

Ref. No: 386
From: Commercial
Date: 21/02/23
Subject: Meningitis and Encephalitis Guidelines/Pathway

REQUEST & RESPONSE

Questions for clinical team(s):

1. Of the following, which guidelines does your Trust follow for the diagnosis and treatment of meningitis / encephalitis: (Please answer: Yes / No)

- **NICE Guidelines (CG102) - Bacterial meningitis in under 16s: recognition, diagnosis, and management**

Yes (Paeds Neonates)

- **UK Joint Specialist Societies guideline on the diagnosis and management of acute meningitis and meningococcal sepsis in immunocompetent adults (published 2016)**

Yes (Adult)

- **Association of British Neurologists and British Infection Association National Guidelines – Management of suspected viral encephalitis in adults (published 2011)**

No

- **Association of British Neurologists and British Paediatric Allergy, Immunology, and Infection Group National Guidelines – Management of suspected viral encephalitis in children (published 2011)**

No

2. Does your Trust have any locally developed/adapted guidelines for the diagnosis and treatment of meningitis / encephalitis in both adults and paediatric patients?

Yes. We also utilise the Alder Hey Guidance for paedics and the regional neonatal guidelines within our guidance.

If yes, please state which guidelines have been adapted and please provide a copy of your local guidelines.



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3. What are the top 3 roles in your Trust, in order of involvement, that are responsible for the development of local pathways and guidelines for meningitis / encephalitis?

Medical Microbiology / Antimicrobial Pharmacy / then pathways are sent out for review by all clinicians.

4. Does your Trust typically take samples of blood cultures from patients with suspected meningitis / encephalitis within: (Please select answer)

- 1 hour of admission?
- 2-4 hours of admission?
- 4-8 hours of admission?
- 8> hours of admission?

Would typically take within 1 hour of recognition of sepsis / meningitis i.e. within 1 hour of admission.

5. Does your Trust consistently carry out lumbar punctures in patients with no contradictions who have suspected meningitis / encephalitis? (Yes / No)

Yes

If yes, who performs the lumbar puncture? (Please specify job role)

Doctors

6. Does your Trust consistently take cerebrospinal fluid (CSF) samples via lumbar puncture from patients with suspected meningitis / encephalitis within: (Please select answer)

- 1 hour of admission?
- 1-2 hours of admission?
- 2-4 hours of admission?
- 4-8 hours of admission?
- 8-12 hours of admission?
- >12 hours of admission?

As soon as possible, although difficult to put a time on this as can be delayed for many clinical reasons.

7. Does your Trust administer antibiotics to patients where appropriate prior to taking blood culture and CSF samples? (Yes / No)

Yes. Policy states sampling should be done prior to admin of antibiotics if possible.

8. Does your Trust consistently administer antibiotics to patients with suspected meningitis / encephalitis within: (Please select answer)

- 1 hours of admission?
- 2-4 hours of admission?
- 4-8 hours of admission?
- 8> hours of admission?

Would aim to give within 1 hour of recognition of sepsis / meningitis i.e. within 1 hour of admission if they present with it.

Questions for lab team(s):

9. Which of the following guidelines does your Trust follow for the microbiological investigation of meningitis / encephalitis: (Please select: Yes / No)

- UK Standards for Microbiology Investigations – Meningoencephalitis (published 2014)

No

- UK Standards for Microbiology Investigations – Investigation of Cerebrospinal Fluid (published 2017)

Yes

10. Does your Trust have any local adaptations or amendments to the two UK Standards for Microbiology Investigations listed in the above question?

No

If yes, please provide a copy of your local amendments.

N/A

11. Following lumbar puncture on a patient with suspected meningitis / encephalitis, how long are the turnaround times from point of

receiving specimen to result on the following tests: (Please select answer for each result)

a) Cell count (<1 hour, 1-2 hours, 2-4 hours or >4 hours)

1-2 hours

b) Gram staining (<1 hour, 1-2 hours, 2-4 hours or >4 hours)

1-2 hours

c) Bacterial culture (<1 hour, 1-2 hours, 2-4 hours or >4 hours)

>4 hours

d) PCR (<1 hour, 1-2 hours, 2-4 hours or >4 hours)

If positive cell count / relevant clinical details, it should be performed straight away. If not, it may take significantly longer depending upon when it is requested by a clinician.

12. Where does your Trust process CSF samples?

Within the Microbiology Laboratory Department on the blood culture / CSF bench.

13. Does your Trust perform PCR testing to test samples from patients with suspected meningitis / encephalitis? (Yes / No)

Yes

14. If PCR testing is carried out in your Trust, which bacterial and viral pathogens are tested for? (Please separate your answer by bacterial and viral pathogens)

Bacteria	Viruses	Yeast
<i>Escherichia coli K1</i>	Cytomegalovirus	<i>Cryptococcus neoformans/gattii</i>
<i>Neisseria meningitidis</i>	Herpes Simplex virus 1	
<i>Streptococcus pneumonia</i>	Herpes simplex virus 2	
<i>Streptococcus agalactiae</i>	Human Herpesvirus 6	
<i>Haemophilus influenza</i>	Enterovirus	
<i>Listeria monocytogenes</i>	Human parechovirus	
	Varicella zoster virus	