BACTERIAL MENINGITIS and SUSPECTED MENINGOCOCCAL SEPSIS

Antibiotic treatment should be given to all patients with suspected meningitis or meningococcal septicaemia, while awaiting transport to hospital (if this does not delay transfer).

Immediately refer all people with suspected meningitis or meningococcal septicaemia to hospital.

Record observations, including neurological assessment, at least every 15 minutes while awaiting transfer.

The first stage of meningococcal disease is associated with non-specific influenza-like symptoms and signs.

Specific signs and symptoms of bacterial meningitis include: photophobia, severe headache, neck stiffness and focal neurologic deficit.

Meningococcal septicaemia may be indicated by features such as non-blanching rash, unusual or mottled skin colour and rapidly deteriorating condition.

Most patients will not display specific signs within the first four to six hours of illness (up to eight hours for adolescents) and infants may not display typical signs at all.

Meningococcal disease is notifiable on suspicion.

First choice

Benzylpenicillin (penicillin G)

Child < 1 year: 300 mg IV or IM

Child 1 - 9 years: 600 mg IV or IM

Child > 10 years and **Adult:** 1.2 g IV or IM

Alternatives

Ceftriaxone

Child and **Adult:** 50 – 100 mg/kg (up to 2 g) IV or IM

N.B. Almost any parenterally administered antibiotic in an appropriate dose will inhibit the growth of meningococci, so if benzylpenicillin or ceftriaxone are not available, give any other penicillin or cephalosporin antibiotic.