

Management of Meningococcal Disease in Children and Young People

Incorporates NICE Bacterial Meningitis and Meningococcal Septicaemia Guideline CG102. Distributed in partnership with NICE

Edition 8A



Endorsed by



Bacterial meningitis algorithm
www.meningitis.org

MD1 Estimate of child's weight (1–10 yrs)
Weight (kg) = 2 x (age in years + 4)

MD2 Observe HR, RR, BP, perfusion, conscious level
Cardiac monitor & pulse oximetry.

Conscious Level	Normal Values			
	Age	RR/min	HR/min	Systolic BP
Alert	Birth	25-50	120-170	80-90
Responds to Voice	3 m	25-45	115-160	80-90
Responds to Pain	6 m	20-40	110-160	80-90
Unresponsive	12 m	20-40	110-160	85-95
	18 m	20-35	100-155	85-95
	2 y	20-30	100-150	85-100
	3 y	20-30	90-140	85-100
	4 y	20-30	80-135	85-100
	5 y	20-30	80-135	90-110
	6 y	20-30	80-130	90-110
	8 y	15-25	70-120	90-110
	12 y	12-24	65-115	100-120
	>14 y	12-24	60-110	100-120

N.B. Low BP is a pre-terminal sign in children

MD3 Take bloods for Blood gas (bicarb, base deficit), Lactate, Glucose, FBC, U&E, Ca++, Mg++, PO₄, Clotting, CRP, Blood cultures, Whole blood (EDTA) for PCR, X-match. Take Throat swab. If limited blood volume, prioritise blood gas, lactate, glucose, electrolytes, FBC, clotting.

MD4 Intubation (call anaesthetist and consult PICU) see **BM5**
Consider using: Atropine 20 mcg/kg (max 600 mcg) AND Ketamine 1-2 mg/kg in shock or Thiopental (thiopentone) 3-5 mg/kg in RICP AND Suxamethonium 2 mg/kg (caution, high potassium). ETT size = age/4 + 4, ETT length (oral) = age/2 + 12 (use cuffed ET tube if possible). Then: Morphine (100 mcg/kg) and Midazolam (100 mcg/kg) every 30 min.

MD5 Inotropes
Dopamine at 10-20 mcg/kg/min. Make up 3 x weight (kg) mg in 50 ml 5% dextrose and run at 10 ml/hr = 10 mcg/kg/min. (These dilute solutions can be used via a peripheral vein).
Start Adrenaline via a central or IO line only at 0.1 mcg/kg/min.
Start Noradrenaline via a central or IO line only at 0.1 mcg/kg/min. for 'warm shock'.
Adrenaline & Noradrenaline: Make up 300 mcg/kg in 50 ml of normal saline at 1 ml/hour = 0.1 mcg/kg/min.

MD6 Hypoglycaemia (glucose < 3 mmol/l) 2 ml/kg 10% Dextrose bolus IV.

MD7 Correction of metabolic acidosis pH < 7.2
Give half correction bicarb IV.
Volume (ml) to give = (0.3 x weight in kg x base deficit ÷ 2) of 8.4% bicarb over 20 mins, or in neonates, volume (ml) to give = (0.3 x weight in kg x base deficit) of 4.2% bicarb.

MD8 If K⁺ < 3.5 mmol/l
Give 0.25 mmol/kg over 30 mins IV with ECG monitoring.
Central line preferable. Caution if anuric.

MD9 If total Calcium < 2 mmol/l or ionized Ca⁺⁺ < 1.0
Give 0.1 ml/kg 10% CaCl₂ (0.7 mmol/ml) over 30 mins IV (max 10 ml) or 0.3 ml/kg 10% Ca gluconate (0.22 mmol/ml) over 30 mins IV (max 20 ml). Central line preferable.

MD10 If Mg⁺⁺ < 0.75 mmol/l
Give 0.2 ml/kg of 50% MgSO₄ over 30 mins IV (max 10 ml).

