Investigation and treatment chart of meningitis in Kenya. Colour lithograph by the Ministry of Health, ca. 2000.

Publication/Creation

[Kenya]: [Ministry of Health], [2000?]

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MENINGITIS - INVESTIGATION AND TREATMENT

Yes

Yes

Age ≥ 60 days and history of fever

Any one of:

- Coma, inability to drink/feed,
 AVPU = 'P' or 'U'
- ✓ Stiff neck.
- ✓ Bulging fontanelle,
- √ Fits if age <6 months or > 6 years
- √ Evidence of partial seizures

No

Agitation/irritability

Any seizures

No

Meningitis unlikely investigate other causes of fever

Immediate LP to view by eye +/- laboratory examination even if malaria slide positive unless:

- Child requires CPR
 - · Pupils respond poorly to light
 - Skin infection at LP site

Consider LP if of concern, review situation and need for LP within 8 hours

Interpretation of LP and treatment definitions:

Either Bedside examination:

Looks cloudy in bottle (turbid) and not a blood stained tap,

And/or Laboratory examination with one or more of (if possible):

- √ White cell count > I0x 10⁶/L
- √ Gram positive diplococci or Gram negative cocco-bacilli

No to all Yes to one

One of:

- ✓ Coma
- √ Stiff neck.
- Bulging fontanelle,
- + LP looks clear or LP not done

Yes

Classify as definite meningitis:

- I. Chloramphenicol, PLUS,
- 2. Penicillin

Minimum 10 days of treatment iv/im, Steroids are not indicated

None of these signs

CSF WBC result < 10x 10⁶/L

Classify probable meningitis:

- I. Chloramphenicol, PLUS,
- 2. Penicillin.
- 7 days iv/im treatment then oral antibiotics to complete 14 days

LP not done, but other signs of possible meningitis

No meningitis

Possible meningitis -iv/im Chloramphenicol and Penicillin for minimum 3 days or until symptoms resolve





