

# Scotland

## Bacterial meningitis and meningococcal septicaemia in children - A discharge checklist

The checklist (overleaf) is based on recommendations from the **SIGN guideline on Management of invasive meningococcal disease in children and young people (SIGN102)** and also complies with NICE guidance 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.

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

SIGN and NICE guidance highlight the importance of providing parents with information about recovery before their child is discharged from hospital and instruct 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 - it's called **Your Guide**.

**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](http://www.meningitis.org/news-media/download-resources)

Order copies of Your Guide from: [www.meningitis.org/recovery](http://www.meningitis.org/recovery) or

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

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# Bacterial meningitis and septicaemia in children – Discharge checklist

COMPLETED VERSION CAN BE FILED IN MEDICAL RECORDS

Key: ●: SIGN102 ●: NICECG102 ●: NICEQS19

## Provide information before discharge

- Discuss potential long-term effects and likely patterns of recovery providing opportunities for questions
- 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

- Arrange a formal audiological assessment as soon as possible, 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 testing<sup>1</sup>.
- Test for complement deficiency<sup>2</sup> if child has had meningococcal disease:
  - 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
- Refer to a specialist in paediatric infectious disease/ immunology if child has had more than one episode of meningococcal disease /bacterial meningitis<sup>3</sup>
- Check immunisation status. Those with incomplete/unknown immunisation histories should be vaccinated accordingly<sup>4</sup>
- Check medical history to assess whether the child is in a recognised risk group and if so, ensure they are immunised appropriately<sup>4</sup>

## Review

- Consider requirements for follow-up taking into account potential sensory, neurological, psychosocial, orthopaedic, cutaneous and renal morbidities.
- 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

- Inform the child's or young person's GP, health visitor and school nurse about their bacterial meningitis or meningococcal disease. Alert to possible late-onset sensory, neurological, orthopaedic and psychosocial effects of bacterial meningitis and meningococcal disease and the potential for post traumatic stress disorder in both the children and their family and carers.
- Ensure the child was notified to Public Health and that contacts have been given advice, symptoms information and prophylaxis where appropriate.

<sup>1</sup> 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]. <sup>2</sup> Discuss appropriate testing for complement deficiency with local immunology laboratory staff. <sup>3</sup> Subbarayan, A., et al., Clinical features that identify children with primary immunodeficiency diseases. *Pediatrics*, 2011. 127(5): p. 810-6. <sup>4</sup> Department of Health immunisation recommendations [gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book](http://gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book).