

Meningitis and Septicaemia



Name:

Who to contact and how:

Notes:

Diana, Princess of Wales
Scartho Road
Grimbsby
DN33 2BA
03033 306999
www.nlg.nhs.uk

Scunthorpe General Hospital
Cliff Gardens
Scunthorpe
DN15 7BH
03033 306999
www.nlg.nhs.uk

Goole & District Hospital
Woodland Avenue
Goole
DN14 6RX
03033 306999
www.nlg.nhs.uk



Information for patients

What is Meningitis?

Meningitis is inflammation of the lining of the brain. It can be caused by either bacteria or a virus.

What is Bacterial Meningitis?

The 2 main bacteria that cause Meningitis are:

Meningococcus and Pneumococcus.

These germs live naturally in the back of the nose and throat in a percentage of people. They can be passed on by coughing, sneezing or kissing, but cannot live for long outside the body. As the bacteria cannot live long outside the body the bacteria cannot be picked up from water supplies, swimming pools, buildings or factories. The Incubation for bacterial meningitis is between 2 and 10 days.

What is Viral Meningitis?

This is less severe than bacterial meningitis and cannot be treated with antibiotics. The incubation period for viral meningitis can be up to 3 weeks. Germs can be spread through coughing, sneezing, poor hygiene or sewage polluted water.

What is Septicaemia?

Septicaemia is another term for blood poisoning. The bacteria that cause meningococcal meningitis can also cause septicaemia when it infects the blood. Septicaemia is generally more life threatening than Meningitis and can also be caused by other germs.

Septicaemia can develop before meningitis, or at the same time, and appears as pin prick spots on the skin that does not disappear when they are touched.

Symptoms of Meningitis

The symptoms of meningitis may be difficult to identify, as initially they may be similar to those of the flu. The symptoms may appear in any order over 1-2 days or in a **matter of hours**.

In babies and infants:

- High temperature
- Fever (possibly with cold hands and feet)
- Vomiting and refusing feeds
- High pitched moaning
- Whimpering cry
- Blank staring expression

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- Pale blotchy complexion
- Floppiness
- Dislike of being handled
- Fretful
- Neck retraction with arching back
- Convulsions
- Difficult to wake
- Lethargic and
- Tense or bulging fontanelle (soft spot on head)

In older children:

- High temperature
- Vomiting
- Extremely pale skin
- Severe headache
- Neck stiffness (unable to touch chin to chest)
- Aversion to bright lights
- Sore throat
- Drowsiness
- Joint or muscle pains (leg pains)
- Cold hands and feet
- Fits
- Confusion or disorientation

A rash can often be associated with meningitis and septicaemia. The rash is caused by blood leaking into the tissues under the skin. It starts as tiny pinpricks anywhere on the body and can spread quickly to look like fresh bruises. This rash is more difficult to see on darker skin. Therefore look at the paler areas of the skin and under the eyelids

The glass (tumbler test) can be used to determine if a rash may be septicaemia. If a rash does not fade under pressure when the side of a clear drinking glass is pressed firmly onto the rash or bruises then you should suspect septicaemia. In a small number of cases the rash may fade at first but later may develop in to one that does not fade.

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Meningitis is very serious and can be a life threatening condition particularly in babies and young children. If you suspect meningitis you must seek medical assistance urgently, do not wait for a rash to appear as it may appear later or not at all.

Diagnosis

Diagnosis of bacterial and viral meningitis is made on the basis of your child's symptoms and their clinical signs.

If bacterial meningitis is suspected then a sample of blood will be taken to test for any bacteria that they may be present and your child may also have a lumbar puncture performed. A lumbar puncture is a procedure in which a hollow needle is inserted into the lower part of your child's spinal canal to take a sample of the fluid (cerebral spinal fluid) that surrounds the brain and the spinal cord.

If meningitis, either bacterial or viral, is suspected, antibiotics must be given immediately without waiting for confirmation from the blood tests. If viral meningitis is confirmed the antibiotics will be stopped.

