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AHMEDABAD FAMILY PHYSICIANS ASSOCIATION



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Dr. Pragnesh Vachharajani Secretary

SALUTE THE CORONA WARRIORS





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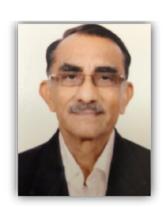
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PRESIDENT & SECRETARY'S ADDRESS

Dear Friends,

We have seen many COVID-19 victims either quarantined at home or hospitalised at designated COVID hospital.

Some of our members, were victims too. Some friends were quarantined. Now all AFPA members are back in the practice to fight against present Pandemic as front line warriors. Some of our senior members have yet not started their practice as per guidelines. We AFPA doctors are always active in all conditions. In this lockdown period we have attended many webinars. Even Dr. Ashwin Shah entertained us by online housie, selfie Hunt & India tour.

We also enjoyed entertainment program on 26/4/20 in which our members participated. Friends, we pray Almighty God to grant eternal peace to the departed souls. Also for well being of the frontline warriors in particular and public at large.







Some important points.

Post Corona.

Postpone travel abroad for 2

Do not go to unnecessary marriage or other similar ceremony.

Do not go to a crowded place for at least 1



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Do not eat

outside food for 1 year.

Do not take unnecessary trips.

Do not let the mess around you.

Keep the mask on.

Completely follow social distancing.



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Be very careful in the current one week.

Stay away from a person who has cough.

Pre Prefer vegetarian food.

Improve immunity...

The threat of corona is not going to end soon.... Don't know when and how it appears again from person to person.





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Do not go to the cinema, mall, crowded market for 6 months from now. If possible, park, party, etc.

Avoid unnecessary meetings, keep in mind social distancing....

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Take care of yourself and family...



VERY USEFUL POINTS ABOUT

FEVER

- Recurrent rigors are most likely to be caused by bacterial infections.
- 2. Severe muscle pain may be a symptom of sepsis, even in the absence of fever.
- 3. Fever in the elderly is rarely caused by a viral illness.
- 4. Sepsis in the elderly may not present with a fever. "The older the colder!"





- 5. Hypothermia in a septic patient is a medical emergency that carries a worseprognosis than a high fever.
- 6. "When a patient has a fever post operatively, it is usually related to the surgical procedure". (Petersdorf's Law)
- 7. Jaundice in a febrile patient is rarely caused by viral hepatitis.
- 8. Early meningococcaemic rash may resemble a non-specific viral rash.
- Generalized rashes that also involve the palms and soles are likely to be caused by drugs, viral infections, rickettsial infections or syphilis.
- Malaria (falciparum in particular), must be excluded on presentation of a febrile traveller returning from a malaria endemic area.
- 11. An elderly patient from a tuberculosis endemic setting with fever and multisystem disease has disseminated tuberculosis until proven otherwise.
- 12. Staphylococcus aureus in the urine is a sign of staphy local bacteraemia until proven otherwise.







- Never underestimate staphylococcal bacteraemia: look into the heart and at the bone.
- 14. Staphylococcus aureus meningitis without preceding central nervous system instrumentation indicates the presence of endocarditis until proven otherwise
- 15. A moveable joint does not exclude septic arthritis.
- 16. More than one infection may be present in a patient, particularly in the elderly, the immunosuppressed, and the returned traveller. (Occam's razor is an instrument with which many clinicians eventually slit their own throats!)
- 17. Think of acute bacterial epiglottitis in an adult patient with a normal looking throat who is complaining of acute sore throat, pain on swallowing and/ or hoarse voice.
- 18. Infection in the diabetic patient will flourish until the diabetes is controlled.
- 19. Think of vertebral osteomyelitis and epidural abscess in a patient with fever and back pain.
- Consider common bacterial infections, and not just opportunistic infections in febrile patients with HIV.
- 21. Specific IgM antibodies are a useful but unreliable marker of primary infections in pregnancy, thus clinical decisions should not be based solely on a positive IgM.
- 22. Not everyone with aseptic meningitis has viral meningitis; unless confirmed by PCR, viral meningitis is a diagnosis made after the patient has recovered.
 - 23. Avoid the term "atypical pneumonia" in children, adults over the age of 50 years, the immunocompromised, the severely ill, or patients with diffuse bilateral interstitial pulmonary infiltrates.
 - 24. Remember that Listeria monocytogenes meningoencephalitis can masquerade clinically as herpes simplex encephalitis.
 - 25. Bacterial aortitis needs to be excluded in a patient who develops abdominal pain or back pain within weeks of an episode of diarrhoea.
 - 26. In patients with unexplained neurological features, think of the five great infective mimics: HIV, syphilis, tube





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