Haemorrhagic (bleeding) tendencies, thrombocytopenia, Hct rise ≥ 20% Initiate IV therapy 6 ml/kg/h crystalloid solution for 1-2 h Check Hct Improvement* No improvement** Hct rises Hct falls IV therapy by crystalloid successively reducing the flow from 6 ml/kg/h Increase IV 10 ml/kg/h crystalloid for 2 h for 2-4 h to 3 ml/kg/h for 2-4 h and 3-1.5 ml/kg/h for 2-4 h Suspect internal haemorrhage Further improvement **Blood transfusion** (10 ml/kg whole blood)/ (5 ml/kg packed RBC) Discontinue IV after 24-48 h Improvement IV therapy by crystalloid successively reducing the flow from 10 to 6 and

Chart 1. Volume replacement algorithm for patients with moderate Dengue Fever (DHF grades I & II)

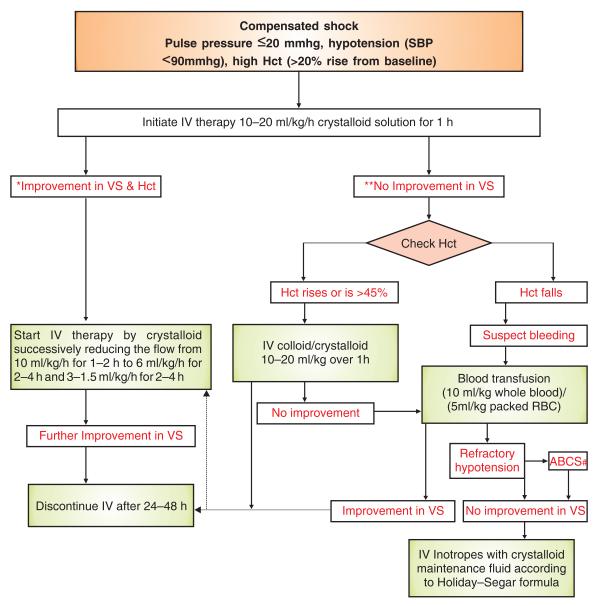
Notes:

*Improvement: Hct falls, pulse rate and blood pressure stable, urine output rises

later to 3 ml/lkg/h. Discontinue after 24-48 h

^{**}No Improvement: Hct or pulse rate rises, pulse pressure falls below 20 mmHg, urine output falls

Chart 2. Volume replacement algorithm for patients with severe Dengue Fever (DHF grade III)

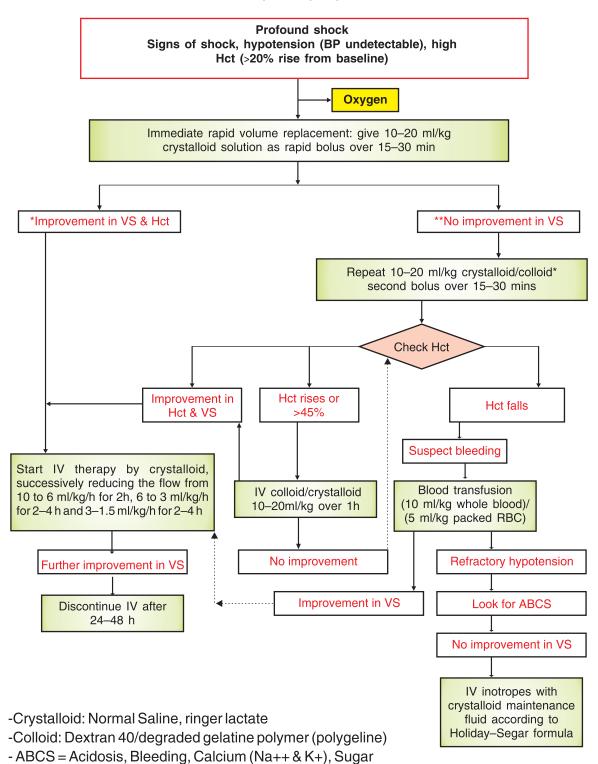


Crystalloid: Normal Saline, ringer lactate
Colloid: Dextran 40/degraded gelatine polymer (polygeline)
ABCS = Acidosis, Bleeding, Calcium (Na++ & K+), Sugar

Notes:

- *Improvement: Hct falls, pulse rate and blood pressure stable, urine output rises
- **No improvement: Hct or pulse rate rises, pulse pressure falls below 20 mmHg, urine output falls
- Unstable vital signs: urine output falls, signs of shock
- In cases of acidosis, hyperosmolar or Ringer's lactate solution should not be used
- Serial platelet and Hct determinations: drop in platelets and rise in Hct are essential for early diagnosis of DHF
- Cases of DHF should be observed every hour for vital signs and urine output

Chart 3. Volume replacement algorithm for patients with severe Dengue Fever (DHF IV (DSS)



- Notes:
- *Improvement: Hct falls, pulse rate and blood pressure stable, urine output rises
- **No Improvement: Hct or pulse rate rises, pulse pressure falls below 20 mmHg, urine output falls
- Unstable vital signs: Urine output falls, signs of shock
- In cases of acidosis, hyperosmolar or Ringer's lactate solution should not be used
- Serial platelet and Hct determinations: drop in platelets and rise in Hct are essential for early diagnosis of DHF
- Cases of DHF should be observed every hour for vital signs and urine output