**Hypotensive Shock**

- Difficulty breathing
- Pale, cold, or clammy skin
- Black, tarry stools
- Vomiting blood
- Bleeding from nose or gums
- Red spots or patches on the skin
- Severe abdominal pain or persistent vomiting following warning signs appear:

Watch for warning signs as temperature declines 3 to 7 days after symptoms began.

- Put screens on windows and doors to prevent mosquitoes from coming into house.
- KILL all mosquitoes in house and empty containers that carry water on patio.
- Place patient under bed net or have patient use insect repellent while febrile
- Prevent spread of dengue within your house

- Sunken fontanel in infant
- Cold or clammy fingers and toes
- Fast heart beat (more than 100/min)
- Dry mouth, tongue or lips
- Few or no tears when child cries
- Decrease in urination (check number of wet diapers or trips to the bathroom).

Toilet patient as quickly as possible into clinic or emergency room if any of the following signs develop:

- Give plenty of fluids and watch for signs of dehydration. Bring patient fluid (from high fevers, vomiting, or diarrhea with poor oral intake).
- Prevent dehydration which occurs when a person loses too much
- Give Tylenol every 6 hours (maximum 4 doses per day). Do not give ibuprofen (Motrin, Alleve) aspirin, or aspirin containing drugs.
- Control the fever
- Get adequate bed rest
- Advise patient or their family to the the following:

**Group A Outpatient Management**

**For patients with warning signs of severe dengue OR co-existing conditions**
- pregnancy
- old age
- infancy
- diabetes mellitus
- poor social situation
- leaftage/reslessness
- renal failure
- tender/painful abdomens
- liver enlargement >2cm
- persistent vomiting
- increased hematocrit
- fluid accumulation
- mucosal bleeding

**Monitoring Group A**

- Temperature curve (watch for defervescence)
- Volume of fluid intake and losses (“strict I/O’s”) at least every 4 hours
- Frequent hematocrits (before and after fluid boluses) and at least every 6-8 hours
- Monitor blood glucose at least every 6-12 hours
- Daily complete blood counts
- Other organ function tests (renal panel, liver profile, coagulation profile) as indicated by patient status
- Mucosal bleeding
- Fluid accumulation
- Renal failure
- Diabetes mellitus
- Tender/painful abdomen
- Liver enlargement >2cm
- Persistent vomiting
- Increased hematocrit
- Urine output adequate and hemotocrit below baseline value

**Compensated Shock**

- Give isotonic fluid at 3-5 ml/kg/hour over 1 hour
- OR
- Give crystalloid or colloid bolus of 20 ml/kg in 15 min

**Reduced IV fluids**

- 3-5 ml/kg/hour for 2-4 hours
- 1-2 ml/kg/hour for subsequent 2-4 hours
- 0.5 ml/kg/hour for next 2-4 hours
- Discontinue IV fluids when intake and urine output adequate and hematocrit below baseline value

**Group B Inpatient Management**

**For patients with any of:**
- severe plasma leakage with shock and/or fluid accumulation with respiratory distress
- severe bleeding
- severe organ impairment

**Obtain baseline CBC and organ function tests and assess hemodynamic status**

**Compensated Shock**

- Compensated Shock

**Hypotensive Shock**

- Decreasing hematocrit

**Inadequate Intake**

- Inadequate intake and urine output
- Hct decreases below baseline in patient with stable clinical status

**Adequate Intake**

- If Clinically Stable and Hct remains same or changes minimally

**Obtain Baseline Hematocrit before Starting IV Fluids**

**Group C Emergency Management**

- Oral Fluid Intake

**Adequate Intake**

- Start isotonic Solutions (NS, LR)
- 5-7 ml/kg/hour x 1-2 hours then REASSESS Hematocrit and clinical status

**Inadequate Intake**

- If Unstable Vital Signs at any Point

**Continue IV fluids @ 2-3 ml/kg/hour for 2-4 hours then REASSESS Hematocrit and clinical status**

**Reduce IV fluids gradually when plasma leak decreasing as indicated by**

- Adequate intake and urine output
- Hct decreases below baseline in patient with stable clinical status

**Start Isotonic Solutions (NS, LR)**

- If still improving, then
- Reduce IV fluids to 7-10ml/kg/hour x 1-2 hours
- Decreasing hematocrit

**If not improved**

- If not improved, continue previous step

**If not improved, Recheck hematocrit**

**Check Hematocrit**

- Decreasing

**If increased**

- Give crystalloid or colloid bolus over 1 hour

**Continue IV fluids**

- 2-3 ml/kg/hour x 2-4 hours, reassess Hct and clinical status and
- Discontinue IV fluids when intake and urine output adequate and hematocrit below baseline value

**Transfuse 5-10ml/kg PRBC or 10-20ml/kg whole blood/ABD**

**Give crystalloid or colloid bolus of 20 ml/kg in 15 min**

**If still improving:**

- Continue stepwise* reduction in IV fluids
- Monitor body weight daily
- Daily：“Bactericidic critical phase”
- Temperature: increasing (although sometimes further lowering indicated by critical phase)
- Decreasing hematocrit
- Decreasing WBC and platelet level
- Decreasing as indicated by
- Improvement in clinical status (general wellbeing, appetite, hemodynamic status, urine output, no respiratory distress)
- Stable hematocrit of IV fluids
- Increasing trend of platelet count (usually preceded by rising WBC)

**Give isotonic fluid at 5-10 ml/kg/hour over 1 hour**

**If still improving:**

- Continue stepwise* reduction in IV fluids
- Monitor body weight daily
- Daily：“Bactericidic critical phase”
- Temperature: increasing (although sometimes further lowering indicated by critical phase)
- Decreasing hematocrit
- Decreasing WBC and platelet level
- Decreasing as indicated by
- Improvement in clinical status (general wellbeing, appetite, hemodynamic status, urine output, no respiratory distress)
- Stable hematocrit of IV fluids
- Increasing trend of platelet count (usually preceded by rising WBC)

**Compensated Shock**

- Compensated Shock

**Hypotensive Shock**

- Decreasing hematocrit