Meningitis Interventions

The major goal of treating the patient with meningitis is to determine the type (viral or bacterial), resolve the infection, and control pain and discomfort. This includes use of antibiotics, steroids, analgesics and antipyretics. Patient ICP should be monitored and preventative vaccines should be given.



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Drug Therapy

IV Antibiotics
IV ABX-guy
If meningitis is suspected, antibiotic therapy is started after collecting specimens for cultures, even before the diagnosis is confirmed. If the outcome is viral meningitis, antibiotic therapy will be discontinued. Commonly used antibiotics for bacterial meningitis include ampicillin, Ceftriaxone, and Vancomycin.

Dexamethasone
Desk-moth
The corticosteroid dexamethasone may be prescribed to help prevent complications from excessive inflammation.

Analgesics
A-nail-Jay-Z
Analgesics are given for pain management. Codeine is often prescribed to treat headache and stiff neck pain without undue sedation.

Antipyretics
Ant-tie-pyro
Antipyretics are prescribed to treat fever as uncontrolled fevers can increase cerebral edema and the occurrence of seizures. If seizures occur, protective measures should be taken, as well as the administration of anti-seizure drugs such as phenytoin or levetiracetam.

Considerations

Closely Monitor for Increased ICP
Monitor with Up-arrow Pressure-cooker Cranium
Meningitis causes an inflammatory response leading to swelling around the dura and increased CSF volume, which in turn can increase intracranial pressure (ICP). Closely monitor for signs of increased ICP, which includes frequent neurological checks and monitoring of vital signs.

Bed Rest
Bed
Bed rest is often recommended, along with adequate fluid intake.

Preventative Vaccinations
Syringe Preventing
Vaccination for the prevention of respiratory tract infections such as pneumonia and influenza should be implemented. Additionally, the two meningococcal vaccines available include meningococcal polysaccharide vaccine (MPSV4) and meningococcal conjugate vaccine (MCV4).

Droplet-Airborne Precautions
Droplets and Airborne-infantry Precautions
Droplet-airborne precautions (respiratory isolation) should be instituted for 24 hours after effective treatment has been initiated, or until an alternative source has been identified. Meningococcal meningitis is highly contagious.

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