SUSPECTED BACTERIAL MENINGITIS OR MENINGOCOCCAL DISEASE V2.0

Comments from the Expert Advisory Group

- Transfer patients with suspected bacterial meningitis or meningococcal disease to hospital by the quickest route possible which may include ambulance transfer.
- Administer pre-hospital antibiotics as soon as possible as per the treatment table below, as long as this does not delay transfer of the patient to hospital.
- Do not give benzylpenicillin or ceftriaxone outside of hospital to patients with a proven history of severe penicillin or cephalosporin allergy. In the extremely rare case of history of anaphylactic reaction to penicillin or cephalosporin, the highest priority is to get the patient to hospital.
- Inform the receiving hospital that a patient with suspected bacterial meningitis or meningococcal disease is being transferred and will need assessment by a senior clinical decision maker.
- For information on diagnosis and management of sepsis, refer to the HSE Sepsis Clinical Resources.
- Prevention of secondary case of meningitis: medication should only be prescribed following advice from public health doctors.

Treatment

PRE-HOSPITAL ANTIBIOTIC TREATMENT TABLE:
SUSPECTED BACTERIAL MENINGITIS OR MENINGOCOCCAL DISEASE

Drug	Dose	Duration	Notes
1st choice options			
IM Benzylpenicillin	**<1 year:** 300 mg **1 – 9 years:** 600 mg **Adults and children ≥10 years**: 1.2 g	STAT prior to admission to hospital	**Avoid in severe penicillin allergy.** **For IM Administration:** dissolve with water for injection following product instructions.
OR			
IM Ceftriaxone	**Adults and children ≥15 days*:** **Child 1 month**:** 250 mg **Child 2-11 months**:** 500 mg **Child 1-4 years**:** 1 g **Child 5-8 years**:** 1.5 g **Child ≥9 years and Adults:** 2 g **Alternate dosing:** 80 mg/kg/dose, max 2 g	STAT prior to admission to hospital	*Contraindicated in neonates 0-14 days and premature neonates up to a postmenstrual age of 41 weeks. **Avoid in severe penicillin or cephalosporin allergy.** **For IM Administration:** dissolve with lidocaine 1% to reduce pain at injection site, following product instructions. **Do NOT give lidocaine IV.** Deep intramuscular (IM) doses greater than 1g should be divided between two injection sites. **The actual dose given should be communicated with the receiving hospital, where the child's weight should be obtained as soon as possible and the remainder of the dose given if necessary.

Patient Information

- **HSE A-Z Meningitis and septicaemia**