Louth: Antimicrobial Guidelines - Louth Hospitals: Antimicrobial Guidelines: Obstetrics - Meningitis

Indication

Obstetrics - Meningitis

First Line Antimicrobials

Cef-TRI-axone 2g BD IV (administer first)

AND

Amoxicillin 2g 4 hourly IV (administer second)

AND

Vancomycin 25mg/kg loading dose (max 2g), followed by 15mg/kg BD IV

AND

Consider dexamethasone phosphate 0.15mg/kg (max 10mg per dose) QDS IV for 4 days - discuss with senior obstetrician.

Penicillin Hypersensitivity

Meropenem 2g TDS IV

AND

Vancomycin 25mg/kg loading dose (max 2g), followed by 15mg/kg BD IV

AND

Consider dexamethasone phosphate 0.15mg/kg (max 10mg per dose) QDS IV for 4 days - discuss with senior obstetrician.

N.B. Use meropenem with caution and close clinical monitoring if history of immediate-onset or severe penicillin hypersensitivity – approximately 1% risk of immediate-onset hypersensitivity to meropenem in patients with history of immediate-onset penicillin hypersensitivity.

Comments

Microbiological Investigations:

- Blood cultures
- EDTA blood sample for PCR
- CSF
- Throat swab to detect carriage of N. meningitidis

Duration

Duration depends on causative organism:

- Neisseria meningitidis : Minimum 7 days
- Haemophilus influenzae : Minimum 10 days
- Streptococcus pneumoniae : Minimum 14 days
- Listeria spp.: Minimum 21 days

Indication

Obstetrics - Meningococcal Prophylaxis

Please refer to:

- Meningococcal Prophylaxis for Contacts section of these antimicrobial guidelines
- HPSC Guidelines for the Early Clinical and Public Health Management of Bacterial Meningitis 2012, revised 2016, available from www.hpsc.ie for indications for meningococcal prophylaxis.