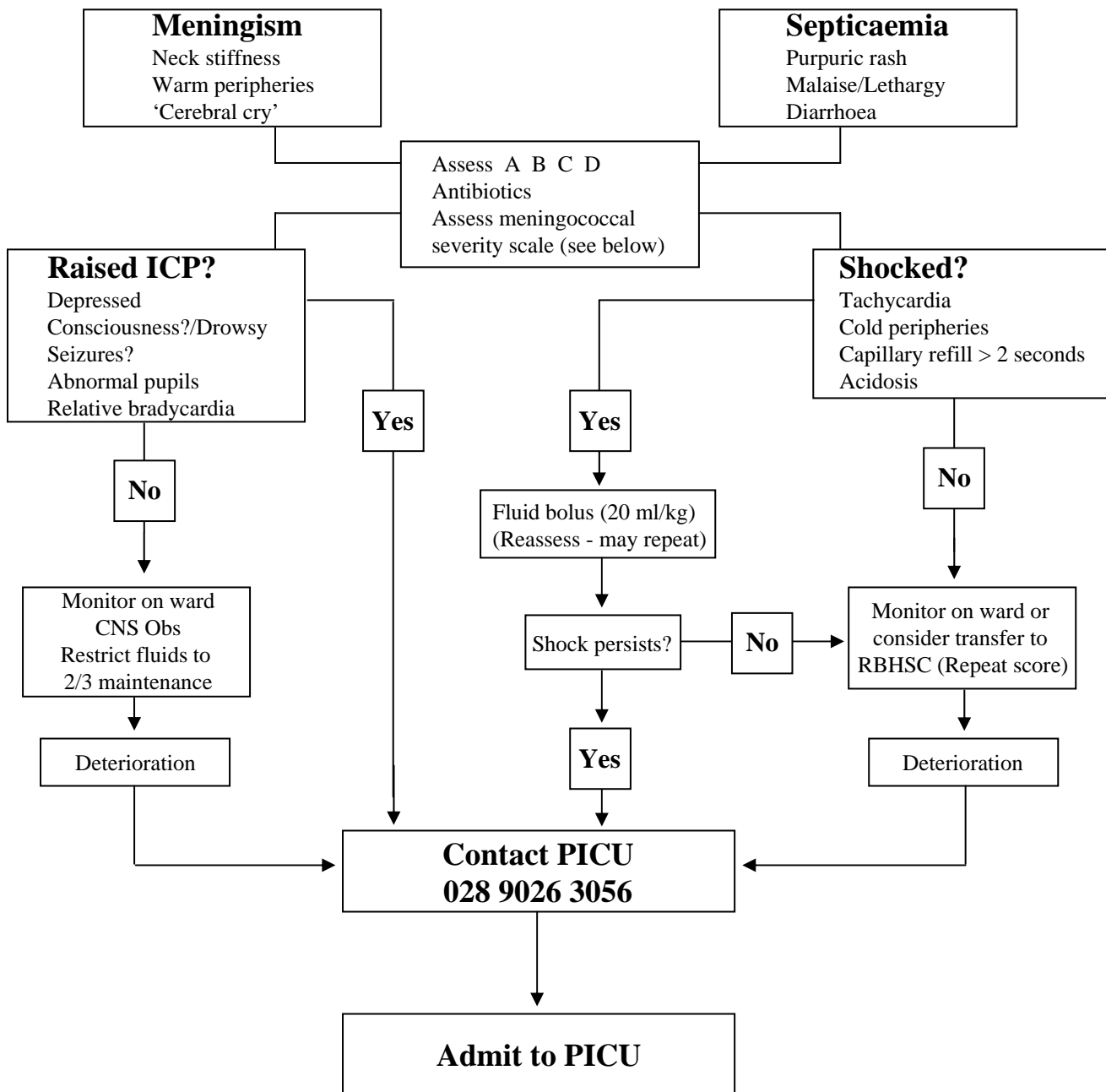


Determine the dominant manifestation



Glasgow Meningococcal Severity Score

Admit to PICU if:- (A) Total score > 8 (B) Deterioration > 3 in one hour

Score each poor prognostic criterion if present:-

Criteria	Score	Admission	1/2 hour	2 hours
Hypotension	3			
Capillary refill > 3 secs	3			
Coma scale < 8 (or decrease by 3 in an hour)	3			
Lack of meningism	2			
Deterioration in condition in past hour	2			
Widespread Ecchymosis or extending lesions	1			
Base deficit (> 8mmol/l)	1			
Total	15			

* Systolic BP 75 mmHg if < 4 years old < 85 if > 4 years old

Accident & Emergency Dept.

