



University Hospital Galway

EMERGENCY DEPARTMENT GalwayEM.ie

Meningitis and Meningococcal Septicaemia

(<https://galwayem.ie/index.php/index.php/guidelines/medical-emergencies/meningitis-and-meningococcal-septicaemia>)

Category

[Medical Emergencies \(https://galwayem.ie/index.php/guidelines/medical-emergencies\)](https://galwayem.ie/index.php/guidelines/medical-emergencies)

Image

https://galwayem.ie/index.php/home/galwayem_live/galwayem/web/sites/default/files/images/Meningitis1.png

Additional Information

a Warning Signs

The following warn of impending worsening shock, respiratory failure or raised intracranial pressure and require urgent senior review and intervention (See algorithm)

- Rapidly progressive rash
- Poor peripheral perfusion CRT > 4secs, oliguria and systolic BP < 90 (hypotension often a late stage)
- RR < 8 or > 30
- Pulse Rate < 40 or > 140
- Acidosis; pH < 7.3 or BE < -5
- WBC < 4
- Marked depressed conscious level (GCS < 12) or a fluctuating conscious level (fall in GCS > 2)
- Focal neurology
- Persistent seizures
- Bradycardia and hypertension
- Papilloedema

b CT Scan and Meningitis

This investigation should only be used when appropriate:

- A normal CT scan does not exclude raised intracranial pressure.
- If there are no clinical contraindications to LP a CT scan is not necessary beforehand.
- Subsequently a CT scan may be useful in identifying dural defects predisposing to meningitis.

c Appropriate antibiotics for bacterial meningitis

- Review with microbiology.
- Amoxicillin 2g IV 4 hrly should be added for individual > 50 yrs to cover listeria (cotrimoxazole 10mg/kg IV if penicillin hypersensitive)
- Amend antibiotics on the basis of microbiology results.

- Uncertain Hx of allergy (i.e. more than rash) or severe allergy. Chloramphenicol 25mg/kg IV and discuss with microbiology dept.

d Corticosteroids in adult meningitis

- Dexamethasone 0.15 mg/kg IV started with or just before the first dose of antibiotics, particularly where pneumococcal meningitis is suspected.
- Do not give unless you are confident you are using the correct antimicrobials.
- Stop the dexamethasone if non-bacterial cause is identified.

e Lumbar puncture

If there will be delay before lumbar punctures start antibiotics immediately once blood cultures have been taken and prior to lumbar puncture.

Encephalitis Acyclovir 10mg/kg

<http://www.meningitis.org/health-professionals/hospital-protocols-adults> (<http://www.meningitis.org/health-professionals/hospital-protocols-adults>)

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