

The Child with meningitis or encephalitis

- Except the neonates, the commonest bug is *Neisseria meningitides*
- The next commonest is *Strep pneumoniae*

IN THE UNDER-3s

- Signs and symptoms will be those of increased intracranial pressure
- Poor feeding, pyrexia, unexplained crying, cyanosis, purpuric rash

IN THE OVER-3s

- Classic signs
- Treat the ICP
- Give cefotaxime 80mg/kg, and acyclovir
- Give dexamethasone 0.15mg/kg BEFORE the antibiotic to reduce the complication of persisting hearing loss

The Child who drank the delicious green methadone syrup

- Naloxone is the key

HOWEVER:

- BEFORE you give the naloxone, you want to normalize the CO₂; because if you don't, the naloxone will cause arrhythmias, APO, or asystole.
- This is because opioid antagonists and hypercapnia both stimulate the sympathetic nervous system

The Child in a metabolic coma

- Reye syndrome, or "Reye-like conditions" – rapidly progressive encephalopathy, vomiting, drowsiness, convulsions and coma
- There will be hepatomegaly, hypoglycaemia, high ammonia
- ASK FOR A SERUM AMMONIA LEVEL - send in a iced tube
- Reye syndrome is caused by aspirin: that's why you don't give it to children.

The Child with malaria

- Diagnosis rests on thick and thin films
- Give QUININE loading dose 20mg/kg over 4 hrs in dextrose 5%
- Monitor ECG – QT will elongate
- Give IV antibiotics, eg Cefotaxime
- Transfuse if they hemolysed enough