

Bacterial meningitis and meningococcal septicaemia in children - A discharge checklist



The checklist (overleaf) is based on recommendations from the **NICE guideline on bacterial meningitis and meningococcal septicaemia in children and young people (CG102)** and **NICE Quality Standard (QS19)**. It aims to help paediatricians follow best practice when discharging a child recovering from bacterial meningitis or meningococcal septicaemia. We encourage you to put a completed copy in the child's notes.

NICE recommendations apply to all children diagnosed with bacterial meningitis or meningococcal septicaemia. **Even if a child makes a rapid recovery and completes their course of antibiotics as an outpatient, this checklist should still be followed.**

NICE guidance highlights the importance of providing parents with information about recovery before their child is discharged from hospital and instructs paediatricians to signpost towards further help and patient support organisations. Meningitis Research Foundation and Meningitis Now have produced detailed information for parents which describes possible after effects, expected recovery patterns and how to access further care and support.

Your Guide - Recovering from childhood bacterial meningitis and septicaemia has been written in collaboration with medical experts with many years experience of treating this disease and has been endorsed by RCPCH, RCGP and RCN. It is the ideal supplementary information to give to parents to complement verbal information provided by the paediatrician before discharge.

We can provide multiple copies of Your Guide free of charge. Encourage parents to contact us for their free journal in which they can keep a detailed record about their child's illness recovery and follow-up care. It is helpful for families to start completing the journal as soon as possible and bring it with them for the review with the paediatrician.



Download more copies of this checklist from:

www.meningitis.org/news-media/download-resources

Order copies of Your Guide from: www.meningitis.org/recovery or

Contact our Freephone helpline: **080 8800 3344**

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Bacterial meningitis and septicaemia in children – Discharge checklist

COMPLETED VERSION CAN BE FILED IN MEDICAL RECORDS

Provide information before discharge

- CG102 Discuss potential long-term effects and likely patterns of recovery providing opportunities for questions
- CG102 Offer information and contact details of patient support organisations. Your Guide contains details of the meningitis charities who can offer further information and support.

Assess

- CG102 Arrange a formal audiological assessment as soon as possible, ideally before discharge from hospital, within 4 weeks of being fit to test. Those with severe or profound deafness need an urgent assessment for cochlear implants as soon as they are fit to undergo testing¹.
- CG102 Test for complement deficiency² if child has had meningococcal disease (MD):
- more than once; or
 - caused by serogroups other than B (for example A, C, Y, W, X, 29E); or
 - caused by any serogroup and has a history of other recurrent or serious bacterial infections; or
 - there is a family history of meningococcal disease or complement deficiency
- CG102 Refer to a specialist in paediatric infectious disease/ immunology if child has had more than one episode of MD/bacterial meningitis (BM)³
- Check immunisation status. Those with incomplete/unknown immunisation histories should be vaccinated accordingly⁴
- Check medical history to assess whether the child is in a recognised risk group and if so, ensure they are immunised appropriately⁴

Review

- CG102 Consider requirements for follow-up taking into account potential sensory, neurological, psychosocial, orthopaedic, cutaneous and renal morbidities.
- CG102 Make an appointment for a review with a paediatrician (preferably local) 4-6 weeks after discharge from hospital. Results from the hearing test should be discussed at this appointment.

Inform/Notify

- CG102 Inform the child's or young person's GP, health visitor and school nurse about their BM or MD. Alert to possible late-onset sensory, neurological, orthopaedic and psychosocial effects of BM and MD.
- Ensure the child was notified to Public Health and that contacts have been given advice, symptoms information and prophylaxis where appropriate.

1 Further guidance on the use of cochlear implants for severe to profound deafness can be found in 'Cochlear implants for children and adults with severe to profound deafness' [NICE technology appraisal 166].

2 Discuss appropriate testing for complement deficiency with local immunology laboratory staff

3 Subbarayan, A., et al., Clinical features that identify children with primary immunodeficiency diseases. *Pediatrics*, 2011. 127(5): p. 810-6.

4 Department of Health immunisation recommendations

<https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book>.