 <p><b>Queensland Government</b></p> <p align="center"><b>Acute Management of Suspected Meningococcal Disease Clinical Pathway</b></p> <p>Facility: .....</p>	<p align="center">(Affix identification label here)</p> <p>URN:</p> <p>Family name:</p> <p>Given name(s):</p> <p>Address:</p> <p>Date of birth: <span style="float: right;">Sex: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> I</span></p>
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Clinical Pathways never replace clinical judgement. Care outlined in this Pathway **must be varied** if it is not clinically appropriate for the individual patient.

**Signs and Symptoms suggestive of meningococcal disease on presentation may or may not include (tick as appropriate):**

- |                                      |   |  |  |
|--------------------------------------|---|--|--|
| <input type="checkbox"/> Photophobia | <input type="checkbox"/> Neck stiffness | <input type="checkbox"/> Headache  | <input type="checkbox"/> Depressed consciousness |
| <input type="checkbox"/> Fever       | <input type="checkbox"/> Hypotension    | <input type="checkbox"/> Petechial non-blanching rash (may not be present) |  |

Early Management	Completed	Initial	Time	Date
Move to appropriate resuscitation room				
Perform Primary Survey (ABCD)				
Document vital signs - temp, HR, RR, BP, SpO <sub>2</sub> , central capillary refill time				
Notify senior medical officer immediately				
Gain IV or IO access using aseptic technique				
Collect blood for the following tests: • Meningococcal PCR: Adult: collect 4mL in a mauve top tube Child: collect 1mL in a paediatric EDTA pink top tube • FBC, coagulation tests, LFT, UE, glucose • Collect blood cultures using an aseptic technique				
Commence fluid resuscitation as appropriate within 30 minutes				
Commence recommended antibiotics within 30 minutes (see table below)				
If clinical picture is suggestive of meningitis, follow <b>meningitis flowchart</b> (see page 2) (note contraindications to a lumbar puncture)				
If clinical picture is suggestive of meningococcal sepsis seek senior medical advice immediately				
For retrieval, contact RSQ (Retrieval Services Queensland) 1300 799 127				
Notify public health unit (PHU) within 6 hours (see PHU contact details below)				

**For clinical advice**  
**Child:** If facility is level 6 contact ICU or ≤ level 5 call RSQ      **Adult:** Contact medical officer at relevant regional or tertiary facility. If unavailable and pt likely to require retrieval contact RSQ 1300 799 127

**Recommended Early Empirical Antibiotic Treatment**

- Start antibiotic therapy within 30 minutes
- This should not be delayed awaiting results of diagnostic tests or fluid resuscitation
- Discuss antibiotic choice with senior clinician

Age Group	Drug	Route	Dose / Frequency
Neonates and infants less than 3 months	Ampicillin	IV	50mg/kg, 6 hourly
	cefOTAXIME		
Children 3 months or more	cefTRIAZONE	IV	50mg/kg (up to 2g), 12 hourly
	cefOTAXIME		
Adults	cefTRIAZONE	IV	2g, 12 hourly
	cefOTAXIME		

*These recommendations are based on those in Therapeutic Guidelines: Antibiotic, along with recent state and national antibiotic sensitivity profiles of bacterial isolates*

