# **APPENDIX 15**

#### Self-Evaluation - Review

- 1. What is the epidemiological data for dengue? (Section 1, P1)
- 2. How to diagnose dengue? (Section 3.7, P20, Appendix 5)
- a. Clinical
  - i. Latest definition of DF, DHF, DSS (Section 3.1, P6)
  - ii. Stages of disease and pitfalls of WHO Classification (Section 3.5, P16)
  - iii. Differential diagnosis (Section 3.7, P20)
  - iv. Unusual presentation (hepatitis, liver failure, acute abdomen, encephalitis, myocarditis) (Section 3.6, P19)
  - v. Co-infection Typhoid, septicemia, malaria (Section 3.7, P20)
- b. Laboratory diagnosis and its pitfalls (Section 5, P 24, Appendix 5)
  - i. When should IgM and IgG be taken? Role of rapid test kit. (Section 5.2.1, P25)
  - ii. What is the role of PCR / NS1 in the diagnosis? (Section 5.2.2, P27)
- 3. How to manage t he patients w ith dengue infection as outpatients and in the emergency facility? (Appendix 3a Form O)
  - i. OPD and A/E triaging-fast tracking during outbreak (Section 7.2, P34)
  - ii. Who can be treated at home? Clinical and laboratory criteria risk stratification at first contact (Table 6, P33)
  - iii. When should the GP refer the suspected dengue case to OPD or hospital? (Section 7.3.1, P34)
  - iv. What should be the home care advice (Appendix 3a, Form O)
  - v. Specific out patient management and follow-up (Appendix 3a, Form O)

# 4. When to hospitalize?

- i. Clinical and laboratory criteria including social assessment (Section 7.3.1, P34)
- ii. Co-morbidities (which need hospital admission)? (Section 7.3.1, P34)
- iii. Communication and notification protocol (government / inter-departmental/inter-hospital and inter healthcare facilities) (Appendix 4a, 4b, 4c)
- iv. Role of bed netting and/or mosquito repellent in the hospital setting-place under general issues (Section 9, P55)

### 5. How to monitor the patient in the ward?

- i. What to monitor parameter (Table 8, P 38, Appendix 2a, 2b, 2c, 3b)
- ii. Pitfalls of management (Section 7.5.1, P39)
- iii. Alarm triggers Aid chart /alert card /refer algorithm (Table 5, P33)

# 6. When to refer patient from district hospital without specialist to general hospital? (Section 7.3.2, P35)

- i. Clinical and laboratory criteria
- ii. Risk stratification protocol,
- iii. When to obtain early specialist advice for those at higher risk

# 7. When to refer the patient for high dependency management? How to manage the critically ill dengue patient?

- i. What are the clinical criteria for referral to HDU. (Section 7.7 P50)
- ii. Criteria for respiratory and hemodynamic support. (Section 7.7.1, 7.7.2, P 50, 51)
- iii. Guide on safety and risk of invasive procedures (Section 7.7.3, P52)

# 8. What should be the fluid management in DF/ DHF /DSS? (Section 7.5, P39, Algorithms A & B, P 45, 46)

#### 9. DHF/DSS

- i. Definition based on WHO classification (Section 3.5, P16)
- ii. Clinical features- compensated & decompensated (Algorithms A & B, P 45, 46)
- iii. Management of shock (Algorithms A & B, P 45, 46)

# 10. How do we manage hematological and hemostatic abnormalities?

- i. Interpreting laboratory results (particularly HCT) (Section 5.1, P24)
- ii. Is there a role of prophylactic transfusion? (Section 7.6.5, P 49)
- iii. Is there any role of prophylactic platelet transfusion? (Section 7.6.5, P49)

# 11. How to management bleeding in dengue patient?

- i. What is considered to be significant bleeding? (Section 7.6.2, P 47)
- ii. GIT Bleed role of OGDS/ PPI and other treatment (Section 7.6.4, P48)
- iii. Use of blood and blood products (Section 7.5.4, P 42, Algorithms A & B, P 45, 46)
- iv. Role of vitamin K and Tranexamic acid (Section 7.6.6, P49)
- v. Recognizing occult bleed (Section 7.6.2, P47)

# 12. Is there a role of drug therapy in DHF/DSS?

- i. Role of recombinant Factor VII (Section 7.6.6, P49)
- ii. Role of IV- Immunoglobulin G (Section 7.6.6, P49)
- iii. Role of steroid (Section 7.6.6, P49)

### 13. What are the discharge criteria? (Section 8, P 54)

# 14. What is the guidance for follow-up for those patients where

- i. Dengue serology returns negative (Section 5.2.1, P25)
- ii. Complications develop (patients with complications should remain admitted...common sense!!)