

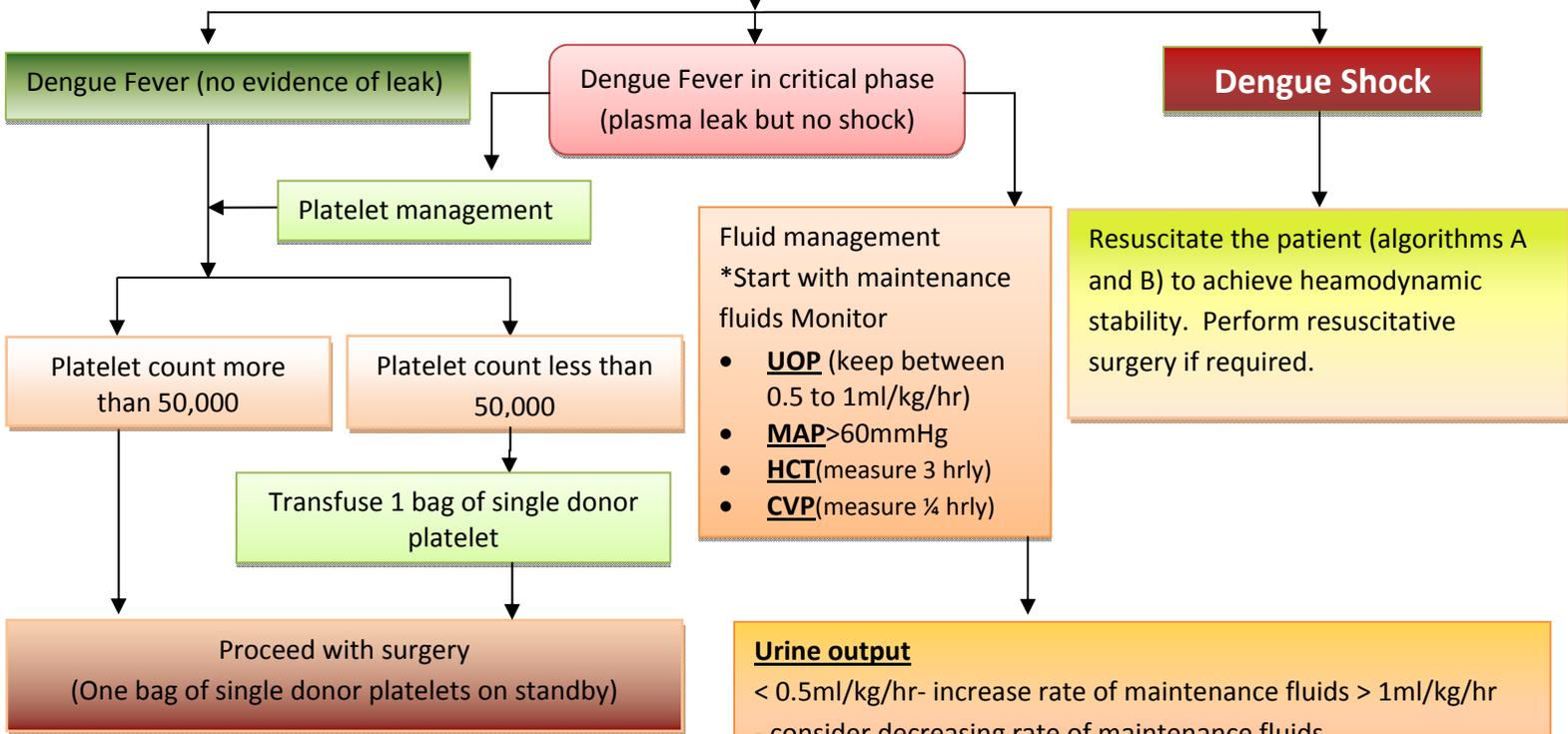
# 16. SURGERY IN DENGUE

## Algorithm for Surgical Management in Dengue Patients

Defer all elective procedures until platelet count is within normal limits

### Emergency surgery

Get urgent CBC, HCT, platelet count, blood glucose, serum calcium, blood for grouping and cross matching, ultrasound chest and abdomen



Complications: (Consider when no improvement)	
<b>A: Acidosis</b>	If the arterial blood bicarbonate (HCO <sub>3</sub> ) falls below 15 meq/l give NaHCO <sub>3</sub> (8.4%) 1ml/kg, diluted in equal volume of saline as slow bolus (10 ml /dose- maximum upto 5 doses)
<b>B: Bleeding</b>	Consider Whole blood (10 ml/kg) or packed cell (5 ml/kg)
<b>C: Hypocalcemia</b>	Check serum calcium and QT intervals Give 10% calcium gluconate. Dose 1ml/kg/min, max 10ml at one time, repeat 6 hourly if needed.
<b>S: Sugar Levels</b>	Monitor Blood Sugar levels and manage accordingly.

- Urine output**  
< 0.5ml/kg/hr - increase rate of maintenance fluids > 1ml/kg/hr - consider decreasing rate of maintenance fluids
- Pulse Pressure** ≤ 30- follow algorithms A or B as appropriate
- HCT**- Falling HCT consider whole blood transfusion 20ml/kg  
- Volume overload with falling HCT 10 ml/kg PCV
- CVP** (maintain between 10 – 14 cm of water)
  - Rising trend – consider decreasing rate of i.v fluids & furosemide 0.5mg/kg if BP is normal
  - Falling trend – consider increasing rate of i.v fluids –consider whole blood transfusion if HCT falls ≥ 10 points from base line