Date Time

Patient name _____

Hospital number _____

(Or affix I.D. label)

Nursing

Pulse, Temp, SaO₂, G.C.S., BP documented on obs chart

Initials

Medical

Name of doctor completing this section Grade

Call for senior help:- Paediatrician Anaesthetist A&E Physician

High flow oxygen ECG SaO₂ monitor

Determine if shocked or raised intra-cranial pressure - refer to page 2 for management

Two large bore lines IV/IO

Investigations

• Bloods

	BM	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Blood culture (min blood required 1.0 mls)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Blood group and hold (min blood required 1.0 ml)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	PCR (min blood required 0.5 mls)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	FBC with differential (min blood required 0.5 mls)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Coagulation screen (min blood required 1.3 mls)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	CRP, Electrolytes, Ca, mg, Bs, creatinine (min blood required 0.5 mls)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Virology 1.5 mls EDTA	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Serology 1ml Serum	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If unable to obtain blood for a particular test, document reason in variance section below.

PCR & Serology form (attached to this document next page) completed and sent

• Skin scrapings if petechiae present Yes No N/A

• Throat swab sent in guanidium based lysis buffer for virology (**Do not pre-wet the swab in this buffer before swabbing the throat as it could cause tissue inflammation**)

• Throat swab sent to Bacteriology

• Lumbar puncture (before antibiotic given in A&E) Yes Contraindicated

Medication

Fluid Bolus at 20 mls per kilo 1st 2nd 3rd

Steroids

Children > 3 months old with clinical bacterial meningitis

Dexamethasone 0.15/kg 6 hourly for 4 days Yes mgs No

Not - if septicaemia, viral meningitis, pre-admission antibiotics, symptoms > 4 days

Antibiotics

Ceftriaxone 80 mg/kg once daily Dose given Infused over 30 mins

Ampicillin 50 mg/kg 6 hourly Dose given

Cefotaxime 50 mg/kg 6 hourly Dose given

(if < 3 months, use Cefotaxime 50 mg/kg 6 hourly plus Ampicillin 50 mg/kg 6 hourly)

Glasgow Meningococcal Severity Score:- @ admission ____ 1/2hr ____ 2 hrs ____ (Refer to Pg 2)

Other medication

For transfer to PICU Belvoir Ward Other

Management explained to parents Yes No

Now proceed to page 4

Date	Reasons for variances	Action taken (if any)	Initials

Accident & Emergency Dept.

Medical

Date and time of onset of symptoms

Source of referral Duration of symptoms.....

Benzyl Penicillin given by GP Yes No Dose I.V. I.M.

History

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Past medical history Yes No

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Developmental history

Drug history

Allergies

Vaccinations

Physical examination Head circumference

Petechial rash Meningism Headache Photophobia

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Intubation: Priority is to maintain cerebral/organ perfusion. **Avoid** CVS depressant agents.

Ketamine 2mg/kg, **Atracurium** 0.5mg/kg, (**Atropine** - dependant on heart rate)

Inotropes: Adrenaline infusion (body weight kgs x 0.3 = mgs in 50mls Saline. Run @ 1-5ml/hr)

Dopamine infusion (body weight kgs x 15 = mgs in 50mls Saline. Run @ 1- 4ml/hr) **Page 4**

Nursing assessment (Ward)

Name of next of kin
(Who may consent to treatment)

Address

Tel. Nos.
(Day) (Night)

(Mobile)

Relationship to patient

Patient name

Address

Hospital Number (or ID label)

Date of birth Age

Male Female Religion

Name known by

Home Tel. No.

Time admitted to ward am/pm

Reason for admission

Social history

Normal routines

Previous illnesses

Baseline Obs. Pulse Temp B/P Resps SaO₂

Recent contact with infectious diseases

Prosthesis

Height cms Weight kgs

Name (block capitals) Designation Signature

Countersigning name (block capitals) Designation Countersignature

Date Time

Admission Day Multiprofessional Continuation Notes

Day 2

Date

Patient name _____

Hospital number _____

(Or affix I.D. label)

Medical

Investigations

FBC U&E, Ca Mg

Serology Yes N/A Coagulation screen Yes No

Condition discussed with parents Yes No

Follow up results of, Blood cultures and MSSU Yes No

Further requirements discussed with senior doctor Yes No

If not already completed, prophylaxis prescribed for Parents/First degree relatives Yes N/A No

Please document any variances on Page 10

Name
(block capitals) Designation Signature

Day 2 notes. Continue on page 10 if necessary

Multiprofessional Clinical Notes

Further continuation notes should be added here. These are stored in the ward