

Hunter New England Health - Southern sector
PAEDIATRIC BACTERIAL MENINGITIS MANAGEMENT
IN EMERGENCY DEPARTMENTS
(Rural hospital)

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

NB Antibiotics:
The initiation of appropriate antibiotic therapy is a high priority. If the patient is too sick or unstable for immediate definitive investigations, then appropriate antibiotics should be commenced.

Child clinically suspected of having meningitis

Resuscitation
ABC: give oxygen, IV access
Seizure control
Blood cultures, FBC, EUC, BSL
Consult senior ED /paediatric staff

Call Paediatrician/retrieval team
(NETS Hotline
1300 36 2500)

Commence antibiotics immediately
Give steroids (if > 3 mths)
DO NOT wait for results.
Consult Therapeutic Guidelines

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 <p>*NB: Ceftriaxone is contraindicated in neonates</p>
3 months +	<ul style="list-style-type: none"> • Cefotaxime 50mg/kg (max 2g) 6 hourly or • Ceftriaxone 100mg/kg (max 4g) daily
Any age	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