

CMG 38(a) - MENINGOCOCCAL DISEASE

(Revised: February 2016)



Prompt identification of meningococcal disease and commencement of pre-hospital treatment can be life-saving.

A high index of suspicion is advisable in critically ill patients.

Consider meningococcal disease in the following circumstances:

- febrile illness WITH
- sudden onset AND
- disturbed level of consciousness
- +/- haemorrhagic, purpuric or petechial rash
- +/- tachycardia, hypotension, peripheral shut down

Other signs and symptoms are often non-specific, especially in young children. They can include:

- ⇒ headache
- ⇒ photophobia
- ⇒ neck stiffness / pain
- ⇒ nausea / vomiting
- ⇒ painful or swollen joints
- ⇒ focal signs
- ⇒ seizures

DETERIORATION CAN BE RAPID

MANAGEMENT

ICP	Ensure personal protection – standard, contact and droplet precautions (as per ACTAS Infection Prevention & Control Manual)	AP
ICP	IV fluid as per CMG 14 (these patients may require large volumes of fluid to maintain BP / perfusion)	AP
ICP	Ceftriaxone	AP
ICP	Treat associated conditions (e.g., seizures, hypoglycaemia, etc.) concurrently, as per appropriate CMG	AP
ICP	Urgent transport	AP

Deterioration is possible following antibiotic administration. This would be unusual during average ambulance contact. It will most likely be a decrease in LOC and/or BP.

ICP	Be prepared – manage with IV fluid	AP
ICP	If deterioration continues – consider adrenaline infusion	