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System Disorder

Disorder/Disease Process **Bacterial Meningitis Type 3**

Alterations in Health (Diagnosis)
 Viral (aseptic): good prognosis
 Bacterial (septic): contagious infection. Prognosis depends on how quickly care is initiated

Pathophysiology Related to Client Problem
 Inflammation of CSF + meninges (connective tissues that cover the brain & spinal cord)

Health Promotion and Disease Prevention
 Hib + PCV vaccines at: 2, 4, 6 months, 12, 15 months

Assessment

Risk Factors
 Family history
 Head injury
 Penetrating skull wound
 Neurosurgery
 Crowded living conditions

Expected Findings
 Fever
 Irritability
 Poor feeding
 Vomiting
 Rash

Laboratory Tests
 CSF Analysis:
 Viral: clear color; slight ↑WBC; norm glucose; norm-slight ↑protein; negative gram stain
 Bacterial: cloudy color; ↑WBC; ↑protein; ↓glucose; positive gram stain

Diagnostic Procedures
 LP: definitive dx test; measures spinal fluid pressure + collects CSF for analysis
 → EMLA 1hr before; side-lying + head flexed
 +knees to chest; fentanyl + midazolam sedation; pressure bandage; remain in FLAT position to prevent leakage + spinal h/a
 Monitor for: bleeding, hematoma, infection
 CT/MRI: identify increased ICP, abscess

Complications
 Increased ICP: can cause neuro dysfunction
 Monitor for Sx of ICP: Newborn/Infant: bulging/tense fontanel; ↑ICP; high-pitch cry; distended scalp veins; irritability; bradycardia; respiratory changes
 Children: irritability; h/a; N/V; diplopia; seizures; bradycardia; resp changes
 Reduce ICP: ↓ coughing or straining; ↓ bright lights; positioning; ↓ environmental stimuli

Nursing Care
 - STAT attention: petechiae/purpuric rash
 - DROPLET PRECAUTIONS AS SOON AS SUSPECTED
 - VS; I/O; fluid status; pain; neuro checks
 - Head circumference
 - Correct fluid deficit → restrict fluids until (WBC + Na+ WNL)
 - If (LOC) maintain NPO
 - As improves, clear liquids → diet tolerable by child
 - ↓ environmental stimuli: quiet + 0 bright lights
 - Comfort measures: cool room; positioning (side-lying/pillow + slight THOB) to neck discomfort
 - Seizure precautions
 - Keep family informed

Client Education
 Early & complete tx of URIs
 Maintain vaccines

Interprofessional Care
 - Seizure precautions
 - Keep family informed

System Disorder

ACTIVE LEARNING TEMPLATE:

STUDENT NAME _____
 DISORDER/DISEASE PROCESS **BACTERIAL MENINGITIS**
 REVIEW MODULE CHAPTER 12 (P. 59-61) **ACUTE NEUROLOGICAL DISORDERS: MENINGITIS**

Alterations in Health (Diagnosis)
Viral (aseptic): good prognosis
Bacterial (septic): contagious infection. Prognosis depends on how quickly care is initiated

Pathophysiology
 Inflammation of CSF + meninges (connective tissues that cover the brain & spinal cord)

Health Promotion and Disease Prevention
Hib + PCV vaccines at: 2, 4, 6 months, 12, 15 months

ASSESSMENT

Risk Factors
 Viral: CMV, adenovirus, mumps, herpes simplex, arbovirus
 Bacterial: meningococcal, E. coli, Hib, pneumococcal
 Injuries = direct access to CSF [skull fracture, penetrating head wound]
 Crowded living conditions

Expected Findings
Newborns: vague sx; poor muscle tone; weak cry; poor suck; VD; neck supple w/o nuchal rigidity; bulging fontanel (late sx)
3mo-2yrs: seizures, high-pitch cry; bulging fontanel; poss. nuchal rigidity; poor feeding; vomiting; Brudzinski/Kernig (↑ reliable)
2yr-Adolescence: seizures (initial sx); nuchal rigidity; photophobia; ++Brudzinski/Kernig; fever/chills; restlessness → delirium, stupor, coma, petechiae/purpura rash, ear drainage, joint involvement

Diagnostic Procedures
LP: definitive dx test; measures spinal fluid pressure + collects CSF for analysis
 → EMLA 1hr before; side-lying + head flexed
 +knees to chest; fentanyl + midazolam sedation; pressure bandage; remain in FLAT position to prevent leakage + spinal h/a
 Monitor for: bleeding, hematoma, infection
CT/MRI: identify increased ICP, abscess

SAFETY CONSIDERATIONS

DROPLET PRECAUTIONS:
 -Private room or a room with a pt with the same infectious disease, ensuring each pt has their own equipment
 -Providers + visitors should wear a mask
 -Maintain respiratory isolation for a minimum of 24hrs after start Abx

-Risk for increased intracranial pressure
 -Risk for seizures
 -Risk for bleeding, hematoma, or infection after LP

Complications
Increased ICP: can cause neuro dysfunction
Monitor for Sx of ICP: Newborn/Infant: bulging/tense fontanel; ↑ICP; high-pitch cry; distended scalp veins; irritability; bradycardia; respiratory changes
Children: irritability; h/a; N/V; diplopia; seizures; bradycardia; resp changes
Reduce ICP: ↓ coughing or straining; ↓ bright lights; positioning; ↓ environmental stimuli

PATIENT-CENTERED CARE

Medications
IV Abx: up to 10d
 -Bacterial infection
 -Tx until glucose WNL + neg. culture
Cardiovascular: dexamethasone
-NOT FOR VIRAL
 -neuro complications for infection caused by Hib vaccine
Analgesics: acetaminophen+codeine
 -Assess temp PRIOR TO ADMIN. meds can mask fever
 Monitor RR + LOC

Therapeutic Procedures
Brudzinski's Sign: Severe neck stiffness causes hips and knees to FLEX when neck is FLEXED
Kernig's Sign: Unable to straighten leg greater than 135 degrees without PAIN

Nursing Care
 - STAT attention: petechiae/purpuric rash
 - DROPLET PRECAUTIONS AS SOON AS SUSPECTED
 - VS; I/O; fluid status; pain; neuro checks
 - Head circumference
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Client Education
Early & complete tx of URIs
Maintain vaccines

Interprofessional Care
 - Seizure precautions
 - Keep family informed

ACTIVE LEARNING TEMPLATES

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