
**Clinical presentations**
- History & examination
- Clinical presentation by age
- Presentation with prior antibiotics
- Complications

**Initial management**
- ABCDE
- Seizures

**Minimise delay in diagnosis**

**Clinical presentations**

**CHILD CLINICALLY SUSPECTED OF HAVING MENINGITIS**

*Note: Consult a senior staff member if in doubt*

**Triage Category 1**

*The Australasian Triage Scale (ATS): Table 8.2 of the Emergency Triage Education Kit*

**ASSESS AND ATTEND TO AIRWAY, BREATHING, CIRCULATION AND LEVEL OF CONSCIOUSNESS +/- SEIZURES, FLUIDS & GLUCOSE**

**NOTE:** Take blood for investigations (Section 4 & Table 1) at the time of establishing IV access if practical. *“Routine”* tests include: Blood culture, FBE/diff, U&E/creatinine, blood glucose

**PATIENT STABLE**

**INDICATION TO DELAY LP?**

**CONSULT SENIOR STAFF**

**LUMBAR PUNCTURE**

*Expedite lab analysis of the 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

**YES**

- Steroids if appropriate (Key Points & Section 7)
- Start empiric antibiotics by age group (Section 6)

**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
- Consistent with bacterial meningitis
- Steroids if appropriate (Key Points & Section 7)
- Commence empiric antibiotics
- Discuss further management with senior staff

**ADMIT**

**Related issues**
- Infection control
- PHU Notification
- Clearance antibiotics (chemoprophylaxis)

**Nursing issues**

**Psychosocial needs of the family**

**Transfer of patients**

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