Acute Management of Infants and Children with Suspected Bacterial Meningitis – Emergency Departments

This PCP relates to NSW Ministry Health Policy Directive
PD2012_065 Infants and Children – Acute Management of Bacterial Meningitis
PCP number
PD2012_065:PCP 1

Sites where PCP applies
All Hunter New England Local Health District (HNE LHD) Emergency Departments (ED)

Target audience
Clinicians in ED where children present and are clinically suspected of having meningitis

Subject
Acute management of bacterial meningitis in infants and children

Keywords
Acute, management, bacterial meningitis, children, infants

Replaces existing PCP?
Yes

Document number, name and dates of superseded document/s
NSW PD2005_383: PCP 1, PCP2, PCP3, PCP5, PCP6, PCP7 from May 2007

Related Legislation, Australian Standards, NSW Ministry of Health Policy or Guideline, NSQHS Standard/EQuIP Criterion and/or other, HNE Health Documents, Professional Guidelines, Codes of Practice or Ethics:
- NSW Health Paediatric Clinical Practice guidelines

Tier 2 Director responsible for Policy
Prof Trish Davidson. Clinical Leader. Children, Young People and Families Clinical Network (CYP&FCN)

Policy Compliance Procedure Contact Position and Network or Service etc. responsible for the PCP
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Summary
- This PCP is a guideline in the assessment and management of bacterial meningitis in infants and children
- It promotes evidence based practice in the clinical presentation, initial management and diagnosis of bacterial meningitis
- This PCP provides guideline on appropriate disposition, transfer or retrieval based on clinical assessment and response to treatment

To be distributed to:
General Managers, Directors of Nursing, Paediatricians, NUM ED, ED Physician, Director of Medical Services, CYP&FCN Stream Leaders

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Authorised by:
Professor Patricia Davidson Director Children Young People & Families

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Acute Management of Infants and Children with Suspected Bacterial Meningitis – Emergency Departments PD2012_065:PCP 1

HNE Health Emergency Department
Paediatric Bacterial Meningitis Management

* Indicates page number in regard to PD2012_065 full text for expanded information

CHILD CLINICALLY SUSPECTED OF HAVING MENINGITIS *(P10)

Note: Consult a senior staff member if in doubt

Initial management *(P13)

ABCD - ASSESS AND ATTEND TO AIRWAY, BREATHING, CIRCULATION AND LEVEL OF CONSCIOUSNESS +/- SEIZURES *(P13)

PATIENT STABLE

If no pathology on site and/or unable/unskilled to attend LP:
- Discuss escalation of care with paediatrician +/- intensivist
- Contact NETS if transfer to another hospital is required
- Administer antibiotics *(P21) and steroids (if appropriate) *(P23)

CONSULT SENIOR STAFF

LUMBAR PUNCTURE *(P14, 17)
Antibiotics immediately after LP (see below)

If no other indications to delay LP, proceed to LP

INDICATION TO DELAY LP? *(P17)

YES

CONSULT SENIOR STAFF

# Expedite lab analysis of CSF
- M/C/S: urgent microscopy, culture and sensitivity
- Protein
- Glucose – best interpreted with concurrent serum glucose

If no other indications to delay LP, proceed to LP

Reassess at later stage & perform LP when safe

NO

Await CSF analysis

NORMAL OR EQUIVOCAL CSF

Low clinical suspicion for bacterial meningitis

Discuss further management with senior staff

ABNORMAL CSF

High clinical suspicion for bacterial meningitis

- Steroids if appropriate *(P23)
- Commence empiric antibiotics
- Discuss further management with senior staff

Consistent with bacterial meningitis

- Steroids if appropriate *(P23)
- Infection Control
- PHU Notification
- Clearance antibiotics (chemoprophylaxis)

Admit

Nursing Issues *(P24)

Psychosocial needs of the family *(P27)

Transfer of patients *(P27)

Related issues *(P27)

Version One

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