Treatment

If your child has been diagnosed with viral meningitis they will be treated with painkillers to ease their headache and rest. Antibiotics are not used in the treatment of viral meningitis.

The treatment for **bacterial meningitis and septicaemia** is outlined below:

- Your child will be given antibiotics into their veins, as this works quicker than oral medicine. They may be given 1 or 2 antibiotics every 4-6 hours. After a few days this will be reduced to every 6 hours
- If your child has meningitis they may be given steroids to help reduce the swelling around the brain
- They will be put on a drip until they are able to take and tolerate fluids by mouth themselves
- Nursing staff will closely monitor our child will check their temperature, pulse, breathing rate and blood pressure regularly
- They will be kept in isolation in their own cubicle for the first 48 hours of treatment and anybody who comes into contact with them should wash their hands before leaving the cubicle
- Your child may continue to have a temperature for a few days, this can be treated by nursing them in their nappy or underwear and by giving paracetamol suspensions such as Calpol
- They may also continue to have a headache and be irritable for a few days as well as a dislike of bright lights. This may also be treated with Calpol and they may benefit from being nursed in a dark, quiet room. It may also help to restrict visitors to close family members at first, until they are feeling better

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- **If your child is diagnosed with meningococcal meningitis or septicaemia then immediate family members will be given an oral antibiotic for 2 days as a precautionary measure**

Some children's condition may deteriorate despite the treatment outlined above and may require support such as ventilation or transfer out to a larger unit. However this will be discussed with you should the need arise.

How long will my child remain in hospital?

The length of time your child has to stay in hospital depends on how they respond to the antibiotics they are given and the severity of the illness. Your child will remain on antibiotics for a minimum of 5 days, but this may be longer.

Benefits of treatment

As indicated above meningitis can be very serious and therefore the sooner your child is diagnosed, the greater benefit they will have from receiving an early diagnosis, prompt treatment and making a full recovery.

Complications

Most children will recover with no ill effects. However it is possible that even with an early diagnosis and prompt treatment there may be short term side effects such as general tiredness, persistent headaches, clumsiness, stiff or sore joint, hearing loss, memory problems or loss of sight. The possible long term side effects though not common are brain damage, fits and skin or tissue damage. These complications will be discussed with you in further detail should the need arise.

Is there an alternative treatment?

At present there is not alternative treatment for viral or bacterial meningitis.

Discharge arrangements

After your child is discharged they will be reviewed by a Paediatric Consultant in an Outpatient clinic. A hearing test is often carried out approximately 6 weeks after discharge and you will be sent an appointment for this.

Your child can return to nursery or school once they have made a full recovery, though please note it may take some time for your child to completely return to normal after having meningitis.

If your child has had septicaemia only, they might not need a follow up appointment in the outpatient clinic or a hearing test, but this will be discussed with you.

Additional Information

If you require any further information please do not hesitate to ask your child's nurse or doctor. Alternatively you could seek advice from your child's GP or NHS 111 Service.

Information for patients

Information for patients

You may also wish to obtain information from:

National Meningitis Trust
Fern House
Bath Road
STROUD
Gloucestershire
GL5 3TJ

24 hour support line 0345 538118

24 hour information line 0891 715577

Meningitis and encephalitis: a guide for parents and carers <http://www.brainandspine.org.uk>

Meningitis Research Foundation <http://www.meningitis.org>

Useful Telephone Numbers

Diana, Princess of Wales Hospital

Hospital Switchboard 03033 306999
Pre-Assessment Nurse 03033 303348
Rainforest Ward 03033 304477
Community Nursing Team 03033 304509

Scunthorpe General Hospital

Hospital Switchboard 03033 306999
Disney Ward 03033 302553
Community Nursing Team 03033 306153

Any Comments, Compliments, Concerns or Complaints

If you have any other concerns please talk to your nurse, therapist or doctor. Our Patient Advice and Liaison Service (PALS) are available on 03033 306518 (Grimsby, Scunthorpe and Goole). You can also contact nlg-tr.PALS@nhs.net

As a Trust we value equality of access to our information and services, therefore alternative formats available on request at nlg-tr.interpreters@nhs.net

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