**Clinical Practice Guidelines:**
**Medical/Meningococcal septicaemia**

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<tr>
<th>Date</th>
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<td>Purpose</td>
<td>To ensure consistent management of patients with Meningococcal septicaemia.</td>
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<td>Scope</td>
<td>Applies to all QAS clinical staff.</td>
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Meningococcal septicaemia is a life-threatening infection caused by *Neisseria meningitidis*. Deterioration can be rapid and irreversible, with treatment becoming less effective as the disease state progresses. Pre-hospital management is aimed at early recognition of the condition, empiric antibiotic treatment with ceftriaxone and for any haemodynamic compromise the administration of appropriate fluid resuscitation.[1,2]

**Clinical features**
- Non-blanching rash, either:
  - petechial (pin-point)
  - purpuric (bruises)
- Myalgia
- Evidence of meningism:
  - photophobia
  - neck stiffness
  - headache
  - nausea and/or vomiting
- Severe lethargy
- Fever
- Clinical evidence of shock[3]

**Risk Assessment**
- Meningococcal disease is a leading cause of death in children and young people.[4]

**Signs of a seriously ill child**

**General appearance:**
- Patient looks sicker than usual according to the parents.
- ‘Floppy’ appearance.
- ‘Grunting’ or ‘head bobbing’ in appearance.

**Neurological:**
- Unusually drowsy or unresponsive
- Bulging or full fontanelles, indicative of raised ICP (unreliable sign).

**Respiratory:**
- Fatiguing child with respiratory distress
- High pitched cry
- Tachypnoea
- Hypoxia

**Cardiovascular:**
- Signs of shock in a child include:
  - pale, cool and mottled skin
  - poor capillary refill

**NOTE:** A child who is bradycardic or hypotensive is pre-terminal and requires immediate intervention.
**Additional information**

- The definitive non-blanching rash may be difficult to detect in pigmented skin.
- Meningococcal septicaemia is not specific to children or young people and can present in healthy people of any age.\(^1\)
- The bacteria is shed in droplets from the nose or throat, and close or prolonged contact with a carrier is required to transmit the bacteria.
- PPE (gloves, face mask and eye protection) reduces transmission risk, especially during advanced airway management and suctioning.\(^3\)
- Post exposure prophylaxis is only indicated in specific circumstances\(^5\) and will be directed by the Queensland Health public health unit. (See *QAS Infection Control Framework*).
- A history of vaccination does not negate the possibility of disease.

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**CPG: Paramedic Safety**  
**CPG: Standard Cares**

**Meningococcal septicaemia suspected?**

**Y**

**Administer:**
- Ceftriaxone

**Consider:**
- IV fluid

**Transport to hospital**  
**Pre-notify as appropriate**

**N**

**Continually reassess for:**
- Deterioration
- Evidence of rash
- Signs of shock

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**IMPORTANT:** Be aware that some children and young adults may require large volumes of fluid over a short period of time to restore their circulating volume. Fluid resuscitation and initiation of transport should be considered concurrently.\(^1\)

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**Note:** Officers are only to perform procedures for which they have received specific training and authorisation by the QAS.