

***Adapted and modified from Clinical Practice Guidelines: Academy of Medicine,
Malaysia***

PREFACE

DENGUE GCP GUIDELINES – 2012

These are the first Good Clinical Practice Guidelines published by Dengue Expert Advisory Group (**DEAG**) for the management of dengue Infection in adults, hence forth going to be referred to as GCP dengue-guidelines-2012.

It must be emphasized that these guidelines are only meant to provide broad recommendations for good clinical practice, based on the best evidence available at the time of development of these recommendations - an overall management strategy in a garden variety of dengue patient. As each patient is unique hence adherences to these guidelines will, by no means, guarantee the best outcome in every case.

Attending healthcare provider is best suited to make appropriate decisions for his patients, taking ground realities into consideration, regarding implementation / modifications of these “generic” protocols. After all, he is primarily responsible, for the management of his/her “unique patient” based on the clinical picture and the locally available management options.

Review of the Guidelines

The authors have issued these GCP guidelines in 2012. It would be reviewed in 2014 or sooner if new evidence becomes available.

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GUIDELINES DEVELOPMENT AND OBJECTIVE

GUIDELINES DEVELOPMENT

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Development and Review Committee:

In addition to the primary authors the development and review committee for these guidelines consisted of:

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Special Committees

During the process of development of these guidelines, there was active involvement of the special committees tasked to formulate recommendations for dengue associated with co-morbidities.

Following authors contributed text of the manuscript:

- Prof. Rakhshanda Rehman
Dengue Fever in Pregnancy
- Dr. Faisal Sultan and Dr. Syed Hammad Nazeer
Dengue Fever in Immunocompromised Host

These guidelines are geared to provide:

1. In-depth description of the clinical course of dengue virus related illnesses to understand the dynamic and systemic nature of disease which has a significant bearing upon the clinical management of the patient.
2. An understanding of the basic pathophysiology of severe dengue (DHF i.e. plasma leakage and hypovolemia/shock) in the clinical context - and provide generic guidelines for the recognition of these changes and subsequent clinical management.
3. A brief discussion on WHO Classification (1997-2011) and its limitations.

4. A list of differential diagnoses that can be confused with dengue fever or vice versa; during different stages of dengue and some generic advice about it.
5. Appropriate documentation and forms for focused monitoring and management of the dengue disease taking into account the dynamic changes during the course of illness.
6. Simple practical action plan to diagnose, monitor and manage the plasma leak – with particular emphasis on its early signs and symptoms and on its relationship with hematocrit (HCT) and hemodynamic status of the patients.
7. Easy to follow algorithms on fluid management in dengue hemorrhagic fever (compensated and decompensated shock).
8. A guideline for early detection of occult bleed – importance of recognizing it and guide for replacing blood or its constituents.
9. A guidelines about recognition the signs of recovery and guide about when to safely discharge a patient.

Reference has also been made to other guidelines

- **WHO Dengue Hemorrhagic Fever: Diagnosis, Treatment, Prevention and Control,**
- **WHO Guidelines,** Geneva, 1997.
- **Guidelines for DHF Case Management,** Bangkok, Thailand 2002;
- **Guidelines on Clinical Management Of Dengue Fever / Dengue Hemorrhagic Fever 2005 Sri Lanka;** WHO Regional Publication SEARO, 1999;
- **Guidelines for Treatment of Dengue Fever/Dengue Hemorrhagic Fever in Small Hospitals,** WHO Regional Office for SE Asia, New Delhi, 1999.
- Clinical Practice Guidelines: **Academy of Medicine, Malaysia** was used as general framework for these guidelines and was referred to extensively.

Our literature search yielded only a very few studies that were carried out on adult dengue patients and these could not provide us with sufficient breadth of information to draw up evidence-based recommendations. We have had to therefore, draw upon the studies carried out in the pediatric population. Extrapolating the results of these studies to the adult population carries the obvious risk of reaching biased conclusions and the committee is cognizant of this fact.

The clinical questions were divided into major subgroups and members of the development group were assigned individual topics within these subgroups. The group members met a total of 14 times throughout the development of the guidelines.

OBJECTIVES

GENERAL OBJECTIVES

To provide evidence based guidance in the management of patients with dengue infection.

SPECIFIC OBJECTIVES

- To improve recognition and diagnosis of dengue fever and provide appropriate advice for the care to these patients
- To identify severe dengue infection where it becomes mandatory to provide focused close monitoring and prompt appropriate management
- To provide guidance on appropriate and timely fluid management and the use of blood and blood products
- To provide guidelines for early and accurate notification of dengue cases for prompt public health intervention

CLINICAL QUESTIONS FOR SELF EVALUATION

Please refer to [Appendix 15](#)

TARGET POPULATION

Patients with dengue fever, dengue hemorrhagic fever or dengue shock syndrome and other forms of severe dengue fever and dengue fever with pre existing co morbidities. Adults are defined, in our GCP guideline, as patients aged 15 or more.

TARGET GROUP/USER

These guidelines are applicable to primary care family physicians, house officers, PGRs, senior registrars, public health personnel, nurses, medical officers & consultant physicians at DHQs, and critical care providers involved in treating patients with dengue fever.

HEALTHCARE SETTINGS

Teaching hospitals, DHQs and private health facilities - Both outpatient and inpatient settings.

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External Reviewers

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1. Prof. Javed Akram
2. Dr. LakKumar Fernando
3. Prof. Tahir Masood Ahmed
4. Prof. Tariq Salahuddin

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