

Date: \_\_\_ / \_\_\_ / \_\_\_

Time : \_\_\_\_\_ am / pm

**CLERKING SHEET FOR SUSPECTED DENGUE CASES**

Patient's demographic data:

(please paste patient's admission sticker here)

History: (please circle and tick (  ) as appropriate)

1. Are you from a dengue prone area/recent fogging?	Yes / No
2. Anyone with recent history of fever in your house?	Yes / No
3. Previous history of dengue illness?	Yes / No
4. How many days of fever? _____ days	
5. Any concurrent:	
• bodyache?	Yes / No
• headache?	Yes / No
• retroorbital pain?	Yes / No
• rash?	Yes / No

Clinical Manifestations:

<b>ALERT SIGNS</b> present?	
• Vomiting? <input type="checkbox"/> Yes (no. of times _____/day, for _____ days) <input type="checkbox"/> No	
• Diarrhoea? <input type="checkbox"/> Yes (no. of times _____/day, for _____ days) <input type="checkbox"/> No	
• Abdominal pain? <input type="checkbox"/> Yes (for _____ days) <input type="checkbox"/> No	
• Bleeding/Bruising? <input type="checkbox"/> Yes (please specify site _____) <input type="checkbox"/> No	
• Plasma leakage? <input type="checkbox"/> Yes ( <input type="checkbox"/> ascites <input type="checkbox"/> pleural effusion) <input type="checkbox"/> No	
Resp Rate*(per min): <b>* &gt; 24</b> / < 24	HCT/PCV : _____ %
Pulse Rate : _____ bpm	<b>*(female: &gt;40%, male: &gt;45%)</b>
Bld Pressure - SBP : _____ mmHg	Hb : _____ g/dL
- DBP : _____ mmHg	Platelet : _____ X10 <sup>9</sup> /L
Pulse pressure (PP) : _____ mmHg	WCC : _____ X10 <sup>9</sup> /L
(PP = SBP-DBP)	Dengue serology (date taken): _____
* <b>PP ≤ 20 mmHg</b> is an <b>ALERT SIGN</b>	♦ Ig M + / -      ♦ NS1 Ag + / -
Temperature : _____ °C    Weight : _____ kg	♦ Ig G (high titre) + / -

Name of doctor, signature and official stamp: \_\_\_\_\_

**\* These are ALERT SIGNS and needs IMMEDIATE resus. PLEASE seek senior consult.**

**SUPPLIER FOR DENGUE COMBO NS1 / IgG / IgM**

NAME OF SUPPLIER	PRICE
<p>Science Valley Sdn Bhd                      C705 Kelana Square                      17, Jalan SS7/26 Kelana Jaya                      Petaling Jaya                      Selangor Darul Ehsan</p> <p>Contact person :                      Chris Lee Guan Sun                      General Manager</p> <p>Tel : +603 7880 1292                      Fax : +603 7805 3569</p>	<p>Price (GST) : RM 18 per test                      Price (without GST) : RM 17 per test</p>
<p>Axisbio Diagnostics Sdn Bhd                      32-4, Setia Avenue, Jalan Setia Prima                      SU 13/S                      Bandar Setia Alam, Seksyen U 13                      40170 Shah Alam Selangor</p> <p>Contact person:                      Farrah Zuall Cobley                      Director</p> <p>Tel : +603 33422770                      Fax : +603 33422780</p>	<p>Price : RM 15 per test                      Inclusive of delivery &amp; 6 % GST                      Validity : 30.6.2015                      Price after 30.6.2015 will subject to 6% GST</p>