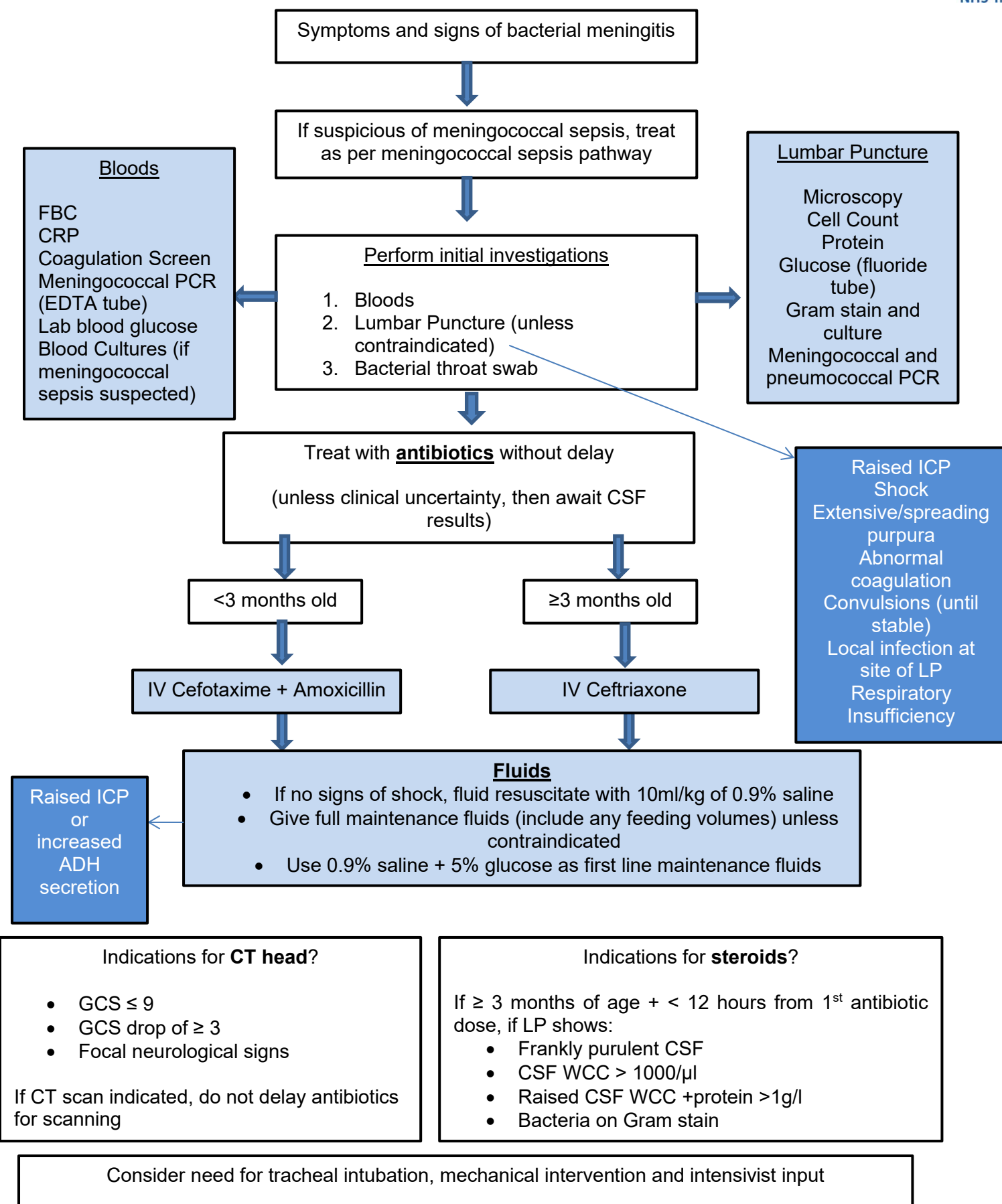


Initial Management of Suspected Bacterial Meningitis

Key Document code:	WAHT-TP-062	
Key Documents Owner:	Dr V Weckemann	Consultant Paediatrician
Approved by:	Paediatric Quality Improvement meeting	
Date of Approval:	9 th March 2024	
Date of review:	9 th March 2027	
This is the most current version and should be used until a revised document is in place		

