Waterford: Antimicrobial Guidelines - Antimicrobial Guideline: Malaria

Malaria

Malaria - Diagnosis and Management



Malaria is a medical emergency Do not delay treatment Do *NOT* delay therapy if pregnant as benefit outweighs risk



Malaria should be suspected in all patients with pyrexia and recent travel to/from a malarial area (within the previous 6 months)

- Request urgent Malaria Screen malaria antigen and thick and thin blood film
- For recent outbreak information and guidelines available see "Additional Information" section below

Admission and ID consult advised

Blood cultures & tests (FBC, U&E, blood glucose, ABG & CXR where applicable)

Routine and directed diagnostic work-up recommended to exclude other travel related infections

Complete HIV testing

ASSESSMENT of patient with possible malaria

- Symptoms may be non-specific: fevers/chills/sweats, malaise, myalgia, headache, diarrhoea and/or cough
- Consider which malaria prophylaxis was taken (drug, dose, adherence). Note full adherence does not exclude malaria
- Assess for features of complicated malaria:
 - Impaired consciousness
 - Renal impairment
 - Acidosis (base deficit of >8mmol/L or bicarbonate of <15mmol/L or</p> venous lactate ≥5 mmol/L)
 - Hypoglycaemia
 Pulmonary oedema

 - Anaemia
 - Prostration

 - · laundice Spontaneous bleeding/Disseminated Intravascular Coagulation (DIC)
 - Shock
- · Note three negative diagnostic samples over 24-48 hours are necessary to exclude malaria

MANAGEMENT

- Consider broad spectrum antibiotics if evidence of shock or secondary bacterial infection
- Consider ICU review and monitored bed
- IV fluid resuscitation with strict observation and management of fluid status
- Close monitoring of blood glucose (hypoglycaemia), renal function, Hb, clotting and electrolytes recommended
- Consider cerebral malaria impaired consciousness or seizures

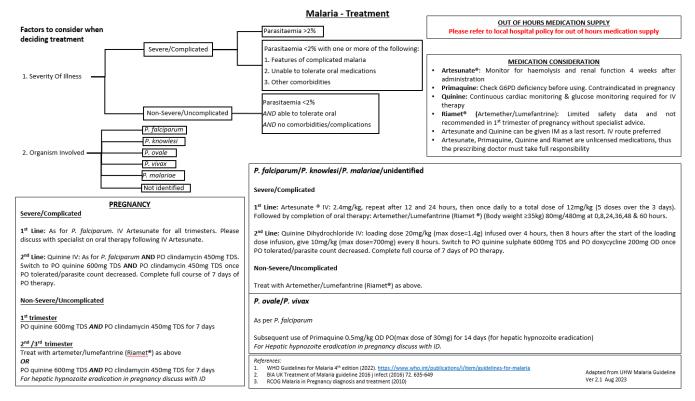
CLASSIFICATION

Severe/Complicated

- Parasitaemia > 2%
- Parasitaemia <2% with features of complicated malaria/unable to tolerate oral medications/other comorbidities

Non Severe/Uncomplicated

Parasitaemia <2% and able to tolerate PO and no comorbidities/complications



Additional Information

- For recent outbreak information see www.cdc.gov/travel
- Guidelines available at www.who.int/publications/i/item/guidelines-for-malaria

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