**Signature Log** Every person documenting in this pathway must supply a sample of their initials and signature below

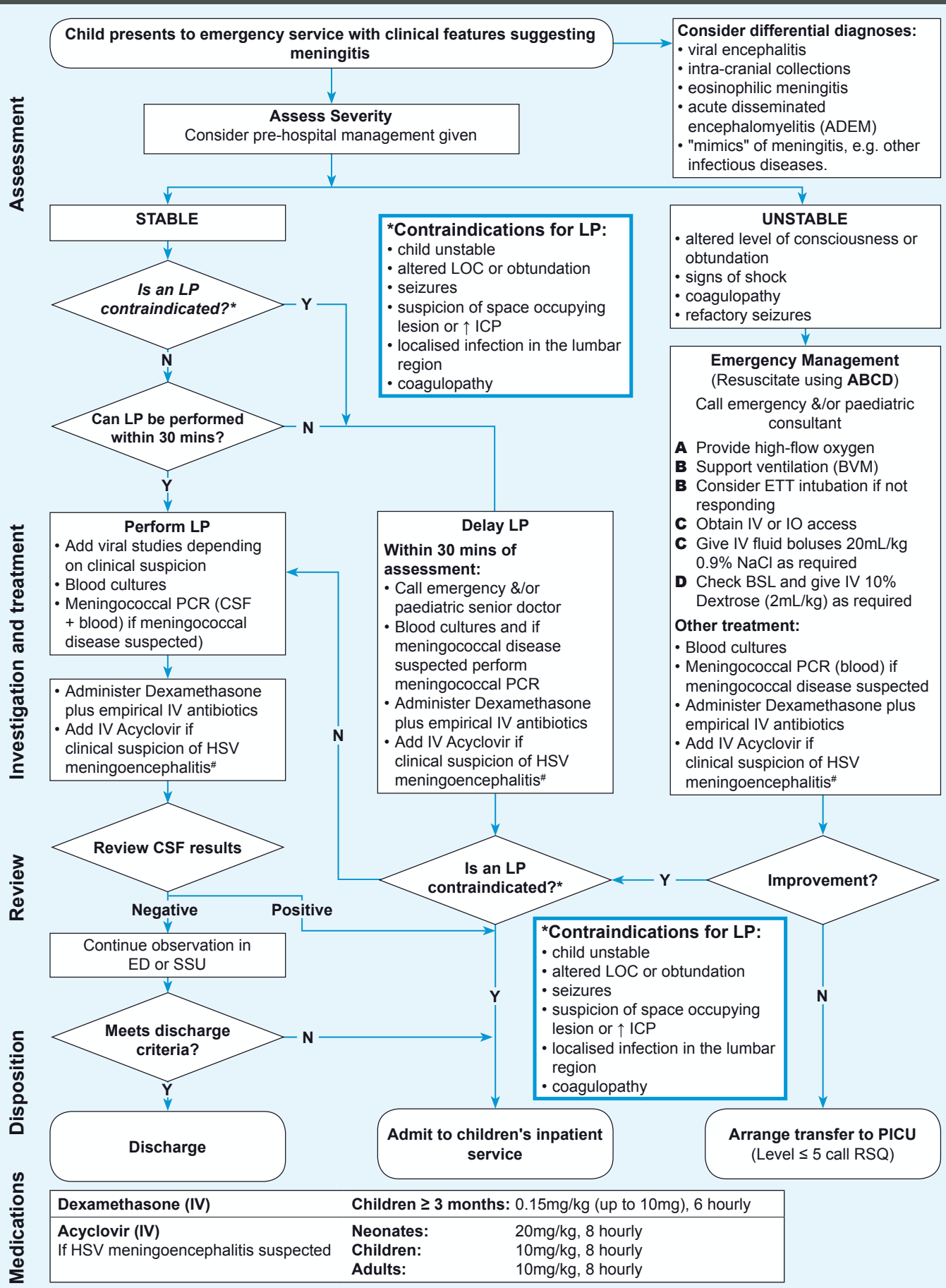
Initials	Signature	Print Name	Role	Initials	Signature	Print Name	Role

**Public Health Unit Phone Numbers** Also available at <http://www.health.qld.gov.au/publichealthact/notifiable/phucontacts.asp>

Business hours only. After hours contact local hospital switchboard and ask for the public health physician on call.

Brisbane North	3624 1111	Darling Downs	4631 9888	Moreton Bay (Redcliffe)	3142 1800	Townsville	4753 9000
Brisbane South	3000 9148	Gold Coast	5668 3700	Mt Isa & Gulf	4744 9100	West Moreton (Ipswich)	3413 1200
Cairns	4226 5555	Logan	3412 2989	Rockhampton	4920 6989	Wide Bay (Hervey Bay)	4184 1800
Central Queensland (Rockhampton)	4920 6989	Longreach	4652 6000	South West	4856 8100	Wide Bay (Bundaberg)	4150 2780
		Mackay	4911 0400	Sunshine Coast	5409 6600		

# Emergency Management of Children with Meningitis



- Clinical features of meningitis (at any age)**
- Fever
  - Vomiting and/or nausea
  - Lethargy or irritability
  - Photophobia and/or headaches
  - Anorexia
  - Nuchal rigidity (often not present, especially in young children and infants)
  - Positive Kernig's or Brudzinski's sign
  - Altered mental status
  - Shock
  - Seizures
  - Meningeal signs
  - Focal neurological deficit
  - Petechial rash

- Additional clinical features of meningitis in infants less than 3 months**
- Bulging fontanelle
  - Poor feeding
  - High pitched cry
  - Apnoea
  - Seizures
- # Consider HSV meningoencephalitis if a history of maternal HSV infection and predominance of lymphocytes in the CSF