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	

IN THE EVENT OF POTENTIAL PARAMEDIC EXPOSURE TO A SUSPECTED MENINGOCOCCAL PATIENT, REFER TO THE "BLOOD & BODILY FLUID EXPOSURE" PROCEDURE IN THE ACTAS *INFECTION PREVENTION & CONTROL MANUAL*.