathing, circulation & start oxygen inhalation

COMPENSATED SHOCK

(tachypnea, tachycardia, normotensive)

Ringer's Lactate/ NS 10 ml/kg/hr

Assess after every hour by checking HR, RR, BP, CVP and PCV

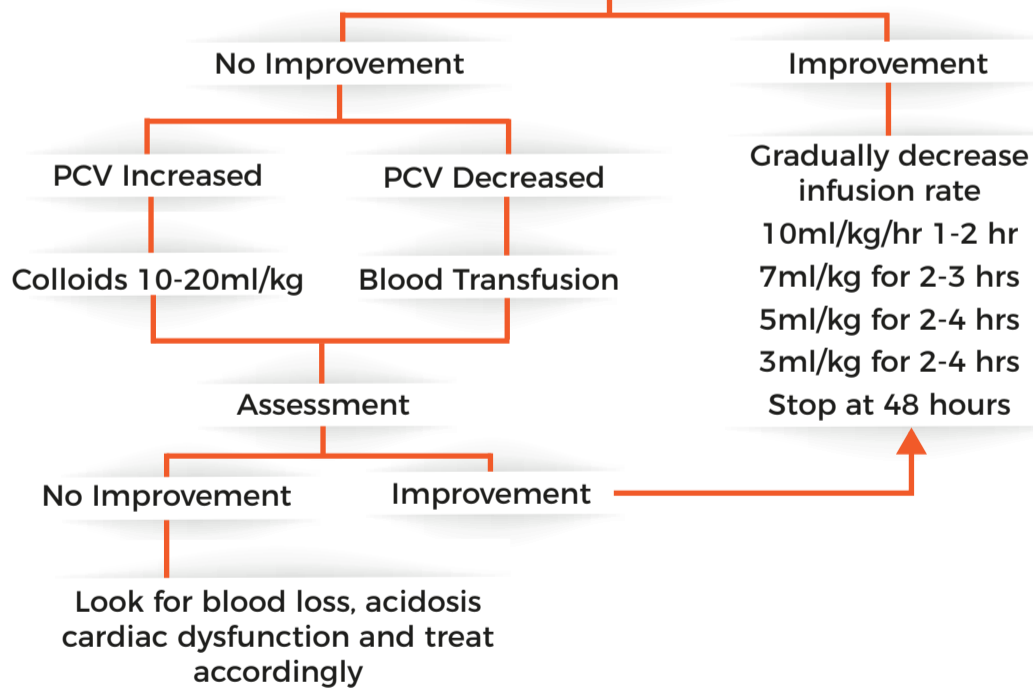


HYPOTENSIVE SHOCK

(tachypnea, tachycardia, hypotension, peripheral pulses not palpable)

20 ml/ kg crystalloid or colloid in 15 minutes

Assessment of Shock (monitor HR, RR, BP, PCV and CVP)



In case of shock, start bolus and arrange for urgent referral with continuous monitoring by a health professional to facilities with a PICU.

INDICATION FOR PLATELET TRANSFUSION & PACKED RED CELLS

PACKED RED CELLS

- Loss of blood (overt blood) 10% or more of total blood volume.
- Refractory shock
- Fluid overload

PLATELETS

- Prolonged shock
- Prophylactic platelet transfusion (PLT <10,000/cumm)
- Systemic massive bleeding

FRESH FROZEN PLASMA/CRYOPRECIPITATE

Coagulopathy with bleeding

DISCHARGE CRITERIA (ALL OF THE FOLLOWING CONDITIONS MUST BE PRESENT)

CLINICAL

- No fever for 48 hours
- Improvement in clinical status (check for general well-being, appetite, haemodynamic status, urine output, respiratory distress)

LABORATORY

- Increasing trend of platelet count
- Stable haematocrit without intravenous fluids

KEEP A HIGH THRESHOLD FOR INVASIVE PROCEDURES