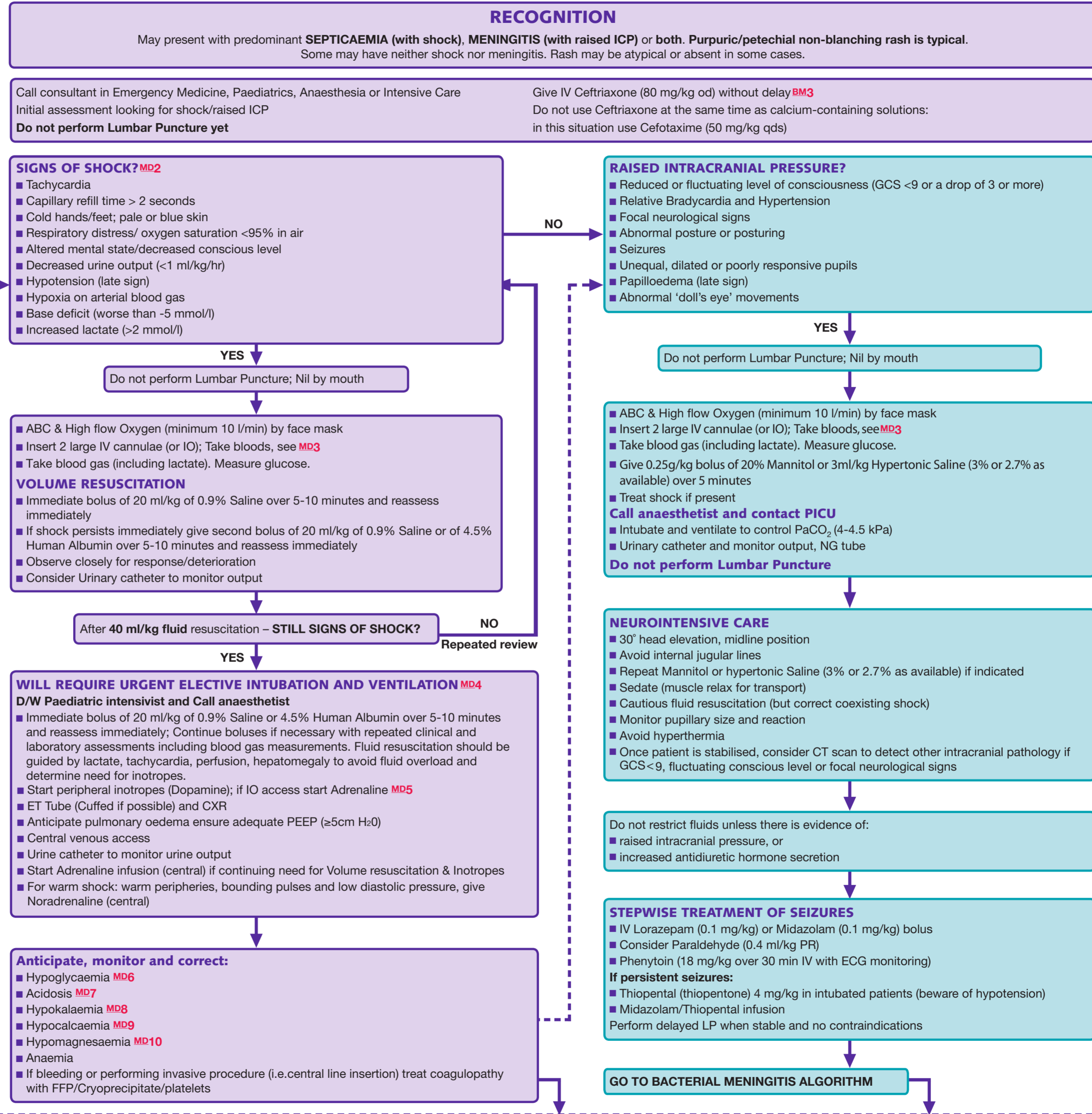
MD11 Urgently notify public health of any suspected case of meningitis or meningococcal disease
Prophylaxis of household contacts of MD (goo.gl/1NTbck)
■ Preferred: Ciprofloxacin single dose <5yrs 30 mg/kg up to max 125 mg; 5-12yrs 250 mg; >12yrs 500 mg or
■ Rifampicin bd for 2 days: <1yr 5 mg/kg; 1-12yrs 10 mg/kg; >12yrs 600 mg or
■ Ciprofloxacin, ceftriaxone or azithromycin may be used for pregnant and breast-feeding contacts of cases
For index case not treated with Ceftriaxone, prophylaxis when well enough.
Hib: prophylaxis may be indicated – consult public health

MD12 Antibiotics for confirmed and unconfirmed (but clinically suspected) meningococcal disease: IV Ceftriaxone for 7 days unless contraindicated
BM3 (see bacterial meningitis algorithm for antibiotics against other pathogens)

Based on Early Management algorithm, Dept Paediatrics, Imperial College at St Mary's Hospital as described in Arch Dis Child 1999;80:290 & 2007;92:283 & on NICE CG102 www.nice.org.uk/guidance/cg102

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Transfer to Intensive Care by Paediatric Intensive Care Retrieval Team
Notify public health, prophylaxis see; **MD11** Long-term management: see **BM7** on Bacterial Meningitis Algorithm