

Triage of fever patients with suspected dengue and criteria for admission

Suspected dengue patients seeking care need to be evaluated at Fever Room in the outpatient department based on symptoms and signs together with Full Blood Count according to the day of illness.

- Patients having fever with suspected dengue will be sent to the **Fever Room**.
- At the Fever Room, the decision on admission or ambulatory care will be taken by an experienced Medical Officer, depending on the clinical picture and the Full Blood Count (FBC) of the patient.
- Admissions will get priority according to the decision of the Medical Officer in the Fever Room.
- **RDT-NS1 positivity is not an indication** for hospital admission on Day 1 of fever.
- It is important to note that **NS1 negative result DOES NOT EXCLUDE DENGUE INFECTION**.

Essential criteria for admission

1. Patients platelet count less than 130 000/mm³
2. If the Platelet Count is between 150 000 – 130 000/mm³, the Medical Officer should make a decision depending on the clinical judgment. If the platelet count tested more than 4 hours ago is more than 130 000/ mm³ the patient should be observed in the fever room and a repeat count should be done. If the repeat count is lower, decide on admission.
3. Fever for 3 or more days, and already not performed a Full Blood Count, patient should be observed in the fever room until the Full Blood Count report is available.
4. Rapid drop in Platelet Count over a short period of time (in 2 consecutive FBC reports) platelet count coming close to 150 000/mm³.
5. Patient is clinically unwell especially when fever is settling with deteriorating symptoms as follows (**Warning Signs**) to be applied on or after 3rd day of illness
 - Weakness
 - Lethargy / restlessness
 - Severe headache
 - Persistent severe vomiting
 - Severe abdominal pain
6. Patient insisting on admission – get a senior opinion if necessary
7. Special conditions
 - Pregnant mothers (Preferably admit on day 01)
 - Children less than one and half years old (<18 months)
 - Elderly patients
 - Patients with co-morbid conditions like chronic renal disease, ischaemic heart disease or any other major medical problem
 - Severe diarrhoea or persistent vomiting- to avoid dehydration.
8. Patients with adverse social circumstances - e.g. living alone, living far from health facility without reliable means of transport, poor compliance etc.

Criteria for ambulatory care

Patients with a **platelet count more than 130 000 / mm³ (tested within 2 hours)** and clinically stable.

Advices during ambulatory care

1. Suitably document clinical signs and symptoms together with the Full Blood Count report.
2. When and how often should the Full Blood Count to be repeated?
 - Platelet Count 150 000 – 200 000 / mm³– repeat the count 2 to 3 times per day
(If the Platelet drop in subsequent count is slow- repeat the count 2 times per day and if it is rapid, 3 times per day)
 - Platelet Count less than 150 000 / mm³ – repeat the count 3 times per day
3. What to eat and drink?
 - If appetite is good take a light and nutritious diet more frequently
 - The fluids should include not only water, but certain electrolyte solutions such as fruit juice, white rice kanji, Oral Rehydration Solution (ORS), king coconut juice. These solutions are better than taking only water.
 - Do not consume red or brown color foods or beverages to avoid confusion in blood stained vomiting
 - Unless medically advised, other dietary restrictions are not generally recommended
4. How to maintain the urine output?
 - Consume recommended amount of fluids to maintain the usual normal urine output. Amount needed for a child in one hour is approximately double the ideal body weight in milliliters with the maximum limit of 100 ml. The fluid amount for an average adult is 2 to 2.5 liters per day (unless there is vomiting/diarrhoea).
 - If the patient is feeling thirsty taking additional fluid up to 4 times/day is allowed but if needing more should seek medical advice again.
 - Patient should measure the urine output every 4 hourly. Ensure they pass at least about 1ml/ kg / hour urine(which equals approximate ideal body weight). If the urine output is less than this, patient should consume more fluids to maintain the above urine output.
 - N.B. – Diabetics with poor glycemic control may pass more urine even without adequate hydration. These patients need special attention.
5. How to control fever
 - Fever should be controlled in children with Paracetamol (Dose 15- 20 / kg body weight) only.
15mg / kg dose – four times per day or 20 mg / kg dose – three times per day
 - In adults Paracetamol should be given not exceeding 2 tablets 6 hourly (reduce dose for patients with lower body weight).
 - Paracetamol dose should not exceed 60 mg/ kg /day.
 - The gap between 2 doses of Paracetamol should be at least 4 - 6 hours
 - If fever is not adequately subsiding in between Paracetamol doses, using a fan and sponging with moderately warm water is recommended.
 - Patient should with minimal clothes under a bed net.

- Make sure under no circumstances should NSAIDs be used to bring down the fever even for patients who are on these medications for chronic conditions.
6. Care at home
 - Physical rest is highly recommended. Patients should be preferably at home, resting.
 - Make sure patients are not left alone at home. There has to be somebody to look after them.
 7. Symptoms like repeated vomiting, diarrhoea can lead to dehydration. Such patients should seek immediate treatment without waiting for the next Full Blood Count
 8. Patients should avoid other medications especially Steroids during the fever episode. Patients who are on special medications like Warfarin, Aspirin and Clopidogrel should seek medical advice whether to continue these drugs as they are not recommended during Dengue fever.

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Steps for OPD Fever Desk Screening during Dengue Outbreak

Fever with suspected dengue: headache, retro-orbital pain, arthralgia/bone pain, myalgia, rash, bleeding manifestations

