



PAEDIATRIC BACTERIAL MENINGITIS MANAGEMENT IN EMERGENCY DEPARTMENT

This PCP relates to

NSW Health PD *NSW PD 2005_383: Children and Infants with Bacterial Meningitis – Acute Management*
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Sites where PCP applies	Hunter New England (HNE) Northern Rural Hospitals Emergency Departments (ED)
Target audience	Clinicians in ED where infants and children are clinically suspected of having meningitis
Description	Provides evidence based practice guidelines for the treatment of infants and children with bacterial meningitis
Subject	Acute management of bacterial meningitis in children and infants
Keywords	Acute, management, bacterial meningitis, children, infants

Related Legislation (including OHS legislation), Australian Standards, NSW Health Policy or Circular, other HNEH Documents, Professional Guidelines, Codes of Practice or Ethics:
 NSW Health Paediatric Clinical Practice Guidelines

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Summary This PCP

- is a clinical pathway in the assessment of the severity and management of bacterial meningitis in infants and children.
- provides guidelines on appropriate disposition, transfer/retrieval based on clinical assessment and response to treatment or discharge planning
- PCP includes relevant fact sheet for parent information.

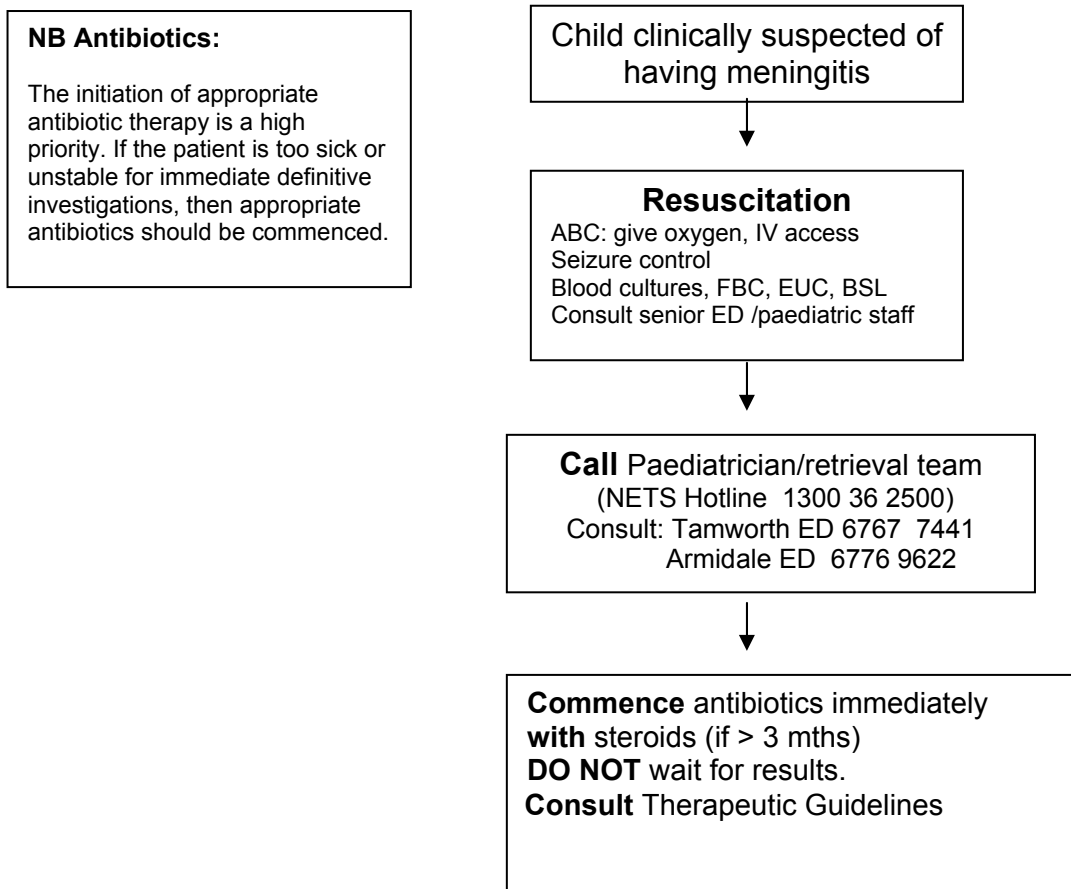
Distribution:	GENERAL MANAGER, DON, PAEDIATRICIAN, NUM ED, ED PHYSICIAN, DIRECTOR OF MEDICAL SERVICES, CHILDREN YOUNG PEOPLE & FAMILY CLINICAL NETWORK (CYP&FCN) STREAM LEADERS
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Hunter New England Area Health Service PAEDIATRIC BACTERIAL MENINGITIS MANAGEMENT IN RURAL EMERGENCY DEPARTMENTS

Assessment

Age	Common signs/symptoms	Other signs/symptoms
0-3 mths	Irritability, vomiting	± Fever, lethargy, ± tachypnoea or apnoea, poor feeding, altered sleep pattern, ± petechiae rash, bulging fontanelle
4-24 mths		Fever, ±neck stiffness, ↓ level of consciousness, altered sleep pattern, lethargy, shock purpura/petechiae rash, bulging fontanelle
>24 mths		Fever, neck stiffness, ataxia, Brudinski's sign, Kernig's sign, ↓ level of consciousness, shock, headache, purpura/petechiae rash, photophobia

Management



Age group	Antibiotic dose
0-3 months	<ul style="list-style-type: none"> • Ampicillin 50mg/kg/dose (max 2g) 4 hourly and • Cefotaxime 50mg/kg (max 2g) 6 hourly and • Vancomycin 15mg/kg (max 500g) 6 hourly – discuss with consultant prior to use <p>NB: Ceftriaxone is contraindicated in neonates</p>
3 months +	<ul style="list-style-type: none"> • Cefotaxime 50mg/kg (max 2g) 6 hourly and Vancomycin* 15mg/kg (max 500g) 6 hourly or • Ceftriaxone 100mg/kg (max 4g) daily and Vancomycin* 15mg/kg (max 500g) 6 hourly • * discuss with consultant prior to use

Steroids (if > 3months)

Dexamethasone 0.15 mg/kg 6 hourly for 4 days (max 10 mg/day)
Administer as a single push **before** antibiotics are given