Key Amendments

Date	Amendment	Approved by
23 rd September 2019	Change of wording in Infectious diseases box – grey fluoride tube to fluoride tube	Dr T Dawson/Dr J West
19 th Nov 2020	Document extended for 1 year	Dr J West/ Paediatric QIM
26 th March 2021	Approved with no amendments	Paediatric QIM
9 th March 2024	Document reviewed and amended to include reference and link to NICE CG102	Paediatric Governance Meeting
17 th September 2025	Minor amendment to the document	Paediatric Governance Meeting



Lumbar puncture suggesting meningitis

- Neonates (≤ 28 days old) - ≥ 20 cells/ μ l
- Older children - > 5 cells/ μ l or > 1 neutrophil/ μ l
- Non-specific abnormal CSF + raised blood CRP and/or WCC

Monitoring

- Fluid balance
- Signs of raised ICP & GCS
- Blood glucose
- U&Es daily whilst on IV fluids

Duration of antibiotic therapy

Specific pathogen confirmed

Unknown pathogen/unconfirmed infection

< 3 months of age:

- Group B strep – IV Cefotaxime for ≥ 14 days
- *Listeria monocytogenes* – IV amoxicillin for 21 days + IV Gentamicin for \geq first 7 days
- Gram-negative bacilli – IV Cefotaxime for ≥ 21 days

≥ 3 months of age:

- *N.meningitidis* – IV Ceftriaxone for 7 days
- *H.influenzae* - IV Ceftriaxone for 10 days
- *S.pneumoniae* - IV Ceftriaxone for 14 days

<3 months old

IV Cefotaxime
+IV Amoxicillin
for ≥ 14 days

≥ 3 months old

IV Ceftriaxone
for ≥ 10 days

Other considerations for antibiotic therapy

- Consider **TB meningitis** if raised CSF WCC and risk factors for TB
- If Herpes Simplex meningoencephalitis is considered, give **aciclovir**
- Add **vancomycin** if recently overseas, or prolonged/multiple antibiotic exposure in past 3 months

Long-term management

- Arrange formal audiological assessment, within 4 weeks of presentation, prior to discharge
- On discharge, provide patients/parents with written information regarding potential long-term effects of bacterial meningitis
- Offer contact details of patient support organisations
- Consider referral to Community Paediatrics for neurodevelopmental review
- Follow up appointments with paediatrician within 4-6 weeks of discharge (and at 1 year after discharge for babies diagnosed under 12 months of age)

Patient Information and Support

Patient information:

- Patient.info: <https://patient.info/childrens-health/meningitis-leaflet>
- NHS UK: <https://www.nhs.uk/conditions/meningitis/>

Support Organisations:

- Meningitis Research Foundation: <https://www.meningitis.org/meningitis/after-effects>
- Meningitis Now: <https://www.meningitisnow.org/>

Monitoring and Compliance

This section should identify how the Trusts plan to monitor compliance with and the effectiveness of this Treatment pathway. It should include auditable standards and/or key performance indicators (KPIs) and details on the methods for monitoring compliance.

WHAT?	HOW?	WHO?	WHERE?	WHEN?
<i>These are the 'key' parts of the process that we are relying on to manage risk.</i>	<i>What are we going to do to make sure the key parts of the process we have identified are being followed?</i>	<i>Who is responsible for the check?</i>	<i>Who will receive the monitoring results?</i>	<i>Set achievable frequencies.</i>
Preseptal and Orbital Cellulitis in Children Audit all cases of preseptal/orbital cellulitis that proceed to surgery	Clinical Audit/Round Table Discussion	Paediatric Clinical Governance Group		
BCG vaccine should be offered to all babies identified as being at risk as highlighted in the introduction	Audit	Obstetric Governance Committee		
Ensure babies are correctly identified and treated	Continual vigilance and occasional audit	Consultant staff with neonatal interest	Directorate audit meetings	Biannually until proven that we have high success rates

References:

1. Meningitis (bacteria) and Meningococcal Septicaemia in under 16s: Recognition, Diagnosis and Management. NICE Guidelines CG102.
<https://www.nice.org.uk/guidance/cg102>